



PRACTICE PAPER

FOCUS ON NEGLECT

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Glossary

<i>Collaborative Case Management</i>	All involved Government/non-Government agency/support service practitioners continuing to work together with a common focus on the child/young person's long term wellbeing.
<i>Co-occurrence</i>	Where one domain of child/young person maltreatment is identified other domains of maltreatment are possibly occurring.
<i>Cultural Relativism</i>	Interpreting practices that are harmful or negligent as culturally based.
<i>Cumulative Neglect</i>	Where one or more domains of neglect or abuse are experienced by a child/young person.
<i>DHCS</i>	Department of Disability, Housing and Community Services
<i>Domains of Neglect</i>	The various forms of neglect which can co-occur e.g. psychological neglect, supervisory neglect.
<i>Historical Perspective</i>	The examination of past and current information to determine patterns of co-occurrence and cumulative neglect.
<i>Incidence based intervention and assessment</i>	Child/young person maltreatment being assessed in isolation from a historical view of maltreatment resulting in interventions providing temporary respite rather than long term solutions.
<i>Neglect of Neglect</i>	A phrase used to indicate that neglect is often overlooked by practitioners when responding to incidences of child/young person maltreatment.
<i>OCYFS</i>	Office for Children, Youth and Family Support
<i>Resilience</i>	A child/young person's internal resources which assist them to manage in times of difficulty.
<i>Risk Factors</i>	Any aspect associated with the child/young person's life that increases their chances of experiencing adverse life outcomes.
<i>Rule of Optimism</i>	The severity of child/young person abuse and neglect being underestimated as a result of a practitioner's overly positive view.
<i>Warm Referral</i>	Maintaining contact with the Government/non-Government agency/support service during and following referral. Warm referral extends the philosophy of collaborative case management.



Supporting Principles

- *Neglect can be defined as any passive or active omission/s of a parent or carer that constitutes a failure to ensure that the fundamental needs of the child or young person in their care are adequately and appropriately met, if the failure has caused or is causing significant harm to the wellbeing or development of the child or young person. The harm caused by neglect can be defined as cumulative in nature and distinct from other forms of child maltreatment.¹*
- *Ensuring the safety of all children and young people in our community is everyone's business.*
- *The best interests of children and young people need to be the primary consideration for all work involving neglect, from intake to ongoing case management.*
- *Neglect is always chronic in the sense that it is cumulative in nature and is significant in impact on the development of the child or young person.*
- *Risk factors often occur in clusters, and are multiplicative.*
- *Viewing incidences of neglect as singular events without potential co-occurrence may lead to the belief that the neglect being experiencing by a child or young person is 'low risk'.*
- *Using the language of 'thresholds' and 'good enough' care maintains the focus of interventions on the capacity and willingness of the parent/carer rather than addressing the impact of neglect on the child or young person.*
- *Cultural identity and connection to family, community and country/land are the birth right of every Aboriginal and Torres Strait Islander child and what they need to prosper²*
- *It is not appropriate for all incidences of neglect to be reported to Care and Protection Services. Similarly, it is not appropriate for all incidences of neglect to be addressed by non-government agencies.*
- *There will be many challenges for practitioners when identifying and responding to neglect.*

¹ Tomison, 1995, p4

² Secretariat of National Aboriginal and Islander Child Care, 2009, p1





Introduction

The purpose of this practice paper is to draw attention to the problem of the neglect of children and young people as a serious issue that warrants continuing government and community action. This paper draws attention to the complexities of defining, identifying and responding to neglect as a form of maltreatment that differs from physical, sexual and emotional abuse, but that is often interrelated within a matrix of abuse. This paper aims to provide a common basis for understanding and responding to the issue of neglect.

Literature Review

National and International Research

National evidentiary research suggests that the neglect of children/young people is the most commonly substantiated form of maltreatment in Australia after emotional abuse. In 2008-09, neglect accounted for 29% of all substantiations across Australia (Bromfield & Horsfall, 2010, p 4). In the ACT, the *Vulnerable Families* report (2009) found that in the first 6 months of 2008, Care and Protection Services in the ACT received 623 reports (512 children) with neglect as a primary abuse type (Department of Disability, Housing and Community Services, 2009, p5). Furthermore, a review of children in the care of the Chief Executive found that families "considered living in neglect" was the most commonly cited factor in care and protection reports. However, despite these high figures, neglect is rarely prioritised as a basis for intervention (Department of Disability, Housing and Community Services, 2009, pp11-12).

Nation-wide reports from 2008-09, show that Aboriginal and Torres Strait Islander children/young people were 7.5 times more likely to be the subject of a substantiation of abuse or neglect (Bromfield & Horsfall, 2010, p5). Aboriginal and Torres Strait Islander children/young people in Australia are more frequently the subjects of substantiations of neglect. In the ACT in 2007-2008, 47.8% of child protection reports relating to Aboriginal and Torres Strait Islander children/young people were neglect substantiations, compared to 33% for other children/young people (Australian Institute of Health and Welfare, 2009, p33).

