



Government of **Western Australia**
Department for **Child Protection**

**BACKGROUND PAPER:
UNDERSTANDING NEGLECT**

Department for Child Protection

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INTRODUCTION

This background paper compliments the Department's *Policy on Neglect*. The policy was developed in response to increased understanding of the adverse effects of neglect on children's development, including their emotional, behavioural, cognitive, social and physical functioning. Furthermore, the developmental experiences in children, particularly in early childhood, have been found to shape their brain development. The deprivation of basic needs, such as food, shelter, bonding and attachment to a caregiver, can lead to prolonged stress and cause neurochemical changes and disruptions in the brain.

Neglect is one of the five main categories of abuse along with physical, sexual, emotional and psychological abuse. Often more than one form of abuse may have contributed to the harm the child has experienced and neglect is often present with other forms of abuse.

Neglect is the most common form of abuse that is substantiated by the Department following child protection investigations. Aboriginal and Torres Strait Islander children are more likely to be the subject of a substantiation of neglect than other children and this needs to be considered within a historical and cultural context. Because of their over-representation, the issue for Aboriginal and Torres Strait Islander children is discussed in more detail on pages 8-10. Neglect is also the most prevalent reason why applications are made to the Children's Court for Protection Orders.

UNDERSTANDING NEGLECT

Complexity of Neglect

Neglect is often viewed as one of the most difficult forms of abuse for child protection agencies to address. This is because workers are assessing what is not present or an omission in care by parents or carers¹. There are then resultant complexities in assessing the impacts of the harm on the child. This sets neglect apart from other forms of abuse.

Another complexity occurs when neglect co-exists with other forms of abuse. The concerns regarding neglect may not receive appropriate attention and may not be addressed to the same extent in the investigation process as the other forms of abuse.

There are similarities between jurisdictions in Australia when dealing with the complexity of neglect. The following complexities are common to Western Australia and other Australian states:

- Even when child protection agencies investigate neglect, if the assessment method is incident focussed rather than historic and holistic this may impede understanding of the full range of contributing factors which warrant concern.
- Typically the factors which contribute to individual parents' inability to assure their children's safety and wellbeing (such as mental illness, disability, family and domestic violence and alcohol and other drug abuse) also impede their capacity to engage with services and to make and sustain necessary changes. Structural

¹ Carers include those caring for children in the care of the Chief Executive Officer of the Department for Child Protection.

issues such as a lack of housing also have an impact on parents' ability to engage with services.

- Various studies note the chronic, cyclical nature of neglect and the inadequacy of short term interventions and support in producing sustained improvements for families. Further research is required on effective prevention and treatment services for neglect.
- Efforts to address neglect are hampered by the difficulty of identifying and categorising neglect, determining priority for investigation, engaging families and determining which interventions will be beneficial in both the short and long term for each family in the absence of evidence about which strategies are most effective.
- It is difficult to predict and prevent supervisory neglect deaths but fatalities due to chronic neglect, while less common, have a greater chance of being prevented due to increased predicability².

Risk Factors associated with Neglect

The causes of neglect are complex and multi-faceted. Major structural factors can impact significantly on parents' capacity to meet their children's needs. Other factors such as parental alcohol and other drug abuse and psychological issues may be addressed by providing intensive support to families in collaboration with specialist agencies. Other factors such as parental alcohol and other drug abuse and psychological issues may be addressed by providing intensive support to families in collaboration with specialist agencies.

A number of the following risk factors or signs are often present in situations of chronic neglect. The presence of a single risk factor does not predict neglect and does not mean a child has been neglected. A cluster of risk factors is more significant. Most of the categories are also potentially signs of other forms of abuse.

