**RESOURCE MANNUAL: MAKING SENSE OF THE CHILD’S LIVED EXPERIENCE**

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**Focus on the child’s lived experience: why it is important?**

In order to meet the needs of the neglected child it is necessary to understand what a day is like in their lives; how the day changes at week-ends, holidays and when different people care for them. It is only by understanding their daily lived experience that practitioners are able to appreciate how various aspects of neglect are affecting the child, their particular needs, areas of resilience and the risk factors. For example, if a child is suffering from dental neglect then this is often recorded as:

*Charlie 11 years old suffers from poor dental hygiene he has tooth decay and has constant infections as a result of this.*

*Action: mother to take Charlie to dentist and ensure he cleans his teeth morning and night*

This however, does not take into account the impact of the dental neglect on Charlie. If we are to really understand neglect then we need to know how it is impacting on the daily lived experience of the particular child. By considering a day in the life of a child and using professional expertise to consider the impact one gains a much clearer account, with evidence of the specific ways the neglect is affecting the child. This makes planning interventions and agreeing on outcomes and indicators of progress much more precise and child-focused.

In Charlie’s case as practitioners ask Charlie about his day they learn about his experience of toothache.

*He describes sleepless nights because he is in pain. He rarely eats as it hurts so he tends to live on fizzy drinks at home and if he’s at school he cannot eat his school dinner. He often does not go to school as he frequently gets infections and feels ill or his tooth ache means he finally falls asleep in the early hours and therefore does not wake up in time for school. If he stays at home he tries to sleep on the sofa. As he is irritable he annoys his mum and they end up arguing. When that happens he will go and sit in the park for a bit. If he does go to school he is usually late, really tired due to lack of sleep and therefore lacks ability to concentrate, feels miserable, is irritable and gets into fights easily. Also, his breath smells and other children tease or bully him. He finds the pain is worse in the evenings and is increasingly helping himself to mum’s vodka as he’s learnt this numbs the pain for a bit and helps him sleep.*

Drawing on the above it becomes apparent that most aspects of Charlie’s health and development are being affected by dental neglect.

*His general health is clearly affected.*

*His educational needs are as his school attendance is poor and his ability to learn when at school means he is falling behind.*

*His social presentation is affected as his teeth look unpleasant and he smells.*

*His self-esteem is low particularly as others tease or bully him.*

*His behaviour is erratic; he is aggressive because of the pain he is in. Drinking vodka is also likely to impact on his behaviour.*

*His relationships are also affected as a result of his irritability.*

In order to begin to identify why the needs of the child are not being met it is also necessary to understand a day in the life of the parent/s as the two are inextricably linked. Practitioners can only begin to appreciate how daily parenting is impacting on a particular child if they know about both the parent/s day and their approach to meeting the needs of the child during the day.

When asked about her day Charlie’s mother, Sam, a single parent describes:

*Sam knows the flat is a mess and she never gets round to cleaning-up or washing etc. She struggles to get up in the morning as she is on anti-depressants and has often been up in the night to look after her 4 month old baby. By the time she does get up it is mid-morning so she never knows if Charlie has gone to school or not, what he is wearing and whether he has washed or eaten something. If he hasn’t gone to school she has not got the energy to argue with him and just lets him be. By the time she’s got herself up and sorted out the baby it’s usually one-ish and she is exhausted. She rarely bothers to get dressed and has no appetite. If she has money she gives Charlie some to get her vodka and himself food but she has little idea what he buys. She spends the afternoon in-front of the TV and has usually had a couple of vodkas so she’s able to have a snooze. She finds Charlie is always moaning and irritable and gets really cross if she asks him to mind the baby. She knows he has toothache and that she should sort it out but the days just seem to fly past and she never gets round to making an appointment for him at the dentist.*

It is only by understanding the lives of both parent/s and each individual child in a family that one can begin to understand why the needs of the child are not being met and what would need to change in order for those needs to be met. For example, in the case of Charlie there would be little point in just saying to Sam she needs to take Charlie to the dentist and ensure he brushes his teeth.

