

DoCS

Policy on Child Neglect



NSW Department of
Community Services



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**Prepared by:
Child Protection Policy
Child Protection and Early Intervention Directorate
NSW Department of Community Services**

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1. Executive Summary

This policy describes DoCS' current understanding of the complex issues surrounding the neglect of children and sets out strategies to improve our response to neglect in the future.

The policy has been developed in response to increased understanding of the prevalence of neglect and its adverse impact on children's development. It reflects a new focus on the severity and seriousness of the harm neglect can cause, including loss of life.

It acknowledges Child Death Review Team criticisms of DoCS' practices and the urgency of developing better ways of identifying neglect and determining when and how to act in the best interests of children, particularly where neglect is a chronic or underlying feature of cases involving both neglect and abuse.

The policy asserts the importance of the child and the imperative to address the child's needs in assessment, development of strategies for intervention and periodic review of progress.

The policy draws on research summarised in *Neglect, A Review of the Literature*, a Report of a review undertaken by the DoCS Centre for Parenting and Research in 2004. The policy is also informed by relevant research published in the UK and the US in 2005.

The policy is based not only on national and international research but also on analysis of our own statistics and review of current casework practices. However, the policy points to the need for further research to enable refinement of strategies, based on better understanding of the factors and indicators which point to the presence of neglect.

The proposed strategies for future implementation involve making better use of existing resources and trying out new ways of working with neglect.

The strategies include further analysis of our current practices and policy work to enable:

- **changes to the risk of harm framework**, highlighting the need to look for history and underlying causes to both identify neglect as early as possible and target chronic neglect that has been missed or inadequately managed and **review of the relative weight of urgency and risk** to allow caseworkers to give priority to cases where future risk is evident despite the lack of an incident requiring an immediate response;
- **development of Guidelines for caseworkers**, setting out broad risk factors and specific indicators to consider in carrying out Risk of

Harm assessments and tailoring interventions to ensure that children's needs are met;

- **increased emphasis on early intervention**, including development of policy/protocols on assessment and referral of neglect cases to early intervention to try to help families overcome the problems contributing to neglect before it becomes chronic, *reduce risk and address children's needs* before their development is compromised;
- **differentiated responses**, ie development of different types of responses/suites of services, according to the particular features of different types of neglect or typologies of neglecting families, based on analysis of our cases, including analysis of cases of neglect in Indigenous families and communities and research on effective strategies and services developed and/or sought by Indigenous communities;
- **mobilisation of existing resources and programs to alleviate material disadvantage** and respond to crises which may precipitate or entrench neglect;
- **long term case management**, subject to periodic review, to provide greater support and assurance to children and their families while building the family's capacity;
- **greater engagement with the service system (child care services, family support)** to address children's needs for appropriate care that supports their development and mitigates deficits in their care.

The policy will be supported by an Implementation Plan, which will include a framework for monitoring the impact of these strategies on families, and most importantly, on children, over time.

2. Introduction

We know that neglect harms children and devastates their potential. We know that the nature of the outcomes for children depends on the age of the child when neglected, the chronicity /duration of the neglect, and the severity of the neglect. 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. It has been proposed that neglect may be the core issue underlying all child maltreatment and it has been found that most cases involved with child protection services contain an element of neglect.¹

The knowledge summarised above represents the current perspective of US researchers on neglect but it has wider application. Recent research in the UK and in Australia similarly asserts the prevalence and harmful consequences of neglect. In recent times child neglect has been receiving

¹ *The Children of Neglect, When No-one Cares*, Smith, MG & Fong, R, Brunner Routledge, New York 2004

increasing attention nationally and internationally. It is the most common form of maltreatment and also the fastest growing category in Canada, the United States and the United Kingdom. Between 40-60% of all reports of maltreatment include neglect with about two thirds of these being for neglect only.²

Child neglect is a substantial issue in NSW. Between October 2003 and June 2004, more than 38,000 (over 40%) of reports of risk of harm to children received by DoCS involved neglect.³ The co-existence of neglect with other forms of maltreatment, a feature noted in UK and US research, also features in DoCS cases according to data for 2001/02. More than 74% of the 53,542 risk of harm reports involving neglect also involved other maltreatment issues.

