

# SVP Responding to Childhood Neglect



Society of St Vincent de Paul



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# SVP Responding to Childhood Neglect

## Introduction

Childhood neglect is one of the most common areas of concern in relation to child protection and welfare reported to the statutory authorities (HSE and Gardai), yet it is an issue about which there is much confusion and uncertainty. Neglect can be obvious, for example, a child who is uncared for or left unsupervised, or it can be hidden with only tell-tale signs of poor hygiene, hunger or other needs being unmet. Given the nature of our work, it is something that SVP members or employees may encounter with children and families who avail of SVP's assistance or services. Very often members may have worries or concerns, but are unsure if their concerns warrant action or reporting to the statutory authorities, as a child welfare or protection matter. The aim in recognizing and responding to concerns of neglect is not to blame the parents or care givers, but to protect children and improve their well-being. This booklet aims to assist SVP members and staff in recognizing childhood neglect and knowing how best to respond.

## Definition of neglect

Children First (2011) defines neglect as follows:

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

## What research tells us:

- On reviewing the number of cases referred to Children and Family Services in Ireland, child neglect is the most common type of abuse. Unfortunately, neglect frequently goes unreported and, historically, has not been acknowledged or talked about as much as other forms of child abuse.
- A study undertaken in one Irish Health Board area (Horwath and Bishop, 2001) found that although neglect accounted for more than half of the cases reported, there was still a lack of understanding among staff as to its precise meaning. Many professional respondents believed that social workers accepted lower standards of parenting than other professionals.
- In the United Kingdom, Farmer and Owen (1995) found that in one-third of cases where neglect was the main concern, there were also physical abuse concerns; in one-fifth of physical abuse cases there were neglect concerns; and in one-quarter of sexual abuse cases there were neglect concerns.
- There are more cases of neglect than abuse and maltreatment in child protection.
- Multiple factors contribute to child abuse and neglect. We should consider not only the parent's role, but also the societal and environmental factors contributing to the parent's inability to provide for the basic needs of the child, such as social isolation, poor housing, low levels of employment and poverty.
- Child neglect often co-exists with other interrelated concerns, such as domestic violence, parental mental health issues, parental substance misuse issues and parental intellectual disability.

A distinction can be made between 'wilful' neglect and 'circumstantial' neglect. 'Wilful' neglect would generally incorporate a direct and deliberate withholding or denial of food, shelter, warmth, clothing or contact with others. 'Circumstantial' neglect more often may be due to stress/inability to cope by parents or carers. Regardless of whether a concern is about circumstantial or wilful neglect, there is a need for a response if there are concerns that a child is experiencing neglect. While neglect may be harder to define or to detect than other forms of child abuse, there are common categories of neglect, including:

- physical neglect;
- medical neglect;
- homelessness and neglect;
- inadequate supervision;
- emotional neglect,
- educational neglect;
- newborns addicted or exposed to drugs.

### When is neglect a child welfare concern?

Neglect can be classified as:

- **Mild neglect**  
For example, failing to use a seat belt in a car or occasionally missing school.
- **Moderate neglect**  
For example, a child consistently being inappropriately dressed for the weather, such as being in shorts and sandals in the middle of winter.
- **Severe neglect** occurs when severe or long-term harm has been done to the child (e.g. a child with asthma who has not received appropriate medications over a long period of time and is frequently admitted to hospital or a child who consistently misses or drops out of school).
- **Chronic neglect** can be defined as ‘patterns of the same acts or omissions that extend over time or recur over time’. An example of chronic neglect would be parents with substance abuse problems who do not provide for the basic needs of their children (food, warmth, education) on an ongoing basis.

Because some behaviours are considered as neglect only if they occur on a frequent basis, it is important to look at the history of the behaviour rather than focusing on one particular incident.

### Key points in dealing with child protection and welfare concerns

- Do not assume if other professionals are involved that they will make a report to the HSE Social Work Service. If you have concerns, you must act by contacting the Designated Liaison Person (DLP) in your Region who can make a referral on your behalf.