For these reasons, child protection literature continues to identify neglect as an issue that warrants greater policy development than is generally found in jurisdictions across Australia. The literature notes that there is a tendency for child protection policies and procedures to couple the terms "abuse and neglect" with neglect as an addendum rather than a specific focus (Tomison, 1995, pp1-6). Although it is important to understand the connections between neglect and other forms of abuse, neglect is often subsumed under a greater focus on the more clearly identified issues relating to abuse, most notably physical and sexual abuse (Tomison, 1995, p1). The issue of neglect has often been 'neglected'.





Defining and understanding the issue of neglect is difficult (Tomison, 1995, p6). The “neglect of neglect” has been a term referred to since the mid 1980 as neglect is often viewed as a “mere addendum to child abuse”. As NSW Department of Community Services (2005, p1) states, “conceptual merging of abuse and neglect has made the assessment of the differential impact of each one difficult to disentangle”. There is little research that focuses specifically on the long term outcomes of neglect. The *Vulnerable Families* report found that in the ACT, “the relationships between dysfunction and neglect and long term wellbeing and development is rarely analysed within the [child protection] record” (Department of Disability, Housing and Community Services, 2009, p13).

It is often the long term nature of neglect that shifts the impact from risk of harm to significant accumulated harm. As the harm caused by neglect manifests over the long-term there are often no “trigger” events for intervention as there often are for physical and sexual abuse, which are often accompanied by clearly observable injuries such as bruising and tissue damage (Tanner & Turney, 2003, p26). This increases the potential for other forms of maltreatment to take precedent over allegations of neglect in intake and appraisal processes.

National and international child protection literature notes the way in which neglect involves harm over prolonged periods of time. The literature describes neglect as often long-term, chronic, cumulative, recurrent and unremitting.

The literature also notes that multiple forms of neglect and abuse increase the risk of negative outcomes for children/young people. Though co-occurrence is acknowledged, the specifics of this connection are rarely investigated (Lamont, 2010, p2). A review of child protection research undertaken by Higgins and McCabe (2001, p547) found, “considerable overlap in the occurrence of maltreatment types”. This assertion is reflected in the Victorian *Child Death Group Analysis: Effective responses to Chronic Neglect* which also found that of the ten (10) child deaths between 2004-2006, 80% of the children had endured more than one form of neglect, and that most had also experienced other forms of abuse (Office of the Child Safety Commissioner: Victoria, 2006, pVIII).

Several authors note that high demand and limited resources in service delivery and a lack of information on how to effectively respond to neglect can lead to “quick-fix” solutions, with interventions providing temporary respite rather than lasting resolution (Tomison, 1995, p5; Tanner & Turney, 2003, p26). This is perhaps a result of a focus on the symptoms of neglect rather than consideration of the underlying causes of neglect. The *Vulnerable Families* report (2009, p28) found that for ACT Care and Protection Services, the distinct lack of “triggers” in cases of neglect meant that practitioners often felt forced to rely on family consent for intervention, leading to short term engagement rather than a focus on the long-term. Tanner and Turney (2003, p26) note that it essential to build a professional culture that is research informed to enhance professional decision-making abilities.



Defining Neglect

A common approach to neglect

The *Children and Young People Act 2008* (ACT) provides a definition of neglect as:

*Children and
Young People
Act 2008*

Section 343

Neglect, of a child or young person means a failure to provide the child or young person with a necessity of life if the failure has caused or is causing significant harm to the wellbeing or development of the child or young person.

*Examples-
necessities of life*

Food

Shelter

Clothing

Health care treatment

Adopting a central definition of neglect is important. An agreed central definition leads to a common basis for practice. There is some debate in the literature regarding the definitive meaning of neglect (Lawrence & Irvine, 2004, p2). The Office for Children, Youth and Family Support's Neglect Policy extends the legislative definition and combines it with that of the Australian Institute of Health and Welfare, to give emphasis to the concepts of children/young people's needs and the cumulative effect of neglect.

Central definition of neglect

Neglect can be defined as any passive or active omission/s of a parent or carer that constitutes a failure to ensure that the fundamental needs of the child or young person in their care are adequately and appropriately met, if the failure has caused or is causing significant harm to the wellbeing or development of the child or young person. The harm caused by neglect can be defined as cumulative in nature and distinct from other forms of child maltreatment.³

³ Definition adapted from that given by the Australian Institute of Health and Welfare, cited Tomison, 1995, p3





The central definition is beneficial as it:

- Acknowledges that the issue of neglect extends to both children *and* young people;
- Focuses broadly on 'fundamental needs' and not just the physical/material;
- Acknowledges that neglect can involve passive *or* active failures of the parent/carer, therefore avoiding the question of *intent*;
- Highlights that neglect is about the fundamental needs of the child/young person being met and the risk of harm to the child/young person;
- Emphasises the cumulative nature of neglect; and
- Distinguishes neglect from other forms of maltreatment, and does not subsume emotional abuse under the definition.

It should be noted that emotional abuse and neglect can and should be differentiated. Emotional abusive behaviours can include verbal abuse, scape goating, and rejecting. Children/young people who have witnessed domestic violence are also generally categorised as having been emotionally abused. Neglect refers to a child/young person's basic needs not being met, such as, children/young people's need for appropriate supervision, psychological nurturance, and food (Bromfield & Horsfall, 2010, p4).