3. Definition

Neglect is a somewhat nebulous concept subject to considerable debate. While there is general agreement that neglect encompasses acts of omission on the part of parents or carers and either impairment of a child's development or actual harm, there is a lack of consensus on *the extent to which definitions should be qualified* by factors such as social conditions, cultural beliefs, the level of potential or actual harm to the child and the intent of caregivers.

Certainly, the range of behaviours and types of harm encompassed in current definitions of neglect has expanded, relative to early definitions. Contemporary understanding of neglect includes but extends beyond early definitions, which focused on *physical* neglect - inadequate living environment, personal hygiene and nutrition. Current definitions include such categories as *supervisory* neglect (which includes failure to supervise children or allowing them to be cared for by unreliable or unsafe adults), abandonment or desertion, educational or medical neglect and psychological and emotional neglect.⁴

DoCS currently defines child neglect as “the continued failure by a parent or caregiver to provide a child with the basic things needed for his or her proper growth and development, such as food, clothing, shelter, medical and dental care and adequate supervision.” In keeping with increasing knowledge about children's need for nurturing and emotional warmth to support their development, emotional neglect is included in our Practice Guidance (Guidelines) for DoCS Caseworkers. These Guidelines, *for practical*

² 'Neglect. A Review of the Literature.', DoCS Centre for Parenting and Research, 2005.

³ Of the 94,822 risk of harm concerns received by DoCS between October 2003 and June 2004, issues related to basic needs at risk or basic needs not met (neglect) comprised 40.78% of the issues associated with risk of harm reports at initial assessment where the category of harm was stated. DoCS Annual report 2003/04.

⁴ Emotional neglect may also overlap to some extent with emotional abuse, however the latter is usually considered to be more active. Abuse comprises the sustained assault on the identity and personality of the child, through threatening, yelling and verbal degradation, terrorising, exploiting, corrupting and refusing to be emotionally responsive whereas emotional neglect is related more to the psychological unavailability of the parent, the absence of consistent interaction. Emotional neglect often emanates from parental unawareness and ignorance, depressive moods, chaotic lifestyles, poverty, lack of support and inappropriate child-rearing models. 'Neglect. A Review of the Literature.', DoCS Centre for Parenting and Research, 2005.

purposes, describe neglect under physical, medical, supervisory, emotional and educational categories.

4. The framework for DoCS' actions

The framework for DoCS' actions in regard to neglect is provided by *the Children and Young Persons (Care and Protection) Act 1998*, which sets out DoCS responsibilities for the safety, welfare and wellbeing of children and young people in NSW, where they are at "risk of harm".

There are three key aspects to the Department of Community Services' role:

- leading the development, coordination and monitoring of the child and family service system
- delivering a statutory service in accordance with legislative requirements, and
- arranging the provision of services to vulnerable children, young persons and their families through the government, community and/or private sectors.

Child neglect is a crime under both the *Children and Young Persons (Care and Protection) Act 1998* and *the Crimes Act 1900*.

Fines of up to \$20,000 may apply under the *Children and Young Persons (Care and Protection) Act* for intentional action that results in physical injury, sexual abuse, significant damage to emotional, intellectual or physical development or health; neglect to provide adequate and proper food, nursing, clothing, medical aid or lodging; and leaving a child or young person unsupervised in a motor vehicle.

Gaol penalties of up to five years may apply under *the Crimes Act 1900* for intentional abandonment or exposure to risk of a child under 7 years of age if it causes danger of death or serious injury and for intentional or reckless failure to provide a child for whom the person holds parental responsibility with the necessities of life if this causes a danger of death or serious injury to the child.

However, it is rare for DoCS to take punitive action which may further disadvantage a family and legal action of this kind would generally indicate that our efforts have come too late or have failed. Caseworkers' efforts focus on ensuring the safety and wellbeing of families and assisting families to address the deficits which contribute to child neglect.

