

# Recognising and responding to child neglect in New Zealand

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MINISTRY OF  
SOCIAL DEVELOPMENT  
*Te Manatū Whakahiato Ora*

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# Executive summary

Although there is mounting evidence that neglect is more harmful to children than other forms of child maltreatment, neglect has received less scientific and public attention. Research has tended to focus on identifying the factors associated with child neglect. There is less information on what works to assist recognition and effective action to respond to child neglect.

This report presents research findings on the neglect of children from birth to five years derived from a literature review and key informant interviews with 22 workers from the health, social services and education sectors. Both projects were commissioned to inform policy on child maltreatment, including work undertaken by the Taskforce for Action on Violence within Families. The literature review was undertaken by the Auckland University of Technology (AUT) and the interview-based research was conducted by the Centre for Social Research and Evaluation (CSRE) within the Ministry of Social Development.

The interviews and the literature review were framed by similar research questions concerning how neglect is defined and recognised, factors associated with child neglect, and responses to prevention and intervention.

This report is in two parts: Part A reports on the interviews with health, education and social services workers. Part B summarises the literature review findings.

The findings in this report cover:

- definitions of child neglect
- factors associated with child neglect
- prevalence and incidence of child neglect
- recognising child neglect and its impacts
- prevention and intervention responses
- difficulties when responding to neglect
- what is working well
- how we could better prevent and respond to child neglect in New Zealand.

The findings from both projects will be of interest to a broad audience: those with an interest in how we can better prevent and respond to the neglect of children in New Zealand.

## Definitions of child neglect

Child neglect is one form of child maltreatment. Child maltreatment includes physical, sexual or emotional/psychological abuse and neglect.

Many interviewees reported that their agencies did not have an official definition of child neglect, but they could provide a definition based on their understanding and experience. These practice definitions commonly focused on the various types of unmet needs and the likelihood of harm to the child and were closely aligned with definitions in the literature review on child neglect.

This reflected the findings of the literature review, which also found no common or agreed definition of neglect. Definitions varied according to the purpose for which they were being used. However, across

the definitions two common core elements of neglect were identified; a child having unmet needs (e.g. social, physical, emotional) which results in harm, or risk of harm to the child.

There is clear evidence of some commonality in human understanding about neglect, as an expression of concern for children inadequately looked after, and for parents, family and community unable or unwilling to look after them. There must, however, be clear definitions of neglect for the practical purpose of providing a realistic basis for recognising and responding to neglect and prevention of harm.

### **Factors associated with child neglect**

Interviewees identified different factors they associated with neglect and observed how factors can compound, affecting the ability to parent and increasing the risk of children being neglected. Interviewees noted the effects of drug and alcohol abuse and parents' mental health difficulties on their ability to parent. Some observed that over recent years there was an increase in drug and alcohol abuse and mental health concerns in communities generally and particularly amongst parents with children no longer in their care. Although poverty was seen to be often associated with neglect, interviewees observed that neglect, especially emotional neglect, does occur in middle-class families.

The literature review reported factors found in three major research reviews on identifying children most likely to be neglected.

The factors identified included:

- Child factors: younger age, low birth weight, developmental disabilities.
- Parent factors: drug and alcohol abuse, gambling, mental health difficulties (including post-natal depression), single parenthood, unemployment, low maternal education, and young maternal age.
- Intra-family factors: family violence, number of children, parents' history of maltreatment as a child, parenting skills and knowledge about normal child development.
- Family social context factors: poverty, overcrowding, social isolation.
- Community factors: neighbourhood poverty, poor systems for the protection of children.

The authors cautioned that the extent to which findings from these reviews can be generalised is limited, due to differences in methodologies and timeframes, and reliance on agency data.

### **Prevalence and incidence of child neglect**

The literature review found that prevalence data on neglect was problematic, mostly due to the lack of distinction between neglect and other forms of child maltreatment, different definitions of neglect and the difficulties with obtaining accurate self-reported data from victims and perpetrators. New Zealand data from a survey conducted in 2005 showed a cumulative childhood prevalence of neglect (recalled by the victim as an adult) of nine percent.

Agency data was found to comprise the most common source of statistics on child neglect. This data is subject to changing law, policies and working definitions which create particular challenges for interpretation. There is some evidence to suggest that the incidence of neglect is likely to be up to ten times that which is reported to child protection agencies.

