

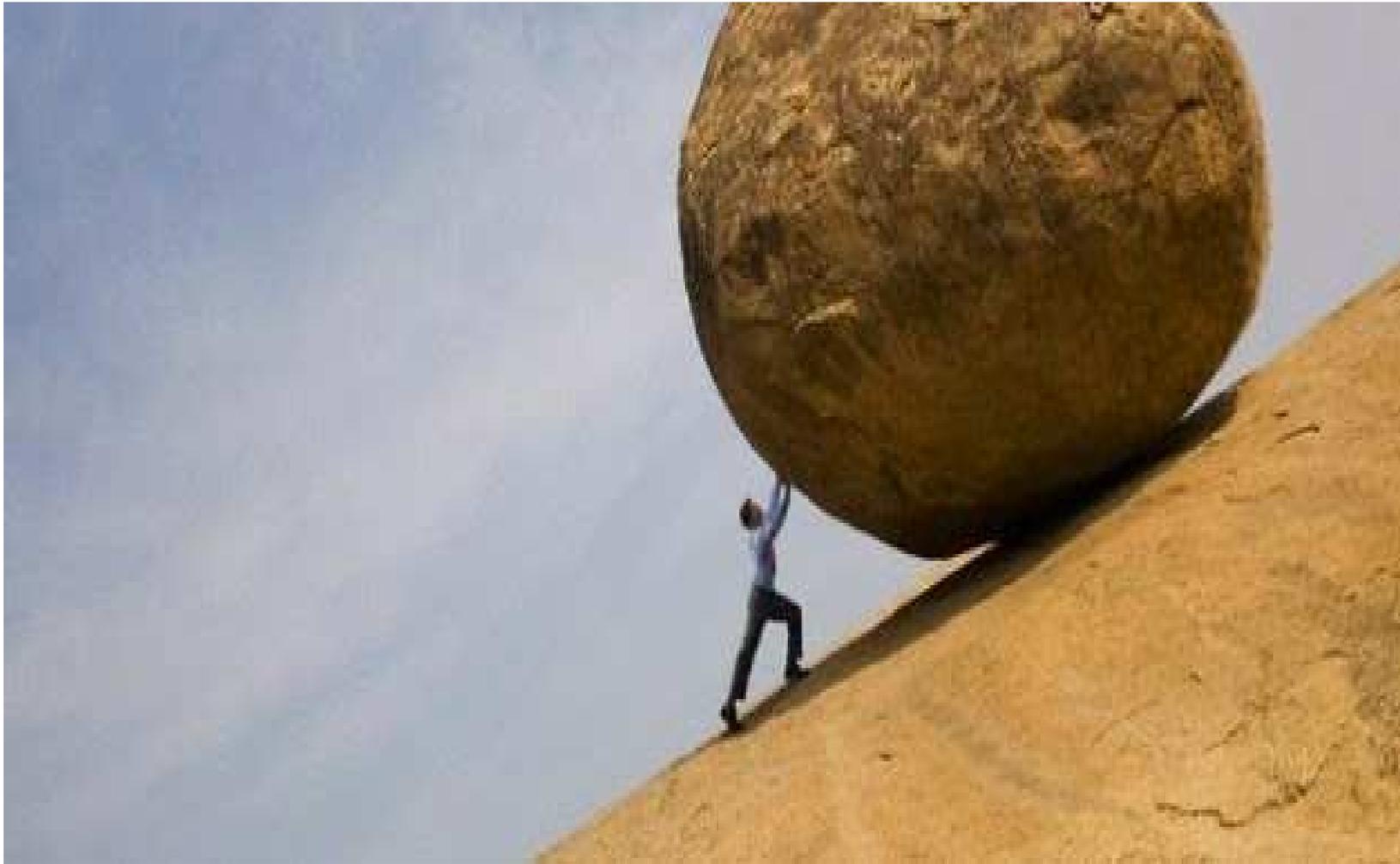


Neglect

**“recognising and responding to this
common form of abuse”
“Not just a grubby child”**

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Objectives

- Know a definition
- Be able to describe the impact on the Child or Young Person including reference to current evidence base
- Understand the role of the health professional in recognition and assessment
- Improve confidence for effective contribution to multi agency assessments and legal proceedings

- A 15 year old is found drunk in the park at 1am
- Her parents are not contactable until the following morning
- What's that stupid ***** been up to now? She's old enough to look after herself.