5. Complexity of neglect

Despite its prevalence, neglect is among the most difficult forms of maltreatment for child protection agencies to address. This is due in part to the complexity of assessing the impacts of harm from what is essentially a

passive form of maltreatment characterised by *omissions* in care on the part of parents or carers.⁵ Such omissions may or may not result in noticeable incidents or impacts which draw sufficient attention from people involved with or observing the child to prompt reporting and investigation. If child protection agencies are not alerted to the presence of neglect by a single incident or series of incidents, the suffering of children may go unnoticed for considerable periods of time.

In addition, the co-existence of neglect with other forms of maltreatment⁶ can provide further challenges due to the necessity to assign priority for investigation among high volume reports of *both* abuse and neglect. According to some researchers⁷ the “apparently trivial nature of each incident [of neglect] contrasts sharply with the competing priority of children whose safety is in immediate danger, with the result that the neglect is even more severe and chronic before the threshold of intervention by statutory child protection agencies is reached”.

Once neglect has come to the attention of child protection agencies, incident focussed assessment may impede understanding of the full range of contributing factors which warrant concern. Typically, the factors which contribute to parents’ inability to assure their children’s safety and well-being, (for example, mental illness, disability, domestic violence, deficits in parenting skills due to being inadequately parented themselves) also impede their capacity to engage with services and to make and sustain necessary changes.

Neglect is the most resistant [of maltreatment types] to current prevention and treatment initiatives. One study (Daro 1998) showed that intervention produced lasting change in only 40% of neglecting families. Other studies cited in a literature review undertaken for DoCS in 2004 by the Centre for Parenting and Research, note the chronic, cyclical nature of neglect cases and the inadequacy of short term interventions and support in producing sustained improvements for families.

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. However, the imperative to improve our response to neglect is strengthened by these difficulties. Both our knowledge base and

⁵ While neglect is mostly defined as an act of omission (or failure to act) unlike physical or sexual abuse, which are defined as acts of commission (or deliberate actions), neglect can be a deliberate action, as noted by Lawrence and Irvine (2004)

⁶ A recent paper from the Australian Institute of Family Studies (AIFS) supports this view, stating that “*there is a growing body of evidence to show that maltreatment sub-types do not occur independently and that a significant proportion of maltreated children and young people experience not just repeated episodes of one type of maltreatment, but are likely to be the victims of other forms of abuse or neglect*”. Dr Daryl Higgins; ‘Differentiating between child maltreatment experiences’; *Family Matters*, No.69 Spring/Summer 2004/2005; Australian Institute of Family Studies.

⁷ Tanner and Turney, 2003, quoted in *Neglect. A Review of the Literature.*, DoCS Centre for Parenting and Research, 2005.

our evidence base need to be expanded so that we can refocus our efforts and monitor the impact on outcomes for our clients.

6. Impetus to examine the issue of neglect

There are several critical issues adding impetus to our efforts to better understand the nature of neglect *in all the forms in which our caseworkers may encounter it*, both in isolation and entangled with other forms of abuse. These include increasing knowledge of:

- *the sometimes fatal consequences of neglect*, and the disturbing fact that the characteristics of families in which neglect-related deaths occur are not distinguishable from the characteristics of families in which neglect is chronic;
- *the prevalence of neglect as an underlying or co-existing factor* in cases featuring both abuse and neglect, with the consequence that neglect may not receive appropriate attention;
- *the impact of neglect on both child development and functioning in later life.*

Reviews of child deaths have highlighted issues needing urgent attention in view of the fatal consequences of neglect and apparent deficiencies in the Department's assessment procedures and service responses. The NSW Child Death Review Team's report "*Fatal Assault and Neglect of Children and Young People*", 2003, found that 31 (41.3%) of the 75 child deaths during the 3 year period of the study were as a result of neglect. Of these, 26 children died as a result of inadequate supervision and the majority of children (71%) were aged between 1 and 4 years. The study found that over 58% of families had prior involvement with DoCS.

A distinction is made between two types of neglect fatalities. 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 such preventable issues as malnutrition, starvation and dehydration. According to the literature review, 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 predictability.

The Child Death Review Team's examination of the specific deficiencies in the Department's responses in neglect cases prompted recommendations that workers take a more analytical approach, supported by transparent risk assessment tools and professionally guided practice tools.