- Do not assume if HSE social workers are already involved that they know or are aware of everything. If you have concerns, contact the DLP or HSE Social Work Service and discuss the issues with them. **You may provide a vital piece of information.**
- Do not assume that this information is only for professionals working with children and families. If you are volunteering or working in the adult sector, you could be involved with vulnerable adults who are parents/ carers of children. Their difficulties or vulnerabilities could be impacting on children.
- The severity of a sign does not necessarily equate with the severity of the abuse. Severe and potentially fatal injuries are not always visible. Emotional and/or psychological abuse associated with neglect tends to be cumulative and effects may only be observable in the longer term.
- Neglect is as potentially fatal as physical abuse. It can cause delayed physical, psychological and emotional development, chronic ill health and significant long-term damage. It may also precede, or co-exist with, other forms of abuse and must be acted upon.
- Child abuse or neglect can occur in any section of society and across all socio-economic groups. Serious risks to children’s safety and welfare are not restricted to any particular culture, gender, ethnic group or belief system. Therefore all signs of neglect must be taken seriously and responded to.
- The aim of child protection services is to promote positive and enduring change in the lives of children and families. In particular, the welfare of the child must always be the first and paramount consideration, and thereafter priority must be given to the safety and well-being of the child (HSE Child Protection and Welfare Practice Handbook 2011) .

## Types of neglect

### Physical neglect

Physical neglect is one of the most widely recognised forms. It includes:

- Abandonment – the desertion of a child without arranging for his or her reasonable care or supervision.
- Expulsion – the blatant refusal by a parent/caregiver to allow a child access to their home on a permanent basis without adequately arranging for his or her care by others or the refusal to accept custody of a returned runaway.

- Nutritional neglect – when a child is undernourished or is repeatedly hungry for long periods of time, which can sometimes be evidenced by poor growth.
- Clothing neglect – when a child lacks appropriate clothing, such as not having appropriately warm clothes or shoes in the winter.
- Other physical neglect – includes inadequate hygiene and forms of disregard for the child’s safety and welfare (e.g. driving with a child while intoxicated, leaving a young child in a car unattended).

### **Medical neglect**

Medical neglect encompasses a parent or guardian’s denial of or delay in seeking needed healthcare for a child as described below:

- Denial of healthcare – the failure to provide or to allow needed care as recommended by a competent healthcare professional for a physical injury, illness, medical condition or impairment.
- Delay in healthcare – the failure to seek timely and appropriate medical care for a serious health problem that any reasonable person would have recognised as needing professional medical attention.

Examples of a delay in healthcare include not getting appropriate preventive medical or dental care for a child, not obtaining care for a sick child or not following medical recommendations.

### **Homelessness and neglect**

Unstable living conditions can have a negative effect on children, and homeless children are more at risk for other types of neglect in areas such as health, education and nutrition. Homelessness can be considered neglect when the inability by a parent or carer to provide shelter is the result of not managing their finances appropriately and there is evidence that the money has been spent not on rent but on drugs or alcohol, or the family had been engaged in anti-social behaviour leading to eviction.

### **Inadequate supervision**

Inadequate supervision encompasses a number of behaviours, including lack of appropriate supervision, for example, children being left alone.

There is no defined amount of time that children at different ages can be left unsupervised and the guidelines for these ages and times vary. In addition, all children are different, so the amount of supervision needed may vary by the

child's age, development or situation. It is important to evaluate the maturity of the child, the accessibility of other adults, the duration and frequency of unsupervised time, and the neighborhood or environment when determining if it is acceptable to leave a child unsupervised.

### **Exposure to hazards**

Examples of exposure to in- and out-of-home hazards include:

- Safety hazards – poisons, small objects, electrical wires, stairs and drugs
- Smoking – second-hand smoke, especially for children with asthma or other lung problems.
- Guns and other weapons – guns that are kept in the house and are not locked up.
- Unsanitary household conditions – rotting food, human or animal faeces, insect infestation or lack of running or clean water.
- Lack of child safety restraints.

### **Inappropriate caregivers**

Another behaviour that can fall under 'failure to protect' is leaving a child in the care of someone who is either unable or should not be trusted to provide care for a child. Examples of inappropriate caregivers include a young child, a known child abuser or someone with a substance abuse problem.