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**Fig 1 The model: perceptions of the daily lived experience of the child**

The Model has four elements:

1. The child’s perception of a day in their life
2. Parent/s perception of a day for the parent/s
3. A parent’s perspective on the impact of their lived experience on that of the child
4. What professionals knows about a day in the life of the child and the parent and the impact of this experience on the developmental needs of the child that are or are not being met.

*Element 1 the child’s perception of a day in their life*

Ideally one should start by asking a child to describe a day in their life. A variety of different tools can be used to elicit this information;

* Presenting the child with a clock and asking them to indicate what happens at different times
* Doing the same but with a timeline
* Setting out a day as a comic strip and getting the child and or young person to fill in the different sections
* Using a props such as a dolls house with family members, soft toys etc
* Drawing the ‘clock’ on a large sheet of flipchart paper and encouraging the child to plot their day by writing, using cut outs from magazines etc.

Factors to take into account

Whilst the majority of practitioners in the study undertaken by Horwath and Richardson-Foster (in Press) found that children and young people thought it much easier describing their day than responding to questions about their wishes and feelings the following points should be taken into account:

* The child needs to feel they are in control and are not going to be judged on what they say. They may also fear the consequences of sharing information. Establishing the child’s lived experience may be an iterative process. The child should be allowed to plot their day at their own pace.
* Practitioners need to be clear with the child who will see their work and how it will be used in different fora.
* It is important that each child in the family is asked about their live experience: one cannot make presumptions that they experience family life in the same way.
* One cannot make any presumptions about any daily routines, such as children getting up in the morning. For example, one 14 year old when asked when she woke-up responded when Jeremy Kyle was on TV. The worker presumed she meant the 9.30 edition when in fact she meant the afternoon one.
* It is important to ask open–ended questions such as ‘What happens next?’ The lives of these children are erratic and making any presumptions about certain activities may lead to the child telling you what they think you want to hear.
* As the lives of these children lack routine and stability they might find it hard responding to questions about their daily life. Therefore, ask them to think of a specific day or ask what happened yesterday?
* Their experience may differ depending on who is in the house, whether it’s a school day or week-end, if other family are involved in their care. Once you have information about their selected day then ask them questions as to how the day is different depending on for example, if it’s the school holidays.
* Some children will have a very limited sense of time so it might be necessary to prompt to gauge the time with questions such as: ‘What was on TV?’ ‘Was it dark outside?’
* This approach has been used successfully with children as young as three but to gain a sense of the lived experience of babies and toddlers one can ask a parent or carer to describe the child’s day.

*Element 2 a day for the parent/s*

In order to begin to appreciate why parents are failing to meet the needs of the child it is important to get insight into their lived experience. The following points should be considered:

* As with children parents may well have limited routines so suggest they describe a specific day.
* Do not make any presumptions about the content of the day: be led by the parents.
* When a basic outline has been provided questions can be asked regarding:
	+ Differences in the day, e.g. benefits day, week-ends etc
	+ Variations depending on who is in the home
	+ Extended family and support networks.

As can be seen from the example of Charlie, above, unless practitioners understand what life is like for parents then it is all too easy to set them up to fail in terms of the interventions. For example, Horwath (2013) found that professionals, when planning interventions for neglectful parents, occasionally set them up to fail. In one case practitioners did not recognise that a mother was not able to function properly until she had taken her methadone in the morning but they were expecting her to get her children up, fed and to school before visiting the chemist. The mother failed to do what was expected of her and it was only by finding out about her day that this problem came to light. It was resolved by the grandmother collecting the medication the night before from the chemist and taking it to her daughter first thing in the morning.