The CDRT Reports also noted that caseworkers dealing with complex situations are party to the common misconception that each neglectful incident is trivial or is not as serious as physical or sexual abuse, and this can

affect the type of response and priority assigned to reports involving neglect.⁸ As noted previously, this is a significant issue noted in international research.

DoCS statistics require further interrogation over a longer period to test the extent to which our caseworkers assign low priority to neglect or fail to explore in depth the contributing factors and appropriate responses if there is another more prominent type of harm such as sexual abuse involved. However, of the 33,376 children who were the subject of a neglect only report in 2002/03, over 40% were also a subject of previous reports for *a range of reportable issues*. This suggests that neglect may have been present as a co-existing or underlying factor but did not receive sufficient attention throughout successive investigations and interventions.

Consequences of (non fatal) neglect for children are now better known than in the past. Lack of parental care and nurturing are considered to pose one of the greatest threats to children's well-being and development. While neglect can occur at any stage of childhood, the greater helplessness and vulnerability of infants and toddlers heightens the risk of their needs not being met. Children aged three years or younger are the most vulnerable and suffer the most devastating consequences, with both physical and emotional development compromised. Studies of neglected pre-schoolers have noted apathy, passivity, lack of flexibility, persistence and enthusiasm, difficulty with emotional regulation, and skewed self-belief that they are unworthy of love and attention.

The tendency of neglected children to appear passive, withdrawn, apathetic and uninvolved with their social or physical environment impacts on their capacity to make friends and learn at school, setting them up for isolation and difficulty in developing and sustaining intimate, long term relationships in later life.

Adolescents who have been neglected commonly suffer problems such as suicidal thoughts and self-mutilation, depression, anti-social personality disorder and alcohol problems.

It has been argued that neglect *can be equally or more serious in the longer term than physical or sexual abuse*.⁹ Consequences over the life course can include attachment problems, low self esteem, increased dependency, anger, impaired cognitive development, low academic achievement and delinquent behaviour.¹⁰ Australian research based on a 1997 study by Weatherburn, Lind and Ku, found that neglect was a highly significant factor associated with juvenile crime. Neglectful parenting was the most powerful predictor of juvenile delinquency.

⁸ For example, Birchall and Hallett (1995), reported in Jones and Gupta (1998), found that, when establishing a baseline for protective intervention, different professionals found it harder to reach a consensus on emotional abuse and neglect, than on physical and sexual abuse. A similar finding was identified by Tanner and Turney (2005), who suggest that deciding when a particular situation involving neglect has reached the point where intervention is necessary is not always straightforward.

⁹ Erickson and Egeland, 2002; Thornberry, Ireland and Smith, 2001; Ney, Fung and Wickett, 1994.

¹⁰ 'Neglect. A Review of the Literature.', DoCS Centre for Parenting and Research, 2005.

7. The problem for DoCS

The problem for DoCS is to determine the *specific actions* we need to take in the light of the imperatives supplied by increased understanding of the nature of neglect and its consequences. Neglect is not a new phenomenon but one which our caseworkers constantly encounter. The challenge is to find ways to refocus our efforts to deal more effectively with neglect, particularly chronic neglect, as this is generally acknowledged to be the most difficult form of neglect to prevent and address. Our strategies will need to include early intervention and prevention as well as tailored and sustained intervention where neglect has become chronic.

Up until the 1970's, both internationally and in Australia, what would now be described as neglect was the major form of child maltreatment dealt with by child welfare agencies. In the last thirty years (up until the current resurgence of interest) neglect has generally received diminished attention. A number of factors seem to have led to this situation, such as:

- the recognition over the past few decades of the physical and sexual abuse of children and the increased public and government attention on these forms of child abuse;
- the introduction of mandatory reporting and the significant rise in the volume of child abuse reports (such that neglect issues are overwhelmed by the need to prioritise reports for immediate investigation); and
- changes in child protection practice from a family-based preventive approach to a legal investigatory model (in response to the increase in reports).¹¹

While the merits of the system of mandatory reporting and the legal investigatory model of child protection are the subject of debate, the physical and sexual abuse of children remain of pressing concern. The volume of reports of abuse and neglect is unlikely to rapidly diminish regardless of the specific features of the systems we have in place for the protection of children - exponential growth in reports is a global trend.