Another common, but complex example is single working parents who are having difficulty arranging for appropriate back-up childcare when their regular childcare providers are unavailable. For example, a mother may leave her child home alone when the childcare provider fails to show up. If the mother does not go to work, she can lose her job and will not be able to take care of her child. However, if she leaves the child alone, she may be guilty of neglect. It is important that parents in situations similar to this receive adequate support so that they are not forced to make these difficult decisions.

### **Emotional neglect**

Typically, emotional neglect is more difficult to assess than other types of neglect, but it is the general opinion that it can have more severe and long lasting effects than physical neglect. It often occurs with other forms of neglect or abuse, which may be easier to identify, and includes:

- Inadequate nurturing or affection – the persistent, marked inattention to the child’s needs for affection, emotional support or attention.
- Exposure to chronic and/or extreme domestic violence.
- Permitted drug or alcohol abuse – the encouragement or permission by the caregiver of drug or alcohol use by the child.
- Other permitted maladaptive behaviour – the encouragement or permission of a maladaptive behaviour (e.g. chronic delinquency, assault) under circumstances where the parent or caregiver has reason to be aware of the existence and seriousness of the problem but does not intervene.
- Isolation – denying a child the ability to interact or to communicate with peers or adults outside or inside the home.

### **Educational neglect**

Parents and schools are responsible for meeting certain requirements regarding the education of children. Types of educational neglect include:

- Permitted, chronic truancy – permitting habitual absenteeism from school averaging at least 5 days a month if the parent or guardian is informed of the problem and does not attempt to intervene.
- Failure to enroll or other truancy – failing to ‘home school’, to register or to enroll a child of mandatory school age, causing the child to miss at least one month of school without valid reasons.
- Inattention to special education needs – refusing to allow or failing to obtain recommended remedial education services, or neglecting to obtain or follow through with treatment for a child’s diagnosed learning disorder or other special education need without reasonable cause.

### **Newborns addicted or exposed to drugs**

Women who use drugs or alcohol during pregnancy can put their unborn children at risk of mental and physical disabilities. Once a referral is received from other appropriate services identifying an infant born as being affected by illegal substance abuse or withdrawal symptoms, resulting from prenatal drug exposure, a safety plan needs to be developed for the baby. An immediate risk and safety assessment must be conducted following the prompt investigation of such a referral.

## Indicators of Neglect

### Indicators of neglect in the child

Indicators of neglect are likely to be visible in the appearance or behaviour of the child. Individuals/agencies concerned should consider making a referral to the HSE Children and Family Services if they notice that a child:

- wears soiled clothing or clothing that is significantly too small or large, or is often in need of repair;
- seems inadequately dressed for the weather;
- always seems to be hungry, hoards, steals or begs for food, comes to school with little or no food;
- often appears listless and tired, with little energy;
- frequently reports caring for younger siblings;
- demonstrates poor hygiene, smells of urine or faeces, has dirty or decaying teeth;
- seems emaciated or has a distended stomach (indicative of malnutrition);
- has unattended medical or dental problems, such as infected sores;
- displaying apathy, unresponsive to affection;
- states that there is no one at home to provide care;
- presents with frequent accidents and/or minor injuries;
- growth not within the expected range;
- signs of developmental delays, poor attention/concentration, lack of self-confidence/poor self-esteem, low academic achievement (including erratic or non-school attendance);
- behavioural signs, e.g. overactive, aggressive, poor coping skills, impulsive behaviour, indiscriminate friendliness, being withdrawn, poor social skills development, bed-wetting, soiling or destructive behaviours, substance misuse, running away, sexual promiscuity, self-harm, offending behaviours.