Although neglect is not subject to mandatory reporting under the legislation, it is essential to the wellbeing of children/young people in the community that all instances of suspected neglect are reported to Care and Protection Services.

The Domains of Neglect

Although neglect has often been understood in terms of physical need (Tomison, 2001, p48), there are several types of neglect that can be differentiated and may be co-located. Lawrence and Irvine (2004, p4) identify eight recognised domains of neglect from an analysis of Australian legislation. The list (over page) of domains is neither exhaustive nor prescriptive. Instead, the list provides a reference for assessing the *fundamental needs* of children/young people:



Domain of neglect	The child/young person may be subject to...
Abandonment	<ul style="list-style-type: none"> • Abandonment by parents/carers
Physical	<ul style="list-style-type: none"> • Inadequate nutrition • Inadequate or unsuitable seasonal clothing • Unreasonably unclean clothing • Inadequate hygiene • Exposure to chronically unhygienic, unsafe, chaotic or cluttered environment
Medical	<ul style="list-style-type: none"> • Delays in medical/health care • Parental/carer failure to source healthcare • Parental/carer failure to seek therapy for developmental delay
Psychological	<ul style="list-style-type: none"> • Deprivation of emotional nurturance • Emotional absence of parent/carer
Developmental	<ul style="list-style-type: none"> • Parental/carer failure to recognise developmental capacities/limits • Parent/carer failure to address developmental needs • Parent/carer failure to foster ordinary developmental milestones
Supervisory	<ul style="list-style-type: none"> • Being left alone for extended or unreasonable periods given capacities • Being left in a locked, closed vehicle • Parental/carer incapacitation
Guidance	<ul style="list-style-type: none"> • Exposure to antisocial/criminal behaviours by parents/carers • Exposure to illicit drug use by parents/carers • Parental/carer failure to prevent/discourage risk taking or criminal behaviour
Educational	<ul style="list-style-type: none"> • Parental/carer failure to ensure attendance at school/other necessary educational institution • Parent/carer failure to discourage frequent absenteeism



The Cumulative Nature of Neglect

National and international child protection literature notes the way in which neglect involves harm over prolonged periods of time. The literature describes neglect as often long-term, chronic, cumulative, recurrent and unremitting.

The *Chronic Maltreatment Study*, undertaken by Bromfield and Higgins (2005, p44) found that while in some families instances of maltreatment (abuse or neglect) occurred in isolation, in the majority of cases (65%) maltreatment was chronic. Though this study included an investigation of both abuse and neglect cases, it indicates that the risk of harm for any particular incidence of maltreatment should not be assessed in isolation from a historical view of the maltreatment that has been experienced over time. This is particularly the case for neglect as the risk of significant harm at any particular time may not be immediately evident, however, the long-term, cumulative nature of neglect needs to be recognised (Bromfield & Higgins, 2005, p38). Approaches to neglect need to move away from incidence-based intervention and assessment; toward assessment of cumulative harm, with intervention and support aimed at the long-term.

As the harm caused by neglect manifests over the long-term there are often no “trigger” events for intervention as there often are for physical and sexual abuse, which are often accompanied by clearly observable injuries such as bruising and tissue damage (Tanner & Turney, 2003, p26).

Several authors note that high demand and limited resources in service delivery and a lack of information on how to effectively respond to neglect can lead to “quick-fix” solutions, with interventions providing temporary respite rather than lasting resolution (Tomison, 1995, p5; Tanner & Turney, 2003, p26). This is perhaps a result of a focus on the symptoms of neglect rather than consideration of the underlying causes of neglect. Tanner & Turney (2003, p26) note that it essential to build a professional culture that is research informed to enhance professional decision-making abilities.

The Effect of Neglect on Children and Young People

Although single incidences of physical and sexual abuse may sometimes appear to be more “extreme” than neglect, the outcome of neglect, if not addressed, can have a considerable impact on the long term health and wellbeing of children/young people. Lamont (2010, p2), Hildyard & Wolfe (2002, p679) advise ongoing neglect disrupts healthy development, and can have “severe, deleterious short and long-term” negative impacts on:

- Physical development;
- Cognitive development;
- Behavioural development; and
- Social development.



Hildyard and Wolfe (2002 p679) note that, "relative to physically abused children, neglected children have more severe cognitive and academic deficits, social withdrawal and limited peer interactions, and internalising (as opposed to externalising) problems".

In the short-term the consequences of neglect may not be easily identifiable, however, there are significant negative outcomes in the long-term that need to be considered. It has been noted that both neglect and abuse increases the risk of a child/young person experiencing (Lamont, 2010, pp2-5):

- Attachment disorders
- Physical health problems
- Trauma and psychological problems
- Learning difficulties
- Behavioural problems
- Mental health issues
- Eating disorders
- Drug and alcohol abuse
- Aggression, violence and criminal activity
- Teenage pregnancy
- Teenage parenthood
- Homelessness

Research identifies neglect as having a significant long-term impact on children/young people. Miller, in a report commissioned by the Victorian Government Department of Human Services (2007, p18), states:

Chronic stress sensitises neural pathways and over-develops certain regions of the brain involved in anxiety and fear responses. Meanwhile, other neural pathways and brain regions are under-developed. Children who experience chronic neglect, such as remaining hungry, cold, scared or in pain, focus their brain's resources on survival.