Risk factors for children

Characteristics that appear to be more highly represented in neglected children include:

- the younger the child the higher the risk to them as they are more likely to suffer significant harm from neglect, in particular children aged 0-3 are at increased risk
- Aboriginal and Torres Strait Islander children are over-represented in statistics on neglect because of social and economic disadvantage, and a lack of access to services
- children with high care needs for example because of age, infants in particular are vulnerable, disability or special needs
- being born prematurely, with a low birth weight, or with birth anomalies
- being exposed to toxins including alcohol and other drugs, tobacco and solvents in utero
- experiencing childhood trauma
- children taking on parental responsibilities that are inappropriate for their age and developmental stage
- speech and developmental delay

² NSW Department of Community Services, *Policy on Child Neglect* 2006, p 9. "Critical incident or accident deaths are usually due to "supervisory neglect" and involve accidental drowning, fires, gun accidents, choking, ingesting pills or death in house fires. "Chronic Neglect" deaths are due to preventable issues such as malnutrition, starvation and dehydration."

- frequent accidents, falls, injuries (due to lack of supervision) and behavioural acting out
- foetal alcohol spectrum disorder
- having an antisocial peer group, such as being a gang member.

Signs of neglect of children

- low weight for age and/or failure to thrive for no medical reason
- untreated sores, severe nappy rash and urine scalds, significant dental decay
- poor standards of hygiene i.e. child consistently unwashed
- children not adequately supervised for their age
- hunger and scavenging or stealing food and focus on basic survival
- extended stays at school, public places, other homes
- longs for or indiscriminately seeks adult affection
- poor school attendance
- emotionally withdrawn
- permitted alcohol and other drug abuse
- inadequate clothing especially inadequate clothing in winter.

Signs of neglectful parenting

- unable or unwilling to provide, or arrange for the provision of adequate food, shelter, clothing, medical attention, safe home conditions
- leaving the child without appropriate supervision
- abandoning the child
- withholding physical contact or stimulation for prolonged periods
- unable or unwilling to provide psychological nurturing
- controlling and coercive behaviours by the parent
- parent/ caregiver placing considerable pressure on the child to "take responsibility for" how the parent feels; depriving the child of the right and opportunity to develop as an individual, especially in the critical early years
- access to prescription medication, drugs, alcohol and pornographic materials due to lack of supervision
- unable or unwilling to ensure the child attends school regularly.

Individual risk factors for parents or caregivers

- family and domestic violence
- age and maturity of parents or caregivers
- mental health of parents or caregivers
- limited intellectual functioning
- poor parenting patterns
- alcohol and other drug abuse by parents or caregivers
- gambling by parents or caregivers
- lack of social support
- family interactions that lack warmth and support
- conflict between parents which distracts from their parenting responsibility
- poor attachment with the child
- intergenerational trauma
- multiple presentations for financial assistance in a short period of time especially due to such issues as family and domestic violence, homelessness, drug and alcohol abuse and issues relating to the protection of children.

Structural factors

- poverty
- homelessness, lack of adequate housing and rental options
- lack of income support or income management
- lack of economic opportunities or unemployment
- geographical isolation and difficulties in accessing services
- limited services in regional and remote communities
- social isolation
- lack of support services and infrastructure such as housing, health and early intervention parenting services
- social dislocation is of particular significance for Aboriginal and Torres Strait Islander families and families from Culturally and Linguistically Diverse Backgrounds because of the historical circumstances of these communities
- the number of people in the home and the impact of overcrowding on the likelihood of the needs of children becoming 'invisible.'

One of the causes of neglect for me is neglect by the whole community. I mean if we would all just look out for each other and the whole community took responsibility for the care of children neglect would be much less likely to occur.

(Consultations, July 2007)

Impact of Neglect

We know that neglect harms children and devastates their potential....We know that child neglect is more serious than other forms of child maltreatment both in terms of the numbers of children who are at risk/or harmed and in terms of the severity of the harm incurred, including loss of life.³

Neglect can have immediate, short and long term effects on the child. The degree of harm to the child can also vary. The most severe consequences of neglect are serious injury and death.

The impact of neglect on a child can vary depending on the child's age; the presence and strength of protective factors; a child's vulnerability due to special needs, the frequency, duration, and severity of the neglect and the relationship between the child and caregiver. The effects of neglect may not be apparent at an early stage except in the most extreme situations. However the ongoing effects of neglect are harmful and can cause cumulative and long term harm to a child's development, particularly in circumstances of chronic neglect and where neglect exists with other forms of abuse.