### Indicators of neglect in older children

Neglected children, even when older, may display a variety of emotional, psycho-social and behavioural problems, which may vary depending on the age of the child. Some of these include:

- displaying an inability to control emotions or impulses, usually characterised by frequent outbursts;
- being quiet and submissive;

- having difficulty learning in school and getting along with siblings or classmates;
- experiencing unusual eating or sleeping behaviours;
- attempting to provoke fights or solicit sexual interactions;
- acting socially or emotionally inappropriate for their age;
- being unresponsive to affection;
- displaying apathy;
- being less flexible, persistent and enthusiastic than non-neglected children;
- demonstrating helplessness under stress;
- having fewer interactions with peers than non-neglected children;
- displaying poor coping skills;
- acting highly dependent;
- acting lethargic and lackluster;
- displaying self-abusive behaviour (e.g. suicide attempts or cutting themselves);
- exhibiting panic or dissociative disorders, attention-deficit/hyperactivity disorder or post-traumatic stress disorder;
- suffering from depression, anxiety or low self-esteem;
- exhibiting juvenile delinquent behaviour or engaging in adult criminal activities;
- engaging in sexual activities leading to teen pregnancy or fatherhood;
- having low academic achievement;
- abusing alcohol or drugs.

### **Indicators of possible neglect in parental behaviour**

It can be difficult to observe a situation and to know for certain whether neglect has occurred. Behaviours and attitudes indicating that a parent or other adult caregiver may be neglectful include if he or she:

- appears to be indifferent to the child;
- seems apathetic or depressed;
- behaves irrationally or in a bizarre manner;
- abuses alcohol or drugs;
- denies the existence of or blames the child for the child's problems in school or at home;
- sees the child as entirely bad, worthless or burdensome;
- looks to the child primarily for care, attention and/or satisfaction of emotional needs.

### **Indicators of neglect in the home environment**

Indicators of neglect in the home including living conditions which are:

- unhygienic and dirty;
- unsafe/hazardous;
- environmental odour;
- inadequate bedding and/or furniture;
- inadequate food;
- inadequate sleeping space;
- inadequate ventilation and/or heating;
- inadequate care of pets.

### **Messages from research - Poverty**

- The majority of people living in conditions of poverty and isolation do not maltreat their children. Children of middle and high income families are also at risk of neglect and maltreatment at the hands of their parents or carers.
- However, a disproportionate number of children experiencing neglect come from low-income families with multiple problems. Poverty, particularly when interacting with other risk factors such as depression, substance abuse and social isolation, can increase the likelihood of maltreatment.
- Poverty contributes to parents' inability to protect their children from exposure to harm and has systemic negative effects on children's health and development, including impaired school performance, possible delinquency, early childbearing and adult poverty.
- Homelessness, which results from poverty, can exacerbate the situation.
- Stevenson (2007) makes it clear that we must explore the financial position of families when assessing and understand the impact of poverty on individual family members; consider particular difficulties in managing money; and consider including financial advice or assistance in any support plan.
- In the wider context of social isolation, it is important to ask the question as to where this family sits in the wider community and how do they access support.

Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, are vulnerable to accidents, and lack ready access to good educational and leisure opportunities. When children themselves become parents, this exacerbates disadvantage and the potential for social exclusion. Racism and racial harassment are an additional source of stress for some families and children, as is violence in the communities in which they live. Social exclusion can also have an indirect effect on children through its association with parental substance misuse, depression, learning disability and long-term physical health problems.

### **Poverty and Social Exclusion**

Many of the families who seek help for their children, or about whom others raise concerns in respect of a child's welfare, are multiply disadvantaged. They may face chronic poverty, social isolation, racism and the problems associated with living in disadvantaged areas, such as high crime rates, poor housing, childcare, transport and education services, and limited employment opportunities. Many of these families lack a wage earner (HSE Child Protection and Welfare Practice Handbook 2011).

### **The impact of neglect on children**

The impact of neglect on a child may not be apparent at an early stage except in the most extreme cases. However, the effects of neglect are harmful and possibly long lasting for the victims. Its impact can become more severe as a child grows older and can encompass multiple areas including:

- Health and physical development;
- Intellectual and cognitive development;
- Emotional and psychological development;
- Social and behavioural development.

Chronic and severe forms of neglect pose a serious threat to a child's survival. Apart from being potentially fatal, neglect causes great distress to children and is believed to lead to poor outcomes in the short and long term. Possible consequences include an array of health and mental health problems, difficulties in forming attachment and relationships, lower educational

achievements, and increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later on in life (Taylor and Daniel 2005).