Therefore, in reasserting the importance of neglect, we cannot de-emphasise the importance of abuse and must balance the need to respond appropriately to *both* abuse and neglect in any recommended changes to our practices. However, *we can and should reassert the needs of neglected children* within our risk assessment systems and practices which have been developed to prioritise reports.

8. Need to *refocus* our efforts

According to UK researcher Brigid Daniel,¹² neglected children are "*simultaneously in need and at risk*, with the risks flowing both directly from

¹¹ 'Spotlight on Child Neglect', Adam Tomison, *Issues in Child Abuse Prevention* No. 4 Winter 1995, Australian Institute of Family Studies.

the unmet needs and indirectly from the dangers associated with lack of care and supervision.” This presents a dilemma in that the “artificial divide” in child protection systems between children *at risk* and children *in need* leads to a focus on one at the expense of the other.

Preoccupation with risk can mean that human and material resources are poured into investigation and establishment of risk at the expense of the provision of support and resources for families in need. In examining the appropriateness of our risk assessment framework in keeping with our increased understanding of the direct and indirect risks associated with neglect, we need to ensure that this is not at the expense of a focus on need and the supports necessary to help parents provide the kind of nurturing environment that is optimal for child development.

Traditionally, prevention and early intervention services provide the best avenue for providing services which target the needs of a child within their family environment. DoCS has a system which enables streaming of cases into prevention and early intervention on the basis of risk assessment. In developing strategies to deal with neglect, it will be important to ensure that we do not enforce an artificial divide between children/families in need and children/families at risk. Rather, interventions, wherever they occur on the spectrum from early intervention to statutory protection, including removal of children, will have to balance the need for support with the imperative to monitor and manage risk.

9. Causes of child neglect

Our work would be easier if the *causes* of neglect were readily identifiable and the links between environmental and personal factors and neglecting behaviour straightforward. However, the causes of child neglect are subject to competing theories and models which focus on parental deficiencies, environmental deficiencies and the interaction between the two. According to US researchers, Smith and Fong (2004), most of the studies underpinning the models are “retrospective rather than prospective and their findings are descriptive and correlational rather than causal”.

The studies also fail to take into account the fact that “many families living under conditions of social stress and individual limitations similar to those of maltreating families do not maltreat their children.” There is no simple way of identifying one or more factors as definitive causes and targeting assessment and interventions at these to alleviate or eliminate neglect. In view of this, in developing policy on assessment and interventions, we can only explore and respond to *factors which may underpin neglect* and *specific indicators that neglect is occurring*. The Guidelines for Caseworkers set out these factors and indicators in detail and provide guidance on good practice in exploring their significance with individual families.

¹² *Child Neglect, Practice Issues for Health and Social Care*, edited by Julie Taylor and Brigid Daniel, Jessica Kingsley Publishers, London, 2005

DoCS Neglect Policy and Guidelines cover only those factors which are within our sphere of influence. International research on neglect notes the significance of poverty and social disadvantage as a factor underpinning neglect. US researchers Smith and Fong go so far as to suggest that reducing economic disadvantage could reduce the risk and incidence of neglect. They suggest that child welfare policy should incorporate structural, preventive and remedial provisions to enable families to fulfil their child rearing functions, including adequate income to provide an economic safety net for families with children, universal health care, decent housing, safe and supportive communities, employment programs, universal day care, adequate education, substance abuse programs, and other remedial and/or concrete services to meet families' needs. In addition, services should be culturally appropriate.