The impact of neglect can become more severe as a child grows older and can encompass multiple areas, including:

- death or serious injury – such as through poor supervision, malnutrition and dehydration, exposure to infection through poor hygiene and medical neglect
- poor physical health – such as chest infections, pneumonia, low weight, skin conditions and gastroenteritis through poor hygiene and medical neglect
- physical development delay through lack of appropriate stimulation and failure to thrive

³Smith and Fong, 2004.

- neurological development impairment – where those parts of the brain most active at specific ages are those that are most sensitive to neglect. This can lead to arrested growth and deregulated organisation of the infant brain. It can also have a direct impact on other aspects of development such as language. When neglect and trauma co-occur, such as through exposure to family violence or other forms of maltreatment, this can lead to additional neurological impairments
- cognitive development delay can result from emotional neglect, poor stimulation and disrupted schooling
- language and communication delays occur because children have less exposure to communication and experience a lack of stimulation
- poor school attendance
- emotional difficulties – such as passivity, being withdrawn, low self-esteem, suicidal ideation, self-harming behaviours, self-soothing behaviours, helplessness, shame and despair
- behavioural difficulties – such as aggression, frustration, anger and non-compliance
- attachment difficulties – such as indiscriminate attachment behaviours, insecure attachments or disorganised attachments
- impoverished social relationships – results from the culmination of other consequences of neglect in addition to children learning not to trust others.

Neglect can be further described on a continuum of episodic, reactive or chronic:

- Episodic neglect is typically a one-off, occasional or infrequent incident.
- Reactive neglect generally occurs in response to a new stressor.
- Chronic neglect refers to persistent low-level care, or repeated failure to meet a child's needs, or to protect the child from harm.

Chronic neglect can impair all aspects of a child's growth and development, as well as a child's desire or ability to relate. At its most extreme, chronic neglect can lead to death from malnutrition, starvation and dehydration. If there is evidence of chronic neglect the Department has grounds for intervention which could lead to children being placed in the care of the CEO.

Chronic neglect requires long-term intensive support to address causal issues and behaviours. To ensure the child's safety and care this support may require either intensive supervision, live-in support of a responsible family member or carer while working with the parents or placing the child in the care of the CEO.

Theories relevant to Neglect

The Victorian Child Death Review Committee's Report on *Effective Responses to Chronic Neglect (2006)* provides a summary of theories that are relevant to understanding the development and needs of children in the context of neglect:

- ecological perspective - a multi-layered and systemic framework to understand how different factors (personal, family, social, community) interact to cause the neglect of children
- cultural perspective – the impact of intergenerational history of dispossession, disadvantage and past policies on the wellbeing of Aboriginal and Torres Strait Islander children and communities
- developmental psychopathology – this approach suggests that different types of maltreatment have different consequences for different children in different situations
- attachment theory and neurobiological development – these perspectives emphasise the importance of healthy attachment between an infant and caregiver(s) and the impact of neglect and other types of trauma on brain development.

Neglect in Aboriginal and Torres Strait Islander Communities

There are a multiplicity of social, cultural, historical and structural factors that affect the ability of some Aboriginal and Torres Strait Islander families to parent effectively.⁴ These include:

- fragmentation of families and intergenerational trauma caused by oppression, dispossession, past protection and assimilationist policies
- the impact of poverty, unemployment and inadequate housing
- a lack of accessible culturally secure services on parenting, health, recreation and wellbeing in metropolitan and rural and remote areas
- presence and co-occurrence of family and domestic violence, alcohol and other drug abuse and psychological issues
- the lack of education and knowledge about parenting strategies in many Aboriginal communities. Many Aboriginal parents have a limited understanding of stages of child development, what children need to grow into healthy kids, and how family violence, alcohol and other drugs can impact on children's emotional and psychological development.

