



Neglect: Key issues



NSW Department of
Community Services

Introduction

This Research to Practice Note has been developed to provide a snapshot of the key findings of DoCS' neglect literature review.

It has been prepared to help practitioners recognise the symptoms of neglect and gain an understanding of how it is caused and its effects.

What is neglect?

Neglect refers to the persistent failure to meet a child's basic developmental needs. It is usually categorised as physical, supervisory, emotional or educational.

There has been much debate about exactly what constitutes neglect, due to a number of factors, for instance:

- What constitutes meeting the basic needs of children? Are there agreed minimal levels of care and nurturing that children require?
- How socially and culturally dependent is the concept of neglect?
- Is neglect a parental or a societal responsibility?
- Is neglect defined by the behaviour of the parents or the harm to the child?
- Does neglectful behaviour have to be wilful or intended?
- Does failure to meet needs have to be persistent?

Despite the ongoing debate, a number of key factors are acknowledged consistently:

- Neglect is a passive rather than an active form of abuse
- It is chronic in nature
- The intent to harm the child by the parent or carer is not always present
- Neglectful families often face multiple problems
- Child neglect can cause serious harm and death.

What are the causes of neglect?

A number of factors have been associated with neglect. They can be categorised as parental, child and environmental.

Parental factors

- Substance misuse
- Dysfunctional parent-child relationship
- Lack of affection
- Lack of attention and stimulation
- Mental health difficulties
- Low maternal self-esteem
- Domestic violence
- Age of parent or carer (risk generally increased for younger, teenage mothers)
- Negative childhood experiences
- History of parenting (previous abuse or neglect)
- Dangerous/damaging expectations upon children (giving children inappropriate responsibilities to care for themselves or others or restricting activities that will impair health and development)
- Inappropriate supervision
- Failure to seek appropriate medical attention
- Lack of social support.

Child factors

- Age of the child (the younger the child the higher the risk)
- Child with a disability
- Learning difficulties.

Environmental factors

- Poverty.

Although child neglect affects children of all ages, the increased helplessness and vulnerability of children under three years heightens the risk of their needs not being met. Ninety percent of deaths due to neglect occur in children under four¹.

Age-specific risk indicators of child neglect²

Physical	Development	Behaviour
Key features in infants (0-2)		
<ul style="list-style-type: none"> • Failure to thrive, weight, height and head circumference small • Recurrent and persistent minor infections • Frequent attendance at G.P, casualty departments. Hospital admissions with recurrent accidents/illnesses • Late presentation with physical symptoms (impetigo, nappy rash) 	<ul style="list-style-type: none"> • Late attainment of general developmental milestones 	<ul style="list-style-type: none"> • Attachment disorders, anxious, avoidance, difficult to console
Key features in pre-school children (2-5)		
<ul style="list-style-type: none"> • Failure to thrive, weight and height affected • Unkempt and dirty/poor hygiene • Repeated accidents at home 	<ul style="list-style-type: none"> • Language delay, attention span limited • Socio-emotional immaturity 	<ul style="list-style-type: none"> • Overactive, aggressive and impulsive • Indiscriminate friendliness • Seeks physical contact from strangers
Key features in school children (5-16)		
<ul style="list-style-type: none"> • Short stature, variable weight gain • Poor hygiene, poor general health • Unkempt appearance • Underweight or obese • Delayed puberty 	<ul style="list-style-type: none"> • Mild to moderate learning difficulties • Low self-esteem • Poor coping skills • Socio-emotional immaturity • Poor attention 	<ul style="list-style-type: none"> • Disordered or few relationships • Self stimulating or self injurious behaviour or both • Soiling, wetting • Conduct disorders, aggressive, destructive, withdrawn • Poor/erratic attendance at school • Runaways, delinquent behaviour

What are the effects of neglect?

Children who have been neglected are prone to:

- internalising problems such as low self-esteem, depression, social withdrawal, apathy, passivity and helplessness
- delays in their cognitive and language development
- poor communication skills
- difficulty with interpersonal relationships.

Fatal neglect

Almost half of the maltreatment fatalities are attributable to neglect.

Fatal neglect is most often associated with a single life-threatening incident (supervisory neglect) rather than chronic forms of neglect such as malnutrition.

The association of fatalities with a single critical incident, however, makes the prediction and therefore prevention of fatalities extremely difficult.

Research carried out found that if there were more than four people in the home the rate of overall neglect more than doubled and physical neglect was triple the rate of a single child family³.

How can neglect be addressed?

Neglect is more likely to be overlooked than other forms of maltreatment as each incident may appear too trivial to report. A system that allows automatic triggering of previous reports may help flag chronicity.

Families should be offered concrete assistance that meets their identified problems, for example, providing food, nappies or other essential items, fixing a broken washing machine or oven etc. Through support it may be possible to enhance parental confidence and child resilience so that the harmful effects of neglect may be reduced.

Such services include:

- free high quality child care with transport provided
- before and after school programs
- access to home visiting
- parenting education.

Where parents are unable to provide a nurturing and stimulating environment, interventions need to target the child directly.

The most intensive support should be provided when there is a child under 12 months, particularly if the child has a disability.

For maximum effectiveness, services should be offered long-term.

When dealing with neglectful families it is important to treat them with respect, target their strengths, be culturally sensitive and set clear achievable goals that require only small incremental change

Further reading

- Depanfilis, D (2005). Family connections: a program for preventing child neglect. *Child Maltreat, 2005 May; Vol. 10 (2)*, pp. 108-23
- Dubowitz, H (2005). Examination of a Conceptual Model of Child Neglect. *Child Maltreat, 2005 May; Vol. 10 (2)*, pp. 173-89
- English, DJ (2005). Toward a Definition of Neglect in Young Children. *Child Maltreat, 2005 May; Vol. 10 (2)*, pp. 190-206

Endnotes*

- 1 Scannapieco, M. and K. Connell-Carrick (2002). Focus on the First Years: An Eco-Developmental Assessment of Child Neglect for Children 0 to 3 Years of Age. *Children & Youth Services Review*, 24(8): 601-621.
 - 2 *Child Neglect Practice Guidance* (2002). City and Hackney Area Child Protection Committee - http://www.hackney.gov.uk/soc-child_ne.pdf
 - 3 Connell-Carrick, K. (2003). A Critical Review of the Empirical Literature: Identifying Correlates of Child Neglect. *Child and Adolescent Social Work Journal*, 20(5).
- * Additional references available on request.

The DoCS Research to Practice program aims to promote and inform evidence-based policy and practice in community services.

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