In Australia, the Federal government is responsible for policy and funding on all of the above, with the exception of substance abuse programs, education (which is a shared responsibility) and family services. The literature review noted that in Australia there is broader eligibility for welfare benefits than in the US and that most families in receipt of benefits are able to provide for their children's basic needs. Further, "while the situation may be quite precarious for some families" (those with intellectual disabilities, mental health and substance abuse problems who are likely to breach conditions for continued receipt of benefits) "there is not the depth and breadth of poverty, including unemployment and homelessness that exists in the United States."¹³

DoCS acknowledges that strong and cohesive communities are more likely to "look out" for children and young people and support parents and carers in their significant roles in enhancing child development. Community capacity building strategies, while they cannot directly prevent neglect, may enhance the resilience of parents, carers and children and the social connectedness of neighbourhoods – both acknowledged protective factors against neglect.

10. Neglect in Indigenous communities

There is limited information available on the extent of neglect in Indigenous communities.¹⁴ According to 2001-2002 national data Indigenous children are significantly over-represented in most child protection systems. Indigenous children were the subject of proportionately fewer substantiations for sexual abuse than non-Indigenous children and proportionately *higher substantiations for neglect*.

¹³ Crittenden (1999) argues that poverty is not a sufficient or necessary cause of child neglect; large numbers of families live in poverty and only some are neglectful. Other factors will always need to be assessed concurrently to determine the level of neglect and the impact of poverty on the situation. In NSW where a matter is taken to the Children's Court, the Court, in making an order, cannot conclude that the basic needs of a child or young person are likely not to be met because of poverty (Section 71 (2) (b), *Children and Young Persons (Care and Protection) Act 1998*.)

¹⁴ This is the view presented by Janet Stanley, Adam M Tomison and Julian Pocock in *Child Abuse and Neglect in Indigenous Australian communities*, Child Abuse Prevention, Vol No 19, Spring 2003, Australian Institute of Family Studies.

Contemporary social problems (for example poverty, drug addiction and family violence, experienced by individuals and families within many Indigenous communities have their roots in historical disadvantage and the past forced separation of Indigenous children from their families and communities.¹⁵ While there is, as noted previously, a strong association between factors such as drug addiction, family violence and neglect, in the context of Indigenous communities whose socio-economic disadvantage has been argued to be a form of [societal] child abuse and neglect in itself, “the boundary between the socio-economic disadvantage experienced by many Indigenous people and personal culpability for child neglect is neither understood nor defined.”¹⁶

There are a number of programs in place in Indigenous communities where family violence is prevalent. These programs, if successful, may impact in reducing neglect. However, the causal link between any particular contributing factor and neglect is no less complex in Indigenous communities than in the general community. Neglect of Indigenous children needs to be understood within the context of the interplay of multiple societal, community, family and individual factors.

It is generally acknowledged that further research is critical on neglect in Indigenous communities and the kinds of interventions most likely to be effective.¹⁷

The DoCS Guidelines for Caseworkers set out some key principles for working with Indigenous families, including involvement of an Aboriginal caseworker, consultation with or utilisation of Indigenous-run services, community consultation and involvement of key local community members.

11. Principles for developing neglect-specific assessment and neglect-specific interventions

Although research shows that approaches vary in emphasis according to differences in social conditions and populations where neglect is targeted, it is possible to formulate some general principles governing assessment and intervention.

Assessment and intervention should be:

- Comprehensive;
- Child-focussed;
- Strengths-based but realistic;
- Outcome-focussed.

¹⁵ Stanley, Tomison and Pocock (ibid) note (quoting Cunneen and Libesman 2000) that “The Report, *Bringing Them Home* drew attention to the fact that violence may be transmitted by omission. The past forced separation of Indigenous children from their families and communities has resulted in a loss of parenting skills and abilities (HREOC) 1997, thus increasing the likelihood of the involvement of child protection services in Aboriginal families.”

¹⁶ Pocock, 2003.

¹⁷ Stanley, Tomison and Pocock (2003) state that “There are significant knowledge gaps about the causes and nature of child ...neglect in Indigenous communities. The critical need for better quality evaluation of programs in order to base future service delivery and development on evidence of what works, has been noted. Other important areas for future research include determining the extent of ...neglect across ...Indigenous communities...”

Assessment needs to be comprehensive to ensure that all relevant *current and historical* factors and the links between *current and previous assessments* are taken into account. This will address criticisms of narrow, risk and incident focussed assessments, which have proven inadequate in capturing neglect both before it becomes chronic and when it is a chronic but less visible underlying factor.