Neglect specifically has been linked to children/young people experiencing (Hildyard & Wolfe, 2002, pp 681-685):

- Poor impulse control;
- Lower IQ scores;
- Impaired language development;
- Anxious/insecure attachments to parents/carers;
- Low-levels of positive self-representation;
- Social withdrawal;
- Problems with coping and emotional regulation; and
- Symptoms of dissociation.

Furthermore, multiple forms of neglect and abuse increase the risk of negative outcomes. Though co-occurrence is acknowledged, the specifics of this connection are rarely investigated (Lamont, 2010, p2). A review undertaken by Higgins and McCabe (2001, p547) of child protection research found "considerable overlap in the occurrence of maltreatment types". This assertion is reflected in the *Victorian Child Death Group Analysis: Effective responses to Chronic Neglect* which also found that of the ten (10) child deaths between 2004-2006, 80% of the children had endured more than one form of neglect, and that most had also experienced other forms of abuse (Office of the Child Safety Commissioner: Victoria, 2006, pVIII).



Difference in Need Relative to Age and Development

Children/young people of different ages and abilities have varying needs. Each child/young person is unique and it is always the responsibility of practitioners to understand the child/young person's unique needs when responding to allegations of neglect. Regardless of the age of the child/young person, early intervention is critical to minimise the effect of neglect.

0-4 years:

Children in this age bracket are particularly vulnerable to forms of neglect that are physical, medical, abandonment, supervisory and developmental due to having limited developmental capacities. Misunderstanding by the parent/carer of the child's needs and abilities can have significant long term effects and/or be fatal. Stresses and trauma on the child at this stage of development may lead to long term damage to the emotional and self-regulatory centres of the brain (Lawrence & Irvine, 2004, pp13-14; Victorian Government Department of Human Services, p33).

5-12 years:

Children/young people in this age bracket tend to more susceptible to developmental and supervisory neglect. Misunderstanding by the parent/carer of the child/young person's developmental capacity can have a severe negative impact on the child's understanding of the world, and their sense of self. Children/young people in this age group are at risk of becoming parentified as they look after younger siblings or may be left for extended periods of time during which they are expected to care for themselves with little or no guidance from caregivers (Lawrence & Irvine, 2004, p15).

13-17 years:

Young people in this age bracket are more likely to suffer from lack of guidance or supervision. Developmentally, teenagers are more able to meet many of their own needs and avoid harm, however, as they gain independence they may also engage in risk taking behaviours such as drug/alcohol use and not attending school. Though more independent, young people at this age are still in need of care, and misunderstanding by the parent/carer of the young person's needs can have a severe impact physically, socially, and emotionally (Lawrence & Irvine, 2004, pp15-16).



It is also important to note the cumulative nature of neglect, and the fact that young people experiencing neglect are likely to have a long history of maltreatment. The effect of this long-term trauma on this age group may be exacerbated as increasing educational and social stresses manifest throughout the course of the young person's secondary schooling (Victorian Government Department of Human Services, pp33-34).

Responding to Neglect

To respond to neglect, it is essential that practitioners can effectively identify the issue. This requires:

- A historical perspective of the risk of harm posed to the child/young person rather than focusing on specific incidences;
- Understanding the risk factors that heighten the potential for harm to the child/young person; and
- Considering all possible domains of neglect that might be at play and so that a holistic assessment of risk of harm can be undertaken.

Always Look to the Past - A Historical Perspective

Rather than focusing on specific incidences, the appropriate assessment of neglect requires a historical case perspective and recognition of the possible negative effects that the accumulation of neglect may have on a child/young person (Bromfield & Higgins, 2005, p38). To focus on singular incidences and respond episodically in times of crisis does not address the ongoing nature of the harm experienced in cases of neglect.

Where one aspect of neglect is identified, there is a possibility other domains of neglect and/or other forms of abuse are present. It is critical to understand that multiple forms of neglect and abuse often co-exist and are clustered.

Where one or more domains of neglect are present it should always be viewed as chronic and cumulative due to the detrimental long-term impact on the child/young person. If we are to understand that any form of neglect is detrimental to the overall wellbeing of a child/young person, assessment of neglect as 'mild' or as 'low risk' warranting 'no further action' is ineffectual in reducing the impact of neglect. Acknowledgement of the cumulative nature of neglect allows assessment from a future planning perspective that always considers the cumulative effect of even 'mild' incidences of neglect. While early and ongoing intervention may not always prevent neglect, it can reduce the risk of harm that the child/young person is exposed to on a daily basis.



For example, although a single incidence of educational neglect may be assessed as *low risk*, a historical analysis of the case could reveal a number of similar past incidences. There may also be other forms of neglect causally linked to the circumstances but not immediately apparent, such as supervisory or psychological neglect. While in isolation the incident may be a *low risk* concern, a historical perspective may yield an assessment of the case as *high risk chronic neglect*, given the potential harm of the cumulative effect. From the child/young person's perspective, so-called

"incidences" of harm may form their understanding of the world and their life history, and in turn overlooked cumulative neglect may have a significant impact on their long term health and wellbeing.