- A 3 year old who needs 7 teeth removing due to dental caries
- Her parents are asylum seekers and have not had access to a dentist



- A 10 year old who has head lice for the third time this year



- Parents haven't collected prescriptions from the surgery for treatment and she has excoriated lesion with an Hb 7

- A 13 year old who suffers from asthma. Her attendance at school is 34%
- Mum has depression and the young person is oldest of 6 children. She has DNA'd 2 hospital appointments and had 2 acute admissions with asthma one requiring IV infusion

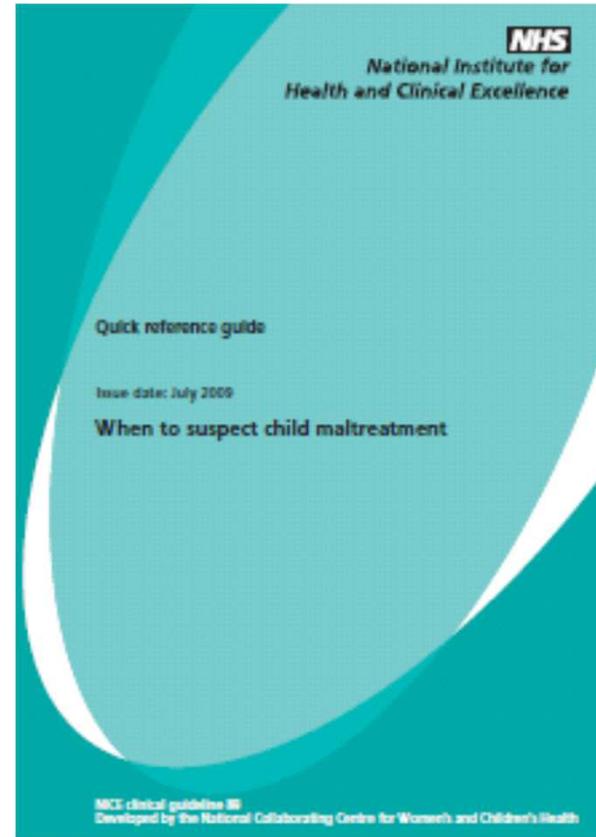
- A 6 month old drowns in the bath left in the bath with her 3 year sibling whilst her mother left the room for a matter of seconds
- Review of her mobile phone and computer shows she was texting, updating her status on Facebook and online shopping for 20 minutes before the call to the ambulance was made

Working Together 2015

- The failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development
- Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
 - provide adequate food, clothing and shelter (including exclusion from home or abandonment);
 - protect a child from physical and emotional harm or danger;
 - ensure adequate supervision (including the use of inadequate care-givers); or
 - ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

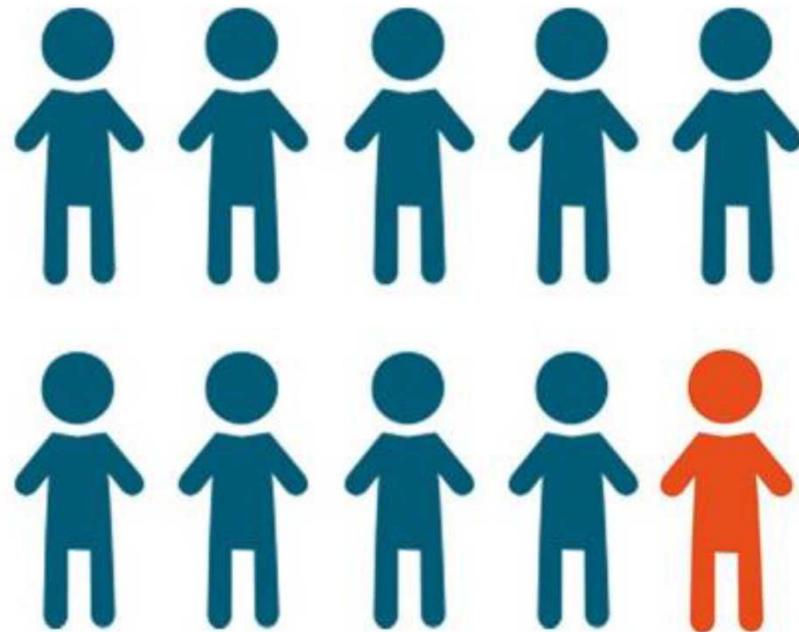
NICE

- Neglect is a situation involving risk to the child or young person
- It is the persistent failure to meet the child or young person's basic physical or psychological needs that is likely to result in the serious impairment of their health or development
- This may or may not be deliberate