(A recent file review of a small sample of DoCS cases featuring neglect noted problems stemming from a focus on substantiation rather comprehensive assessment; lack of file documentation relating specifically to the child; reliance on reports from other services rather than first hand investigation and lack of contingency plans resulting in more re-referrals at times of crisis. Problems from superficial assessment carried over into interventions as families were referred for *presenting* problems without treatment of *underlying* issues.) Comprehensive assessment will include all relevant factors and allow for development of individualised practice which addresses environmental as well as family and individual issues. It is important to note that a single visit is unlikely to reveal the nature of neglect and the full extent of the contributing circumstances. Multiple sources of information, including observations from neighbours and family and advice from other agencies involved with the family need to be explored and evaluated as part of the assessment (but cannot substitute for first hand assessment.)

Interventions need to be comprehensive because there are likely to be multiple factors impacting on both parenting capacity and environment. Both government and non government agencies may need to be involved to address issues which impact on, for example, children's physical and emotional health and development (requiring paediatric assessment and child care) and parental mental health, substance abuse, domestic violence and parenting as well as practical assistance with housing, financial relief and income support.

Research tells us that "it is a very complex matter to assess whether a parent is able or willing to change and it may be necessary to combine the skills of different disciplines...and to agree to local protocols for handling the concerns of health, education, other practitioners and parents...about the best way to proceed." The *NSW Interagency Guidelines for Child Protection Intervention 2005 Edition, Revised 2005*, provides the framework for interagency collaboration in NSW.

Assessment needs to be child-focussed to ensure *that children's needs are not forgotten* in the quest to identify and locate risk factors in either the child's parents or their environment. Observation alone is insufficient. The voice of the child is critical to the assessment and caseworkers must engage with the child and gain a sense of the child's experience and feelings. There are many indicators of neglect in a child's presentation but assessment of children should involve a deeper level of engagement than noting behavioural and emotional signals of neglect. Child -focussed assessment requires that caseworkers talk to the child.

Interventions need to be child-focussed to assure children's well-being as well as their safety and to address the cognitive and other deficits they suffer as a result of lack of care and nurturing.¹⁸ A key finding of the literature review was that *the greater the severity and chronicity of neglect, the more directly the intervention needs to target the child*. Literature suggests that children are often forgotten in the effort to address the immediate needs and deep-seated issues of mothers, who are usually the focus of intervention despite the impact of absent fathers on the circumstances which foster neglect.

Assessments (particularly those undertaken after substantiation to determine the range and duration of support and services required) **need to be strengths-based but realistic**. Acknowledging strengths helps build rapport with families and increases engagement in the change process. However, acknowledgement of strengths needs to be tempered by realistic assessment of barriers to change. Literature warns against the tendency of workers to assume that parents "naturally" love their children and will act in their interests. This can contribute to the false belief ("rule of optimism") that change is occurring or will occur despite evidence that parent's do not have the capacity or will to change.

Interventions should therefore be strengths-based but realistic, guided by thorough assessment of parental need and capacity, and tailored accordingly. In planning interventions, we need to be mindful that in some cases of chronic neglect, change will be too slow and, depending on the age and other vulnerability (such as disability) of a child, may place their health, wellbeing and development at risk. In these instances, out of home care must be considered and planning must commence for arrangements to meet the child's needs in the longer term.

Interventions should be outcome-focussed. There is clear evidence from analysis of re-reporting statistics that short term interventions are effective only where neglect is a one-off occurrence in response to a new stressor. In these cases, the family may respond fairly quickly to intensive support that involves rapid, flexible, preventive family support services. However, in cases of chronic neglect, long term intensive support is required to help overcome the '*revolving door*' syndrome in which families repeatedly return to agencies with the same unresolved difficulties (Tanner and Turney, 2003).