### **Identification of neglect and its impacts**

Those interviewed identified many factors being associated with neglect, and as one interviewee remarked, these factors are a general set of factors that are also associated with child maltreatment.

Challenges associated with identifying child neglect were documented in the literature review and observed by interviewees. These are based around neglect being difficult to observe, the lack of a

common definition of neglect and sub-types of neglect and the wide ranging views concerning what constitutes neglect. Workers in maternal health and early childhood centres were seen as well placed to identify potential neglect from their observations of the child and of parent-child interactions.

The literature review confirmed that the impact of neglect depends on when it occurs in a child's life (early neglect has greater consequences), how long the neglect lasts and the nature of intervention to repair the damage. When the needs of the child are systematically ignored the developmental damage can be severe, chronic and irreversible.

### **Difficulties responding to child neglect**

The literature review identified transient families and the uncoordinated involvement of multiple agencies as barriers to successful intervention. Interviewees also identified these barriers and noted other challenges when working with families at risk of neglect, including:

- families who are unwilling to work with services
- vulnerable families who may not be engaged with services or leave before the intervention is finished.

Interviewees also observed some barriers or gaps in services when working with families:

- some services lacked funding to be able to work more intensively with families at risk of neglecting their child or who had neglected their child
- some service thresholds were seen to be getting higher (most commonly identified for maternal mental health services).

### **What is working well?**

In terms of effectiveness, the literature review identified only services and programmes considered to be 'promising' because it was difficult to prove effectiveness – this was due to the complexity of defining child neglect and the association of neglect with other forms of child maltreatment.

Interviewees identified some programmes and approaches that they thought were working well to assist families in need. In particular, Family Start was mentioned as a good intensive programme that gets alongside families and whānau. The Ministry of Education's Promoting Participation Project was seen as working well to locate and engage families and whānau in early childhood education. Services were thought to be more effective when problems associated with neglect were identified and responded to as soon as possible and families were willing to work with an agency.

### **Improving responses and services**

The literature review concluded that the best way to prevent neglect on a whole population basis was to improve existing services to enhance attachment between caregivers and their children and improve education about child development. The literature review highlighted maternal depression, substance abuse, poverty and gambling as significant factors with potential for intervention. In the New Zealand context the review suggests investment in higher-quality pregnancy and maternal care (especially Lead Maternity Carers and Well Child/Tamariki Ora Services) would be beneficial.

Most interviewees' suggestions related to how neglect can be better publicised or defined, how parents can be better supported, the need for more training and resources for agencies working with children under the age of five years, and how agencies can work together better. Improved coordination of existing services was seen as important. Most thought it would be beneficial to build on existing programmes rather than introduce more new programmes. In particular, Well Child/Tamariki Ora was identified as a service that warranted more resourcing to follow-up and retain vulnerable families and strengthen service accessibility for children until the age of five.



# Part A - Interviews

## Background

This section presents research findings on the neglect of children from birth to five years derived from key informant interviews with 22 managers and frontline staff from government and non-government agencies within the health, social services and education sectors. The interview questions focused on definitions of neglect, agency responses to neglect, and agency actions to prevent neglect. This research was conducted in 2009 and 2010 by the Centre for Social Research and Evaluation within the Ministry of Social Development (MSD).

In conjunction with this research, MSD commissioned Auckland University of Technology (AUT) to undertake a review of New Zealand and international research into the neglect of children from birth to five years. Part B of this report summarises findings in the AUT literature review report: *Recognising and responding to child neglect: Findings from a literature review*. Both projects were undertaken to inform policy work on child maltreatment, including work by the Taskforce for Action on Violence with Families.

These findings should be read with the following points in mind:

- The views and opinions presented are not necessarily the views of the Ministry or of the sectors involved.
- The number of interviewees was small.
- The findings cannot be generalised across the agencies represented.

## Key findings

### **Few of those interviewed referred to a definition of neglect, possibly reflecting the absence of official agency definitions of child neglect**

However interviewees understanding of neglect closely aligned with definitions in the research literature. Physical and emotional neglect were the sub-types of neglect most frequently referred to. Different parenting practices across social-cultural contexts were felt to contribute to the subjective nature of neglect possibly contributing to the difficulty in arriving at a common definition.

### **The compounding effects of different factors and stressors that can lead to child neglect were noted.**

Drug and alcohol abuse and maternal post-natal depression were particularly commented on, as well as inadequate parenting transmitted through poor parenting practices across the generations.