A comprehensive assessment should consider:

- The **history** of maltreatment of the child/young person, or past experience of neglect/low level harm;
- The **frequency** of reports and the likelihood that the child/young person is at risk of or experiencing harm on a regular or daily basis;
- The **duration** of the child/young person's experience of neglect;
- The **likelihood** that the child/young person will continue to experience, or be at risk of, harm if no further action is taken;
- The **stage of development** that the child/young person is at and therefore what needs they have specific to their age that may or may not be being met; and
- The **strengths** of the child/young person and their family that can be drawn on or enhanced with assistance.

Taking a historical perspective of neglect into account identifies accumulated harm that the child/young person is being subjected to as well as the co-occurrence of other forms of maltreatment.



Looking At Risk Factors

Understanding the role that risk factors play is essential to effectively identify neglect. Risk factors can be understood to be any aspects associated with the life of the child/young person (both internal and external) that increase their chances of experiencing adverse outcomes. Risk factors allow us to assess the potential for future harm. If the risk factors associated with neglect can be identified early on in a child/young person's life, or early in the intervention process, it is more likely that the incidence of harm caused by neglect can be prevented.

The possible interconnections between risk factors and the increased risk, where a greater number of risk factors are present (Davis et al, 2000, p14), should be taken into account when developing case management plans. Failure to recognise the risk factors involved and their cumulative effect hinders the effectiveness of intervention through limiting the ability to put the correct and adequate supports in place; diminish the risks; and fails to build the resilience of children/young people and their families. It is important to promote resilience (the ability to cope with risks in the environment) as some risk factors cannot be removed (for example, genetic predispositions).

Risk Factors - Considering All Domains

During all processes involved in recognising, assessing, and responding to neglect, it is critical to consider the various forms of neglect that may be present. Where one aspect of neglect is identified, there is a possibility other forms of neglect and/or other forms of abuse are present. It is critical to understand that multiple forms of neglect and abuse, such as physical abuse and psychological neglect, often co-occur and are clustered. A focus on only physical abuse, sexual abuse or emotional abuse negates the impact of neglect. Similarly, if only one form of neglect, such as the clothing needs of the child/young person is considered, other potential forms of neglect may be overlooked.

Understanding the diverse forms that neglect may take allows a move away from assessing risk based solely on one aspect of neglect, such as, addressing material neglect through the hiring of a skip bin for a home that is extremely untidy, unsafe and where the lifestyle of the family appears to be 'chaotic'. Although the need to live in a safe, stable home environment is met by this action in the short term, there may be other domains of neglect linked to the unsuitable environment (the child/young person may also be experiencing psychological or supervisory neglect). A singular focus on one domain of neglect does not allow for long term, sustainable solutions to be put in place to address the child/young person's needs.



Collaborative Practice: Adopting Shared Responsibility

Responding effectively to the issue of neglect requires an approach that values:

- Shared responsibility with a central lens on the child/young person;
- Professional judgement and collaboration to assess directions that need to be taken to minimise risk and potential harm;
- Comprehensive case management that is holistic in assessment and focused on the child/young person;
- Objective assessment with long-term goal setting; and
- Strengths-based models that promote resilience.

In addressing neglect, the emphasis must be on child/young person centred approaches that adopt the principle of shared responsibility across government agencies and the non-government sector. Interventions need to be based on the perspective of the child/young person, encompassing holistic assessment, case planning with long-term goal setting and comprehensive case management, to maximise positive long-term developmental outcomes for children/young people.

Shared responsibility refers to the principle that caring for children/young people in our community is everyone's business. Shared responsibility means that cases are managed in partnership between agencies, both government and non-government, with the wellbeing of the child/young person as a central focus. Through connecting those in need with a network of support services working together toward a common end, it is more likely that positive outcomes will be achieved.

Bromfield and Higgins (2005, p45) advise not all children/young people who are subject to maltreatment benefit from a solely "regulatory approach". Where families are linked to appropriate support services, this integrated and collaborative intervention "tended to alleviate family problems and ...[prevent] re-notifications...".

Working alone, the statutory care and protection systems cannot effectively manage cases of neglect, as there are many facets of a child/young person's life where support will also need to be provided, for example, educational needs (Tomison, 2001, p55). Rather than passing cases on, it is imperative that services *actively* work together, with comprehensive and early case planning as an integral part of service. Where referrals are made, they need to reflect a philosophy of collaborative case management, with the lens always focused on the child/young person.



Child and Young Person Focussed: The Best Interests of the Child or Young Person are Paramount

In assessing reports of alleged neglect the focus should be on a holistic appraisal of **whether the fundamental needs of the child/young person are being met**. When the child/young person's *fundamental* needs are met but there are still risks apparent which are determined to have a minimal impact ('low risk') on the child/young person's wellbeing, practitioners focusing on the needs of the child/young person will ensure the child/young person and their family is actively connected with a network of support. This process maintains the child/young person as the central point of focus and puts in place strategies to mitigate risks thus reducing the possibility of 'crisis driven' responses.

Overcoming Cultural Relativism

'Cultural relativism', in the context of neglect, refers to interpreting issues of neglect differently depending on the cultural background of the child/young person and their family (Tomison, 1995, p7).