Long term intervention will typically involve a wide range of interventions. The response needs to combine a blend of concrete services (practical forms of assistance) and therapeutic interventions. Interventions may include: concrete services that increase family resources such as food, clothing, transportation and help with government benefits; behavioural interventions such as skill-building to improve parents' social, communication and parenting skills; cognitive interventions to promote emotional growth and learning, develop positive parenting behaviours and attachment, reduce loneliness and

¹⁸ Child care or pre-school is one such intervention. However, it is not sufficient to simply refer a child to child care. In most cases, the child will need additional support at the child care service and objectives and milestones should be agreed with the child care service to document the child's progress.

depression, and decrease hostile and aggressive behaviours; increasing the size and supportiveness of families' formal and informal social networks to assist in reducing stress and social isolation; providing appropriate health care; and quality child care to both relieve caregiver stress and promote healthy child development (Smith and Fong, 2004).

In view of the effort involved in coordinating a family's access and take-up of services, there may be a risk of worker complacency once referrals are made. To counter this risk, good casework practice for managing long term intervention *must* include ways of evaluating whether the required change has taken place. The supervisor has a key role in supporting caseworkers in dealing with the emotional aspects of working with neglect and also in ensuring accountability. A focus on outcomes, via periodic review and consultation with relevant professionals, allows adjustments to the service mix if particular strategies do not appear to be working or have not been embraced by the family. *Outcomes for the child should be prominent in any review of strategies.*

12. Strategies

In the light of these principles and our increased knowledge of the prevalence and impact of neglect, DoCS is carrying out further analysis of our current practices and policy work to enable:

- **changes to the risk of harm framework**, highlighting the need to look for history and underlying causes to both identify neglect as early as possible and target chronic neglect that has been missed or inadequately managed and **review of the relative weight of urgency and risk** to allow caseworkers to give priority to cases where future risk is evident despite the lack of an incident requiring an immediate response;
- **development of Guidelines for caseworkers**, setting out broad risk factors and specific indicators to consider in carrying out Risk of Harm assessments and tailoring interventions to ensure that children's needs are met;
- **increased emphasis on early intervention**, including development of policy/protocols on assessment and referral of neglect cases to early intervention to try to help families overcome the problems contributing to neglect before it becomes chronic, *reduce risk and address children's needs* before their development is compromised;
- **differentiated responses**, ie development of different types of responses/suites of services, according to the particular features of different types of neglect or typologies of neglecting families, based on analysis of our cases, including analysis of cases of neglect in Indigenous families and communities and research on effective

strategies and services developed and/or sought by Indigenous communities;

- **mobilisation of existing resources and programs to alleviate material disadvantage** and respond to crises which may precipitate or entrench neglect;
- **long term case management**, subject to periodic review, to provide greater support and assurance to children and their families while building the family's capacity;
- **greater engagement with the service system (child care services, family support)** to address children's needs for appropriate care that supports their development and mitigates deficits in their care.

13. Monitoring success of strategies to alleviate and manage neglect

A significant proportion of DOCS' work will always involve investigation of one-off incidents of, for example, supervisory neglect, which may require no further action, despite substantiation. Investigation of these incidents may show that a child was temporarily at risk of harm due to an atypical circumstance (ie a child was left unattended due to an emergency) but give no indication of parental deficits or circumstances which would mean that neglect is regularly or continuously occurring or will occur in future. This will impact on our resources. However, we will continue to investigate reports of supervisory neglect to the full extent of our capacity as there are no (pre-investigation) means of determining which of these reports will require further action. Our Risk of Harm framework gives clear guidance on the need to investigate where a child is at *immediate risk of harm*. This is at the core of our statutory child protection responsibilities and should remain so, regardless of whether the risk proves to be a one-off or an indication of continuing risk or future risk.

Despite the breadth and depth of research and practical guidance on factors and indicators *associated with* neglect, *causal links* are most often apparent in hindsight. There is still no robust method of predicting which factors will lead to fatal neglect. We must accept that prevention of fatalities may be a welcome consequence of our efforts to address neglect but is unlikely to be able to be linked to a particular strategy or strategies.

Most current research on neglect points to the need for further research to gain a better understanding of how neglect cases are identified and managed within existing systems and to inform development of best practice models for dealing with neglect. In developing our implementation plan for the strategies under this policy, we will be mindful of the need for concurrent development of a framework for monitoring their impact on families, and most importantly, on children, over time.