### **Workers in early childhood education centers and Plunket were seen to be well positioned to observe potential neglect.**

These workers were seen as well placed to observe children and their interactions with parents. Some interviewees commented on the effects of class on recognising child neglect, with children from upper or middle class homes seen as less likely to have neglect identified and responded to.

### **Most interviewees saw their agency's role as assisting in the prevention of neglect and referring families to other services when neglect was suspected.**

By referring families their agencies were seeking to prevent neglect by addressing risk factors associated with neglect and responding to harmful effects on children when neglect was thought to have occurred.

### **Aspects that were seen to be working well in preventing and responding to child abuse were:**

- strong relationships between workers and the family
- well trained staff
- databases that hold useful information
- home visiting programmes
- mechanisms to assist families connect with services.

### **Ways to improve response suggested by these interviewees included:**

- publicity campaigns focusing on child neglect
- more resourcing of maternal and child health services
- better training on child neglect
- reducing child poverty
- improving work-life balance
- changing attitudes to parenting.

## **Method**

This research was based on interviews with key informants from both government and non-government agencies within the health, social service and education sectors in New Zealand. Sector representatives on the Child Maltreatment Working Group set up by the Taskforce for Action on Violence with Families nominated the agencies from which people were invited to participate in the research interviews. The agencies themselves identified a manager and a frontline worker to be interviewed.

There were a total of 13 interviews with 22 interviewees, all face-to-face except for one telephone interview. Eight interviews involved one participant and five interviews were with groups of interviewees. Interviews were semi-structured and used the discussion guide shown in Appendix A. Seven interviews were carried out in national offices of agencies mostly based in Wellington, four were carried out in regional offices in one region, and the remaining two were carried out in regional offices in two other regions.

Available time and resources limited the scope of the research. A group of this size and nature cannot represent all agencies and communities, nor fully represent the views and circumstances within these groups. Notable omissions include Pacific Peoples agencies and Child, Youth and Family front-line staff. The small number of those interviewed and the lack of quantitative data limit the interpretation of findings.

The following list shows the roles and agencies of the 22 people interviewed, either in groups or individually:

- child and adolescent psychiatrist (Child, Adolescent and Family Mental Health Service)
- two midwives (College of Midwives)
- paediatrician (New Zealand Paediatrics Society)
- national clinical advisor in nursing (Plunket – national office)
- clinical leader (Plunket – regional office)
- senior advisor adoptions, advisor care and protection, two senior advisors care and protection, manager learning and development (Child, Youth and Family)

- national manager policy, team member in service delivery (Open Home)
- senior social worker (Barnardos)
- counsellor, social worker, manager (Iwi provider)
- regional manager (Ministry of Education)
- promoting participation coordinator (Ministry of Education)
- promoting participation coordinator, early childhood manager, Te Atawhai o Pa Harakeke coordinator (Ministry of Education).

## Definitions of child neglect

The majority of interviewees worked in agencies where there was either no official definition of child neglect or these interviewees were unaware of an official definition. In the few cases where interviewees did refer to a definition of neglect, this definition was often embedded in more general definitions of child maltreatment or family violence.

Using a more general definition of child maltreatment reflects the observation of many interviewees that neglect can occur alongside other forms of child abuse. Without an official definition of child neglect some interviewees noted that they would refer to the Child, Young Persons and their Families Act 1989 or to the Te Rito definition.<sup>1</sup> However, there is no definition of child neglect in either document.

Nevertheless, interviewees' understanding of neglect closely aligned with definitions outlined in the literature review on child neglect. Neglect was viewed as a series of events occurring over time rather than a one-off event. So, for example, if a child was observed to be under-dressed in cold weather on one occasion this was not viewed as necessarily meaning that the child was neglected.

*Personally, for me, I have a picture in my head of a film strip and it's over time, seeing the same lack of whatever that, in the end, has a detrimental effect on the welfare of the children.*

Different types of neglect were observed by those interviewed. Physical neglect, which was seen as being easier to recognise than other neglect types, was commonly defined as a failure to provide the necessary food, shelter and clothing. Emotional neglect was seen as failure to meet a child's emotional needs and this was often talked about in connection to issues of attachment. Emotional neglect was viewed as being more subtle and hidden and therefore less easy to observe or detect, compared to physical neglect. Other types of neglect such as health, social and educational neglect were identified by a few interviewees, from those in the health sector or working closely with the health sector.