### Responding to childhood neglect in SVP

If you are concerned that a child is suffering neglect contact the Designated Liaison Person in your Region for advice and support (see contacts below). It is the role of the Designated Liaison Person to support members and employees to implement SVP's child and vulnerable adult protection policy; establish reasonable grounds for concern; liaise with the statutory authorities (HSE and Gardai) and make a report of the concerns to the relevant body.

The DLP may have an informal discussion with the HSE Duty Social Worker and will also consult SVP's National Co-ordinator for Child and Vulnerable Adult Protection.

Remember, the information you provide may be vital. If a parent or family are isolated, for example, there may not be anyone else who is aware of their situation or who is in a position to act in the best interests of the child. Even if you are unsure or have limited information, it is always better to act and report your concerns. Do not assume someone else has done so. The golden rule is: **Never do nothing!**

Best practice recommends that parents would always be informed if a child protection or welfare report is being made about their child, unless to do so would put the child in a greater position of risk (e.g. severe physical or child sexual abuse).

Once a report is received the HSE Duty Social Worker may wish to speak to the person who identified the concern, in order to get more information and understand the context of the situation. They will then make an assessment, based on the report received and possibly other information if the child or family is already known to them. This could be followed up by a social work visit, contact from a Public Health Nurse or referral to a family support service. In some situations SVP may be asked to provide on-going support.

It is important to remember that SVP services can play a key role in supporting children and families where neglect is a concern. Maintaining a relationship with families and being available to provide support can be an important component of a community based family support service.

Working co-operatively with social workers and other services, SVP members and employees can assist in providing support to families to better meet the needs of their children, for example, if a family is struggling with the cost of childcare, education or medical expenses. SVP can also support parents to access other services such as parenting programmes or family support.

SVP visitation volunteers in particular can gain valuable insight into families' needs and strengths creating the opportunity to support them to make their lives and the lives of their children safer and healthier. SVP exists to support those in need and, through the generosity of its donors, to act as a caring friend in times of hardship. Children suffering from neglect need our awareness, care and support and SVP is committed to responding to their needs to the best of our ability.

## SVP Designated Liaison Persons

National Co-ordinator for Child and Vulnerable Adult Protection

Mandy Nordell or 8386990

|                    |                      |              |
|--------------------|----------------------|--------------|
| Dublin Region      | Patricia Carey       | 01 8550022   |
| South East Region  | David O Neill        | 051 857112   |
| Cork Region        | Padraig Mc Carthy    | 021 4270444  |
| Kerry Region       | Regional Office      | 064 6622668  |
| Mid Western Region | Eileen Hoffler       | 061 317327   |
| Ormond Region      | Kevin Donohue        | 086 7398467  |
| West Region        | Edel Pierce          | 093 26293    |
| North Midlands     | Patricia Macklin     | 0906 444041  |
| South Midlands     | Patricia Laird       | 059 914 0322 |
| Oriel Region       | Josie Gahan          | 041 9873331  |
| North Region       | Awaiting appointment |              |
| North West Region  | Rosa Glacken         | 074 9173933  |
| Breiffni Region    | Siobhan Hedigan      | 0719 142441  |

## References

Department of Children and Youth Affairs (2011) *Children First: National Guidance for the Protection and Welfare of Children*. Dublin: Government Publications.

Farmer E. and Owen M. (1995) *Child Protection Practice: Private risks and public remedies. A study of decision-making, intervention and outcome in child protection work*. London: HMSO.

Health Services Executive (2011) *Child Protection and Welfare Practice Handbook*. Dublin.

Horwarth J. with Bishop B. (2001) *Child Neglect. Is my view your view? Working with cases of child neglect in the North Eastern Health Board*. Kells: North Eastern Health Board and University of Sheffield.

Stevenson O. (2007) *Neglected Children and Their Families* (2nd edition). Oxford: Blackwell Publishing.

Taylor, J & Daniel, B (eds) (2005) *Child Neglect: Practice Issues for Health and Social Care*. London & Philadelphia: Jessica Kingsley Publishers.

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