The issue of neglect exists across all cultures and societies and is not related to one particular economic demographic. While it is important to work with clients in a way that acknowledges cultural difference, assessing neglect in a 'culturally relative' manner may not be in the best interests of the child/young person (Tomison, 1995, p7). Labelling or interpreting harmful or negligent practices as 'cultural' may justify behaviours of parents/carers that would otherwise be assessed as not being in the best interests of the child/young person's long term wellbeing.

While it is important that the cultural background of the child/young person is taken into account and is considered in the context of the assessment, it is also essential to recognise that the needs of the child/young person are the primary and central consideration when assessing allegations of neglect.

Aboriginal and Torres Strait Islander Children and Young People

Aboriginal and Torres Strait Islander children/young people across Australia and in the ACT are more frequently the subjects of substantiations of neglect than non-indigenous children/young people (Australian Institute of Health and Welfare, 2009, p33). The Secretariat for National Aboriginal and Torres Strait Islander Childcare (2009, p1) advise particular care needs to be given to the issue to ensure:

- the value and importance of the child/young person's identity as an Aboriginal and/or Torres Strait Islander person and their connection to their culture is acknowledged and supported; and
- cultural relativism is avoided when assessing the needs of these children/young people.

As directed by the ACT *Children and Young People Act 2008* (s10), it is essential to consider the culture and connection to culture when assessing the impact of neglect on an Aboriginal and/or Torres Strait Islander child/young person.





Changing Direction

At times, practitioners involved in cases of neglect need to progress the child/young person's case from a voluntary intervention to a statutory process. It is often thought that knowing when this progression should occur lies in the way in which 'thresholds' for intervention are defined and 'good enough' care is assessed.

All those working with a child/young person and their family will have differing views on 'thresholds' and what defines 'good enough' care. Assessing the impact on a child/young person while attempting to use 'thresholds' and define whether the care being provided is 'good enough' is problematic as it is subjective and implies that there can be a definitive 'brink' or 'tipping point' that can be prescribed and applied to every case. Tanner and Turner (2003, p26) note that effectively dealing with neglect is often hindered because; "judgements about neglect typically are value laden in terms of standards about adequate care".

The value of professional judgement and collaborative practice in progressing cases is significant. Practitioners should also feel that they can turn to other team members and the supervisory process to draw from the valuable insights and experience of colleagues.

Mild, Moderate and Chronic Neglect - Referral Pathways

Although neglect is not subject to legislative mandatory reporting, it is essential to the wellbeing of children/young people in the community for practitioners in both the government and non government sector take action where neglect is suspected. It is not appropriate for all incidences of neglect to be reported to Care and Protection Services. Similarly, it is not appropriate for all incidences of neglect to be addressed by non-government agencies. When a child/young person is being neglected, it is often the case that a collaborative approach between government and non-government agencies is appropriate. When possible, the child/young person's views should be sought and their family consulted regarding the concerns.

In some incidences of neglect there will be minimal risk factors present and an examination of historical information/events indicate that the impact on the child/young person has and will continue to be negligible. Where it is determined that the impact of the neglect being experienced by the child/young person is negligible or mild, the child/young person's needs are likely to be successfully addressed by non-government agencies. Other incidences of neglect indicate a significant risk of cumulative harm to the child/young person. The Table below provides examples of mild, moderate and chronic neglect referral pathways.



Mild, Moderate, Chronic Neglect Pathways

Neglect	Worker perception	Referral pathway
MILD	e.g. Risk factor such as no shoes in winter. No previous child protection concerns, supported by one agency such as Communities@Work, detrimental impact on the child/young person not evident.	Non-government organisation is likely to be able to successfully assist family.
MODERATE	e.g. One or two previous child protection concerns, supported by one or more government/non-government agencies, recent changes in child/young person's behaviour noted by involved professionals, poor school attendance.	Non-government organisation with potential collaboration with Care and Protection Services.
CHRONIC	e.g. History of multiple child protection concerns received over time indicating neglect and co-occurrence. One or more government/non-government agencies involved, child/young person displaying concerning behaviours such as, withdrawn, risk taking, fearful.	Care and Protection Services involvement including collaboration with other government/non-government agencies and potential referral to further service providers.



Effective Case Management

The 'best interests' of children/young people need to be the primary consideration for all work involving neglect, from intake to ongoing case management. When responding to issues of neglect it is easy to become caught up with a focus on the parent/carers or family unit. Reorienting to the child/young person's perspective means that strategies are put in place to directly address their needs. The central focus or lens on the child/young person allows for the direction and goal setting of case management intervention.

An understanding of the child/young person as the central focus also entails tailoring intervention and case management to individual needs. Understanding the child/young person's age and developmental capacity, as well as the dynamics of their family and the child/young person's unique strengths means that intervention is *specific* to the life of a child/young person. Focusing on the distinct aspects of the child/young person and their family also enhances relationship building and the likelihood that engagement will be successful over the life of the case.

To effectively respond to the issue of neglect, case management plans need to put in place long-term, sustainable supports which shift the focus from dealing with the consequences of difficulties in the children/young people and their parent's lives to preventing things from going wrong in the first place. Owing to the cumulative nature of neglect, it is the responsibility of the government/non-government agencies involved to collaboratively develop case management plans which focus specifically on the long-term wellbeing of the child/young person and aim for the enduring resolution of the presenting concerns.