Some interviewees observed that as well as occurring in families, neglect can also occur when a child is cared for in an institutional environment, for example an early childhood centre.

Definitions of neglect were seen to vary depending on the social-cultural context in which neglect occurs. For example, it was observed that normal parenting practices in previous generations might be considered neglectful by today's social norms. The social-cultural context of neglect was also observed to vary across groups in society, e.g. ethnic groups and socio-economic groups.

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<sup>1</sup> *Te Rito New Zealand Family Violence Prevention Strategy*, February 2002, Ministry of Social Development, Wellington.

*So paediatricians avoid being judgmental about a lot of kids whose care is perhaps less than optimal because they recognise that a lot of families are living in relative degrees of poverty on limited access to resources like GPs and so forth. So the kids that tend to get defined in paediatricians' minds as neglected are the ones that stand out.*

So for something to be considered neglectful many interviewees noted that it had to be distinctly different to practices within the social-cultural context in which they occur. Some interviewees observed that while parenting practices may be considered acceptable within the social-cultural context in which they occur, if these parenting practices result in harm to the child, they need to be addressed. For example, parents employing multiple nannies because they don't like to see their child attached to one person can harm a child's development. The following quote describes a parenting practice that is considered acceptable within the social-cultural context in which it occurs and was seen as potentially harmful to the child.

*You've got different types of neglect, in terms of you've got like your new immigrant populations who bring with them cultural practices that may or may not be a safe cultural practice. I'm just thinking of one where the woman drinks wine for the first three months [...] and their babies rest and sleep a lot cos they're breastfed. So you've got some cultural ethnic practices that are not neglect per se, but [...] we know through research they are harmful to a child.*

It was acknowledged that differences in parenting practice contribute to the subjective nature of neglect thereby adding to the difficulty in achieving a common definition.

## **Factors associated with child neglect**

Those interviewed identified many factors as being associated with neglect, and as one interviewee remarked, these factors are a general set of risk factors that are associated with child maltreatment more broadly. Interviewees noted that these factors can compound, affecting parents' abilities to parent and cumulatively increase the risk of neglect. Interviewees frequently talked about the effects of drug and alcohol abuse and mental health difficulties. In particular, maternal post-natal depression was seen to have an effect on a mother's ability to parent. Some interviewees observed that over recent years there was an increase in these concerns in communities generally and particularly amongst parents with children no longer in their care.

*There's an extraordinary level, probably in the mid-80%, of parents of children in care have issues with drug and alcohol that leads them to make inappropriate decisions and often leave the child in isolation [...] The third one that I've been aware of is mental health issues or chronic illness where one or both of the parents are removed from their child, either physically through physical illness or emotionally from mental health concerns.*

Interviewees also talked about inadequate parenting that had become normalised as a result of how parents were raised themselves and a lack of knowledge about parenting. These parenting practices therefore became intergenerational.

*Neglect can be because the parents don't know any better, they've normalised the neglect when they've been brought up and so they think that that is the way that they bring their children up. For others, it is just a lack of knowledge on what to do and those ones are sometimes easier to deal with because they acknowledge that they want to do better. And when you do a referral they follow through on the referral.*

Although poverty was often associated with neglect, interviewees observed that neglect, especially emotional neglect, does occur in middle-class families.

Other factors that some interviewees thought contributed to neglect are listed below.

### **Child factors**

- children with characteristics that make them more difficult to parent (eg a difficult irritable child or a child with health concerns).

### **Parent factors**

- young parental age
- parents with gambling problems
- parents with intellectual disabilities
- parents with chronic illness
- parents' inability to manage finances.

### **Intra-family factors**

- family stresses and dynamics (including family violence)
- families with large numbers of children.

### **Family social context factors**

- isolation from support services (eg families moving to rural locations without social services in search of cheap housing)
- isolation from social support networks (eg the breakdown of the nuclear family and grandparents working to the age of 65)
- some Māori families experience a sense of dislocation from whānau and their cultural background.

### **Community factors**

- societal pressures, eg families working longer hours and requiring two incomes
- the cost and accessibility of health care
- the effect of the current recession on a wide range of families including middle-class families.

## **Incidence and most commonly seen types of child neglect**

Very few interviewees reported that their agency collected data about neglect amongst their clients, either because this type of information was not recorded or, if it was, neglect was not separated out from other forms of child maltreatment or family violence. An exception was Child, Youth and Family.