These factors often contribute to limited opportunities for parents to bond with their children and for children to experience consistent love and acceptance. This has resulted in a lack of skills and confidence to parent in some families and an over-representation of Aboriginal and Torres Strait Islander children in child protection systems.⁵

⁴ There are many thorough accounts of the historical and other issues for Aboriginal and Torres Strait Islander people such as the *Bringing Them Home Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* and the *Ampe Akelyernemane Meke Mekarle: Little Children are Sacred Report of the Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*.

⁵ Atkinson, S and Swain, SA Network of Support: mothering across the Koori community in Victoria, *Australia in Women's History Review*, Volume 8, No 2, 1999.

When assessing child neglect in Aboriginal and Torres Strait Islander communities, one of the challenges for child protection workers is to assess whether the child is receiving adequate care, taking into consideration the cultural sensitivity and understanding of parenting and the safety of the child. Cultural understanding is not a reason for failing to act to ensure the care and protection of children where there is evidence of child neglect.

Data suggests that there are higher levels of neglect evident in Aboriginal and Torres Strait Islander families than in the general community. Aboriginal and Torres Strait Islander people represent approximately 3% of the population of Western Australia. However, in 2006-2007, 50.3% of children who were the subject of substantiated neglect in Western Australia were Aboriginal or Torres Strait Islander.⁶ According to the Department's 2006-2007 Annual Report, Aboriginal and Torres Strait Islander children represented 41% of children in care and approximately 29% of the clients involved with the Department were of Aboriginal or Torres Strait Islander descent.

It is important to emphasise that there is tremendous cultural diversity that exists between different cultural groups of Aboriginal and Torres Strait Islander peoples. At the same time some of the factors associated with the cultural context in which Aboriginal and Torres Strait Islander families and communities raise their children include:

- Parenting practices are influenced by cultural differences which can vary in urban, rural and remote areas; the family's adherence to traditional ways; the language used and the ability to interact using mainstream ways.
- Grandparents and extended family members are expected to play a greater role in parenting, decision making, educating children and passing on cultural knowledge. Therefore meeting the needs of children is a shared responsibility between parents, extended and kinship family⁷.
- There is a need to ensure concerns raised by grandparents and extended family members are responded to, assessed and/ or investigated in a manner that acknowledges cultural responsibilities and the family's strengths but also ensures the interests of the child are the primary concern.
- There are a number of differences between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander parenting styles, with children often being treated differently from birth. Aboriginal and Torres Strait Islander children are often encouraged to explore the environment around them from an early age. This contrasts with mainstream child rearing practices where young children are expected to stay in the vicinity of their carer. Aboriginal children are encouraged to be independent and are not seen as helpless, but as having the capacity to demand whatever they need, and to help themselves as soon as they are physically able.⁸

Despite the history and the need to understand and acknowledge the events that have led to many of the issues facing Aboriginal and Torres Strait Islander families today, there is also a need to ensure children are protected from abuse and neglect. In his paper, *"Neglect not injustice is the enemy"*, Mr Noel Pearson makes the

⁶ *Child Protection Australia Report 2006-07* Table 2.10.

⁷ The Australian Parenting Website, http://raisingchildren.net.au/articles/indigenous_parents.html

⁸ Kearins, J., 1984.

following comment, “Children comprise a very large proportion of Australia’s Indigenous population. Without adequate nutrition, peace, sleep and education, they will be marginalised for the rest of their lives”. Article 6 (2) of the United Nations Declaration of the Rights of the Child supports this and states that “Parties shall ensure to the maximum extent possible the survival and development of the child.”

No single strategy can have sustained impact rather a multifaceted approach would achieve more effective outcomes. Community involvement and support is required. Interagency communication and accountability needs to be facilitated at a range of levels from most senior to local. Education and an understanding of culturally secure ways of working are of high importance for child protection workers, as is the development of an Aboriginal workforce.

In regards to our children I believe that you must work holistically and with the whole family to right the past wrongs. Many of our (Aboriginal) families fall into the ‘I don’t know how’ to be a good parent as many are young and historically their parents were dysfunctional in regards to raising family due to not being able to within the missions and homes due to the segregation rules of the day.