*Element 3* *A parent’s perspective on the lived experience of the child*

In some cases of neglect the parent, themselves, maybe so needy they are unable put the needs of the child before their own (Horwath, 2013). In addition, some parents have for so many years behaved in certain ways that their behaviours have become entrenched and they no longer appreciate the impact of these behaviours on their child. Alternatively, many of these neglectful parents will have experienced abuse and neglect themselves and will therefore fail to understand why practitioners may be concerned about parenting behaviours that they think ‘never did me any harm’. By drawing parents attention to the lived experience of the child parents are given an opportunity to gain insights into the impact of neglect in a manner that is likely to be more meaningful to them than being told a child is failing to attend school and must attend. This is because the *impact for their child* is being made specific.

By bringing together the child’s daily lived experience with that of the parent, as has been done in the example above of Charlie and Sam, practitioners can begin to identify and discuss with parents what needs to change in terms of their daily lives to ensure the needs of the child are met. It is also a good way to identify any barriers to meeting the needs of the child and the support professionals and family can provide to break down those barriers.

Links to Model of Change

Drawing on practitioner and family experience of compiling the Daily Lived Experience Model this is an ideal way of assessing parental motivation and ability to change. If the parent does not recognise the impact of their parenting behaviour on the child they are at the pre-contemplation stage. As part of the assessment process practitioners should try and engage parents in contemplating change by establishing:

* Their reflections on the child’s lived experience
* What the parent wants for their child and how they think life can be made better for the child
* Parent/s awareness of the steps they would need to take to make life better and their motivation to take these steps
* What the parent/s think will happen to the child if things do not start to change
* How professionals can support the parent/s and child to make the necessary changes

If despite practitioners efforts to specify what needs to change to improve the quality of this experience parents fail to engage this raises questions about their capacity to change.

The Model also provides an evidence-based method that draws on the lived experience of the child to measure progress in terms of taking action to change and maintaining change. The Horwath and Richardson-Foster study has highlighted that parents have a greater understanding of what change looks like for the child if they met their needs and how practitioners measure progress by monitoring quality change to the lived experience of the child.

*Element 4 what professionals knows about a day in the life of the child and the parent and the impact of this experience on the developmental needs of the child that are or are not being met*.

Sharing information

* What do we know about a day in the life of this child: the positives and the concerns?
* Are there good and bad days, differences at week-ends, school holidays etc?
* What do we know about a day in the life of the parent/s that is influencing parenting capacity: the positives and concerns?
* Are there extended family and significant others who are positively and negatively influencing the daily lived experience of the child and the parent/s?
* Are there factors such as employment, housing, community resources positively and negatively impacting on the lived experience of the child and their family?
* Are there aspects of past history that are influencing the lived experience of the child and their family?
* Parent/s awareness of the steps they would need to take to make life better and their motivation to take these steps.
* What the parent/s think will happen to the child if things do not start to change.

*Analysis and decision-making*

In light of the above and your assessment using the GCP or NCAM:

What aspects of the lived experience need to change now to prevent on-going significant harm ?

What aspects of the lived experience are of concern in as much as they may affect the child’s health and development if not addressed?

Positive aspects of the child’s lived experience?

* What needs to change if the child is to be protected from on-going significant harm? *This should be specific and detailed drawing on what is known about the daily lived experience of the child.*
* What do we expect the parent/s to do differently? *Again draw on the lived experience to specify exactly what parent/s need to do differently.*
* How will professionals work with the parent/child/family? *This should include a breakdown of the various tasks, role of professional and agency in working with family in completing these tasks and timescale for completion of each task.*
* Are there any factors affecting this work? *Consider waiting lists, resources etc.*
* How will we know if this effective? *This answer should focus on evidence of positive changes to the lived experience of the child and take into account the child’s timescale.*
* How shall we measure progress? *This too should focus on evidence of incremental positive changes to the lived experience of the child and take into account the child’s timescale*

Horwath, J (2013) *Child Neglect: Planning and Intervention*. London: Palgrave McMillan. ISBN978-0-230-20666-3 pp 298.

Horwath, J.(2007) *The Neglected Child: Identification and Assessment*. London: Palgrave. ISBN 978-1-4039-3346-1 pp 281.