NSPCC

- Most common reason for a child to be subject to a child protection plan in the UK
- 44% of all children on child protection registers or subject of child protection plans in the UK were under a category that included Neglect 2011
- 1 in 10 children have experienced neglect
- Will often suffer from other forms of abuse as well



SCR

- Neglect is much more prevalent in serious case reviews than had previously been understood
 - Factored in 60% of the 139 reviews from 2009–2011
- Neglect can be life threatening
 - Needs to be treated with as much urgency as other categories of maltreatment
 - The most serious outcomes occur across all ages

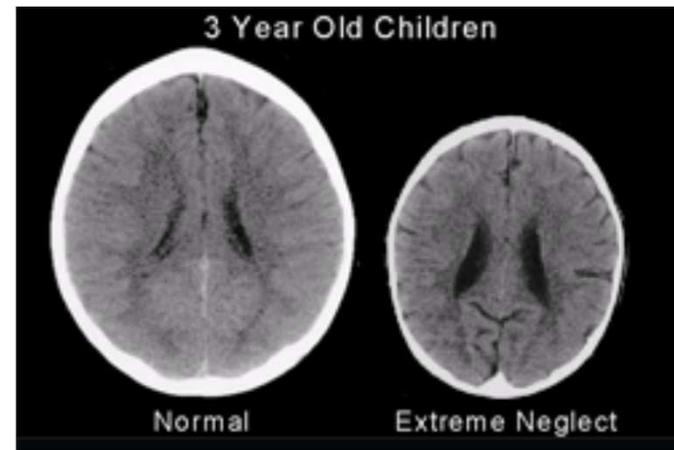
Brain Development

- In order to master developmental tasks they need opportunities and encouragement
- If not provided weak neuronal pathways develop
- Babies who develop under negative conditions struggle to respond to nurturing and kindness
- Pruning of unused connections means that neuronal connections that go unused will be lost forever
- Developmental milestones may not be reached affecting cognitive-behaviour, socio-emotional and physical development



Brain Development

- Longitudinal studies show persistence of effects in to adolescence
- Linked to panic disorder, post traumatic stress disorder, attention deficit and hyperactivity disorder,
- Most marked in those who experienced severe neglect past 6 months
- This does not mean that acting after this crucial stage is not important but should encourage professionals to recognise and act as early as possible



Brain Development



- Another period of rapid brain development
- Suffer cumulative effects of a lifetime of abuse
- Brain develops with focus on survival at the expense of more advanced thinking
- Increased impulsive behaviour
- Struggle with tasks that require higher-level thinking and feeling
- More likely to be involved in risk taking behaviour
- Missing from home, criminal behaviour, drugs or alcohol misuse, getting involved in dangerous relationships - putting them at risk from sexual exploitation

Beckett et al Do the effects of early severe deprivation on cognition persist into early adolescence? Findings from the English and Romanian adoptees study Child Development, 77, (3), 696-711

Identifying

- No gold standard
- There's often no single sign that a child or family need help
- The focus should be kept on the child needs and if the parenting is good enough to meet those needs
- Paediatrician should contribute to the multiagency assessment
- Professionals often need to look for a pattern of on-going neglect
- There are instances when a single presentation or event should trigger a referral

CAF

- As a starting point, neglect is the failure of parents/caregivers to provide one or more of the above components of parental capacity
 - Basic care
 - Ensuring safety
 - Emotional warmth
 - Stimulation
 - Guidance and boundaries
 - Stability



Presentations

- Medical neglect
 - Failure to attend, seek appropriate advise, administer medication
- Nutritional neglect
 - Faltering growth v's failure to thrive
 - Obesity – when does this constitute neglect?
- Educational neglect
 - Is the child missing school for 'health reasons'? Is this due to a lack of provision, understanding or for parental agenda?
- Failure to supervise
 - Pattern of repeated attendance, or one off event which may constitute serious harm due to neglect
- Physical neglect
 - Difficult to distinguish between neglect and material poverty

Medical

- Failure to access medical care including vaccinations, follow up or child health promotion programs
- Failure to administer prescribed medication
- Failure to seek appropriate medical advice
 - May be a single significant event or illness which reaches threshold for significant harm e.g. infected burn not previously brought to medical attention raises possibility of NAI but also of neglect following an accidental burn