We all learn from our family unit the rights and wrongs the love and caring and your place in society but because of the past policies many of our people do not have those skills and the passing on of parenting skills is not there. I have witnessed three generations that even though they love their children deeply they do not have the skills to parent effectively in a positive way.

Our history which is recent is not so good and many people are still trying to cope with the past trauma they had to suffer and (there are) no services (or) programs to assist them in dealing with it. Therefore, it is imperative to work with the whole family unit.

(Consultations, Aboriginal Community Member, July 2007)

When you are working with Aboriginal communities DCP need to develop a plan of action with the community and all other agencies State, Federal and others who provide services to that community.

(Consultations, Aboriginal Community Member, July 2007)

The Department for Child Protection wishes to acknowledge the valuable contribution of those Aboriginal community members who participated in the consultation process for this policy.

Neglect in Culturally and Linguistically Diverse (CaLD) Communities

Even though incidents of neglect are normally identified across all cultures and ethnic backgrounds, there are a number of often complex factors that need to, additionally, be taken into account when assessing reports of neglect involving children and families from culturally, religious and linguistically diverse backgrounds. Existing research shows that these factors may be related, but not limited to:

- the impact of migration and settlement in a new cultural environment including isolation (cultural and physical) and inaccessibility of support services
- for humanitarian entrants, the families' lengthy periods in refugee camps (often for many years) due to natural disasters, famine or civil war
- the impact of torture and trauma or chronic loss and grief issues on parenting skills and family relationships
- poverty caused by difficulties obtaining employment as a result of language barriers
- the use of child rearing practices specific to a particular ethnic, cultural or religious group that may be inadequate in the present setting.

This highlights the need for careful assessment of the families' background and the circumstances surrounding the alleged neglect, including:

- consideration of local social and demographic data in order to identify whether the Department is dealing with an isolated situation or whether a pattern exists within a particular community
- family composition, as family breakdown may have occurred following arrival in the host country
- the capacity of extended family members or significant others within the particular community group to provide support to the child and family.

In responding to situations of neglect in CaLD communities the Department seeks to:

- access appropriate prevention, therapeutic and support services
- ensure staff receive appropriate cultural training and
- utilise professional interpreting services as required.

Cultural understanding is not a reason for failing to act to ensure the care and protection of children where there is evidence of child neglect.

In situations where groups of children in particular communities are being neglected, engagement and consultations with the appropriate community leaders should occur to identify issues and solutions.

One of the most important things I can think of to remember when working with families from Culturally and Linguistically Diverse Backgrounds is not to group us all together. Do not even group all Africans together. You need to find out the specific cultural background of the person.

(Consultations, July 2007)

GLOSSARY

Child (section 3 of *Children and Community Services Act 2004*–the Act)

The Department's legislative responsibilities for statutory child protection apply to children and young people who are under 18 years of age. In the absence of positive evidence as to age, a child means a person who is apparently under 18 years of age.

Child protection

Refers to actions taken under the *Children and Community Services Act 2004* to safeguard and promote the wellbeing, including safety, of a child or young person who seems to be or who is in need of protection.

Chronic Neglect

Chronic neglect refers to persistent low-level care, or repeated failure to meet a child's needs, or to protect the child from harm.

Cumulative harm

Cumulative harm refers to the effects of patterns of circumstances and events in a child's life, which diminish a child's sense of safety, stability and wellbeing.

Episodic neglect

Episodic neglect is typically a one-off, occasional or infrequent incident.

Harm

Harm to a child includes harm to the child's physical, emotional or psychological development (section 3 of the *Act*). When a child is found to be in need of protection, harm means any detrimental effect of a significant nature on the child's wellbeing [section 28 (1) of the *Act*].

Parent (section 3 of the *Act*)

A parent to a child means a person, other than the CEO, who at law has responsibilities for

- (a) the long-term care, welfare and development of the child; or
- (b) the day-to-day care, welfare and development of the child.

Reactive neglect

Reactive neglect generally occurs in response to a new stressor.

Wellbeing (section 3 of the *Act*)

Wellbeing of a child includes, but is not limited to, the care, development, health and safety of the child.

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