The development of a case management plan can occur at any time. There is no right time or wrong time to collaboratively look at long term, sustainable solutions which reduce the impact of neglect on the child/young person. As stated earlier in this paper, early intervention is the key to minimising the impact of neglect on a child/young person. Therefore, a case management plan must include early identification of individual and family needs, the identification of the co-ordinated service provision which is to occur, the identification of a primary case manager (where appropriate), and protocols for sharing of information to avoid the duplication of assessments, such as the continuing use of the Common Assessment Framework (Department of Disability, Housing and Community Services, 2008; Office for Children, Youth and Family Support, 2006). Case management plans must be developed as soon as possible and must be reviewed regularly to ensure ongoing relevance. For example, the case management plan should be reviewed if a primary carer permanently leaves the family home.

Ideally case management plans will be developed in cooperation with the children/young people (where possible), their carers/parents and government/non-government agencies involved.



Objectivity – the ‘Rule of Optimism’

Often the ‘rule of optimism’ clouds practitioner judgement. The ‘rule of optimism’ refers to the finding that with cases of neglect, the severity of the case is often underestimated as a result of practitioner’s taking an overly positive view (Tomison, 1995, p7). The desire for practitioners to hold on to encouraging signs of improvement, to believe that parents are always capable of loving and caring for their children/young people, or to view cases as relatively low risk, is understandable but not always what is best for the child/young person.

While the cooperation of parents/carers should be viewed as a positive factor, parental/carer cooperation should not detract from identifying the ‘cluster’ of neglect and abuse issues that may be present. An example of the ‘rule of optimism’ occurring is when parents/carers continually deter the practitioner from going to their home by coming to the office to be interviewed or meeting the practitioner outside the home without the children/young people being present.

The other extreme is an overly negative attitude towards the case, whereby it is assumed that the situation will never change. This way of thinking is destructive and not in the best interests of the child/young person, as it promotes case drift and crisis management rather than long-term case planning.

What is needed is an approach that is neither overly optimistic nor pessimistic. Instead the approach should be objective and realistic. Case planning needs to be primarily guided by a focus on the best interests of the child/young person, with long-term child/young person focussed outcomes (demonstrating the initially identified risks have been addressed) determined from the beginning.



Resilience

Resilience is indispensable to the wellbeing of children/young people and a strengths-based approach that fosters resilience should be the aim of all case planning. Although assessment should not fall into the trap of the 'rule of optimism', it is still important to continue to support and celebrate the resilience of the children/young people involved. The words of Miller (2007, p7) epitomise this approach:

Young people who have been repeatedly victimised can become stuck on the classic triangle of victim, perpetrator, rescuer. It is critical to not view them in fragmented polarised ways, as 'victims' or 'offenders'. They need to be called by their name and we need to understand the unique individual they are. They are resilient and possess enormous strengths and potential and should not be defined by the abuse they have suffered. To heal, interventions need to be thoughtful, purposeful and integrated, rather than reactive, episodic attempts to 'rescue'.

Resilience is about having the internal resources to manage in times of difficulty, and thrive despite adversity.

Resilience is about having the internal resources to manage in times of difficulty, and thrive despite adversity. The greater the child/young person's resilience, the less likely that child/young person will experience adverse outcomes. Children/young people should not be expected to 'manage' in neglectful or abusive environments. The sooner effective supports are put in place to assist the child/young person and their family, the less likely it is that the issue of chronic neglect will arise.

Adopting a strengths based approach requires all aspects of a child/young person's life to be considered when initiating appropriate and effective supports. For example, supports may be required in the home, school environment, or broader community. A strengths based early intervention approach encourages the building of resilience in the child/young person and the family as a whole and assists each member of the family to recognise their own and their family's strengths. The use of strengths based early intervention should also play an important role in the development of the case management plan.

Supervision

There will be many challenges for practitioners when identifying and responding to neglect. These challenges should be raised and fully discussed with supervisors. Supervision is a:

"...process in which one worker is given responsibility to work with another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users" (Office for Children, Youth and Family Support, 2009, p4).

Supervision is essential to practitioners as it:

"...models good practice through its collaborative process of problem identification, analysis, action planning and review...supervision supports staff in working effectively with partner agencies without whose cooperation, good outcomes for children cannot be fully achieved..." (Office for Children, Youth and Family Support, 2009, p4).





Summary

The Practice Paper brings attention to the issue of neglect and has outlined a common basis from which to understand and respond to this form of maltreatment of children/young people.

Neglect is always cumulative, long-term and chronic. Through a cross government/non-government common assessment that draws on a historical case-perspective; focuses centrally on the wellbeing of the child/young person; takes into account possible risk factors; and considers all domains of neglect, we can begin to appreciate the negative impact neglect has on children/young people's long term wellbeing.

Overcoming high demand and limited resources which lead to 'quick fix' solutions may occur through:

- Ensuring practitioners understand that neglect is often chronic;
- Assisting practitioners involved to look beyond initial assumptions;
- Taking an objective approach that is guided by the best interests and needs of the child/young person;
- Early intervention;
- Effective case management planning;
- Not intervening in an episodic manner;
- Keeping cases open as long as is necessary to ensure the safety and wellbeing of the child/young person; and
- Government/non-Government agencies working in a coordinated manner with a focus on the child/young person.