Nutrition

- Faltering growth due to failure to or inability to provide appropriate diet
- Obesity
 - Childhood obesity or failure to reduce weight alone are not a child protection concern
 - Consistent failure to change lifestyle and engage with outside support indicates neglect, particularly in younger children
 - Obesity may be part of wider concerns about neglect or emotional abuse
 - Assessment should include systemic (family and environmental) factors

Viner et al. Childhood protection and obesity: framework for practice. BMJ 2010

Education

- Parents of children with long term conditions may inappropriately be keeping them off school or stopping them from doing activities for 'medical reasons'
- Paediatrician may not be aware that child is missing school and school may accept medical reason without seeking clarification
- Need to explore reasons for this with parent/carer and document carefully
 - Offer advice and support if due to anxiety
 - Careful liaison with school to ensure adequate provision to allow child to be in school and take part in developmentally appropriate activities

Failure to Supervise

- Frequent injuries or injuries that suggests lack of appropriate supervision, a chaotic or neglectful household
 - e.g. dog bite, burn
- In young people frequent presentations as a result of risk taking behaviours or mental health issues
- A one off significant event or injury may constitute risk of serious harm due to neglect
 - e.g. young child left unattended in a bath, significant head injury, suicide attempt
- It is important to consider what would be expected of a reasonable parent and carer and document if you feel the injury suggests supervision was not that expected

Physical Neglect

- May be difficult to distinguish between neglect and material poverty however this should not result in focus being taken from the child's needs
- Severe and persistent infestations (for example, scabies or head lice) in a child
- Parents or carers who have access to but persistently fail to obtain NHS treatment for their child's tooth decay
- Child who is consistently dressed in clothes or shoes that are inappropriate (for example, for the weather or the child's size)
- Child who is persistently smelly and dirty

Young People

- See young people on their own
- Reassure about confidentiality but be clear about the limits
- Important to perform a brief psychosocial screen to try and understand the young person's behaviour in context
 - Home & family life
 - Education & employment
 - Activities & hobbies
 - Drugs, alcohol & tobacco
 - Sexual relationships
 - Suicide & emotional problems
 - Safety, Sexual & physical abuse



Writing A Report

- Clearly document your concerns:
 - Description of the child or YP that you see in front of you
 - The impact on the child or YP
 - The on-going and future risks if nothing changes
 - Verbatim what is said by child / YP / parent
 - Your observations around interaction between child / YP and parent
 - That you have explained your concerns to parents/carers including what needs to change and how this can be achieved

Supporting Documents

- Growth charts
- Results of medical investigations for other causes of faltering growth
- Photographs of child
- Health chronology
- Information regarding siblings

Date	Child seen	Setting	Comment
12/4/14	Y	Hospital	Concerns medication not been given. Doctor clearly documents risk of missing doses resulting in sudden unexpected death in epilepsy
17/8/14	N	Hospital	DNA letter sent to parents explaining reason for follow up and new appointment given
15/9/14	N	Community	Brother failed to attend for vaccination (3 rd missed vaccination only 1 st set given)
21/9/14	N	Community	No access visit by health visitor
29/10/14	N	Hospital	DNA – parents did not answer phone. HV contacted – details of no access visit shared. Poor school attendance.

Summary

- Common
- Serious risks to the health and development of children and young people
- Health Professional's role is to
 - Focus on the child's health and development
 - Recognise where neglect may be a factor
 - Accurately record the impact, and/or the potential impact, of neglect
 - Use the evidence base to support your opinion
 - Provide a clear report to support the multi agency risk assessment and legal proceedings



Resources

- Core-info www.core-info.cardiff.ac.uk
- Neglect and Emotional abuse in children aged 5-14
- Neglect and Emotional abuse in teenagers aged 13-18
- NSPCC www.nspcc.org.uk
- Beckett et al Do the effects of early severe deprivation on cognition persist into early adolescence? Findings from the English and Romanian adoptees study *Child Development*, 77, (3), 696-711
- Brandon, M et al. Neglect and Serious Case Reviews. NSPCC 2013
- Hicks L et al. Neglect Matters. A multi agency guide for professionals working together on behalf of teenagers. DCSF 2010
- Perry B. Traumatized Children: How childhood trauma influences brain development. Child Trauma Academy 2000
- Understanding the Effects of Maltreatment on Brain Development. Child Welfare Information Gateway. Nov 2009
- Viner et al. Childhood protection and obesity: framework for practice. *BMJ* 2010