References and Bibliography

Australian Institute of Health and Welfare, 2009, *Child Protection Australia 2007-08*, Child Welfare Series.

Bridgman, P, Davis, G., 2008, *The Australian Policy Handbook. 3rd Edition*. Allen and Unwin.

Bromfield, L, Higgins, D., 2005, *Chronic and isolated maltreatment in a child protection sample*, Family Matters, Number 70.

Bromfield, L, Horsfall, B., 2010, *Child Abuse and Neglect Statistics* Australian Institute of Family Studies, <http://www.aifs.gov.au/nch/pubs/sheets/rs1/rs1.html> [acc.04/08/2010]

Davis, C, Martin, G, Kosky, R & O'Hanlon, A., 2000, *Early Intervention in the Mental Health of Young People*, The Australian Early Intervention Network for Mental Health in Young People.

Department of Children, Schools and Families, 2010, *Neglect Matters: A multi-agency guide for professionals working together on behalf of teenagers*, report prepared by Hicks, L & Stein, M, www.dcsf.gov.uk/nsdu

Department of Disability, Housing and Community Services, *Children and Young People Act 2008*, <http://www.legislation.act.gov.au> [acc.15/09/2010]

Department of Disability, Housing and Community Services, 2008, *Information Sharing: Policy and Procedure Guidelines*. Available on request from the Office for Children, Youth and Family Support, email: ocyfs@act.gov.au

Department of Disability, Housing and Community Services, 2006, *Common Assessment Framework*. Available on request from the Office for Children, Youth and Family Support, email: ocyfs@act.gov.au

Department of Disability, Housing and Community Services, 2009, *Shared Responsibility: Supporting Vulnerable Families*. Available on request from the Office for Children, Youth and Family Support, email: ocyfs@act.gov.au

Department of Health, 2000, *Assessing Children in Need and their Families: Practice Guidelines*, <http://www.doh.gov.uk/quality.htm>

Department of Health, 2000, *Framework for the Assessment of Children in Need and their Families*, <http://www.doh.gov.uk/quality.htm>

Department of Health, 2000, *Framework for the Assessment of Children in Need and their Families: the Family Pack of Questionnaires and Scales*, <http://www.doh.gov.uk/quality.htm>

Higgins, D., & McCabe, M., 2001, *Multiple forms of child abuse and neglect: adult retrospective reports*, Aggression and Violent Behaviour, Volume 6.

Hildyard, K. & Wolfe D., 2002, *Child neglect: developmental issues and outcomes*, Child Abuse & Neglect, Number 26.

Lamont, A., 2010, *Effects of child abuse and neglect for children and adolescents*, Australian Institute of Family Studies, <http://www.aifs.gov.au/nch/pubs/sheets/rs17/rs17.html> [acc.30/07/2010]





Lawrence, R & Irvine, P., 2004, *Redefining fatal child neglect*, Child Abuse Prevention Issues, Volume 21, <http://www.aifs.gov.au/nch/pubs/issues/issues21/issues21.html> [acc.08/01/2010]

NSW Department of Community Services, 2005, *Child Neglect: Literature Review*, Centre for Parenting and Research, prepared by Watson, J.

NSW Department of Community Services, 2005, *DoCS Policy on Child Neglect*, http://www.community.nsw.gov.au/docswr/assets/main/documents/policy_neglect.pdf

Secretariat of the National Aboriginal and Torres Strait Islander Child Care Inc., 2007, *SNAICC's Response to the Western Australia Department for Child Protection's Draft Policy on Neglect: December 2007*. <http://www.snaicc.asn.au> [acc.09/10/10]

Secretariat of the National Aboriginal and Torres Strait Islander Child Care Inc., 2009, *8 Priorities for Aboriginal and Torres Strait Islander Children and Families*. <http://www.snaicc.asn.au> [acc.09/10/10]

Tanner, K & Turney, D., 2003, *What do we know about child neglect? A critical review of the literature and its application to social work practice*, Child and Family Social Work, Volume 8

Tomison, A., 1995, *Spotlight on Child Neglect*, Issues in Child Abuse Prevention, Volume 4. <http://www.aifs.gov.au/nch/pubs/issues/issues4/issues4.html> [acc.08/01/2010]

Tomison, A., 2001, *A History of Child Protection*, Family Matters, Number 60.

Victorian Child Death Review Committee, 2006, *Child Death Group Analysis: Effective responses to chronic neglect*, Office of the Child Safety Commissioner, Victoria, http://www.ocsc.vic.gov.au/downloads/neglect_group_analysis.pdf [30/07/2010]

Victorian Government Department of Human Services, 2007, report *Cumulative harm: A conceptual overview, Best Interests Series* prepared by Miller, R. http://www.cyf.vic.gov.au/data/assets/pdf_file/0010/43012/ecec_best_interest_cumulative_harm.pdf [acc. 30/07/2010]

Victorian Government Department of Human Services, 2009, *Leading Practice: A resource guide for Child protection frontline and middle managers*, <http://www.cyf.vic.gov.au/child-protection-family-services/library/child-protection-publications> [acc. 30/07/10]