No agencies had readily extractable data about the sub-types of neglect experienced by clients. Interviewees who were working directly with families talked about the types of neglect they saw most often. Physical neglect and parents' emotional disconnection with their children were most frequently observed. It is possible that interviewees noted physical neglect because it was easier to identify compared with other forms of neglect such as supervisory neglect. Many interviewees were working with both parents and children and were therefore in a good position to observe a lack of parents' engagement.

## **Identifying child neglect and its impacts**

Interviewees reflected on the extent to which their agencies interacted with children, or with parents and children together, and also where they interacted with families. For example, interviewees from early childhood education centres have the ability to interact with children regularly for a long period of time, but not all children attend these centres. In comparison, both Plunket nurses and midwives are

able to interact with almost every baby born in New Zealand and this interaction often occurs in visits to the home. Plunket nurses and midwives are in a position to observe attachment concerns for young children.

*And it's looking at the other children. If there are other children in the household, you can see that there are issues, and also [...] how they're hooked in or not hooked in to support structures. But when [...] there aren't other children, it's first baby, sometimes [...] it's that ability to form loving relationships.*

As well as observing interactions between children and parents, interviewees outlined ways in which Plunket can assess signs of neglect through the skill sets of the nurses and the assessments that are carried out, including family violence assessments.

*So the nurses are really skilled in their assessments of children. When they do that full assessment it's with an undressed child so that we're looking at all of those physical cues...we gather information on [...] are you working, is your partner working, what money have you got coming in? What support agencies are you connected into, what family support do you have? We ask a family violence screen at each contact if it's safe to do so and if the person's alone.*

Early childhood centres are also in a good position to observe interactions between parents and their young children.

*It's usually reported through observations and parents not really talking to their children or not interested or playing with their children. But the parents, or it might be the caregiver, are usually disengaged with the staff as well. You get the view that they're either really stressed or they've got something going on in their lives or they're rough with their children.*

Some interviewees observed that physical neglect was easier to identify than emotional neglect. One interviewee observed that there is an increasing awareness of emotional neglect, but noted that emotional neglect can be difficult to identify in children under the age of five years, partly because of the difficulty of observing mental health concerns in this age group. Another interviewee noted that agencies are good at finding neglect in the lower socio-economic band, but emotional neglect and issues of attachment are harder to identify in the upper or middle classes where it appears as if children's' needs are satisfied.

## Responses to child neglect

Most interviewees saw their agency's role as assisting in the prevention of neglect and referring families to other services when neglect was suspected. By referring families their agencies were seeking to prevent neglect by addressing risk factors associated with neglect and responding to harmful effects on children when neglect was thought to have occurred. For more mild forms of neglect a preventative approach focusing on addressing risk factors was seen by most interviewees as an intervention. The 'differential response' pathways now available to Child, Youth and Family social workers were seen by some interviewees as enabling more interventions for families to sit at the prevention end.<sup>2</sup>

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<sup>2</sup> When concerns are raised that a child or young person is at risk of abuse or harm Child, Youth and Family have a range of responses depending on the level of need for the child and their whānau.

## Prevention

None of the interviewees had programmes within their agencies or knew of programmes with a specific focus on preventing neglect. Instead programmes were seen to be addressing risk factors associated with neglect and providing parents with needed supports such as parenting programmes. Some agencies saw preventing neglect as inherent in the ethos of their organisation, which had a focus on child wellbeing – for example, midwives, Plunket, Barnardos and the early childhood sector.

*From our perspective we go from a well child view, so we look at what should a well child in a well family be doing and what does that look like? And then if it deviates from that it stands out, and so then you go ok, if that's standing out now what do you need?*

Some interviewees referred to specific aspects of their agencies' service delivery as particularly important in the prevention of neglect. For example, the interviewees from the early childhood education sector felt neglect could be prevented through some of the more targeted education initiatives and education programmes that involve both parents and children – for example through initiatives aimed at improving engagement in early childhood education. This was being achieved through targeting vulnerable groups and either enhancing an existing early childhood education service or helping to set up a new service. The examples talked about were playgroups for families with gang affiliations and setting up playgroups in deprived areas. Another targeted initiative 'The Promoting Participation Project' aimed to find hard-to-reach families (for example, through door knocking) and engage them in early childhood education.

Another important part of preventing neglect described by this interviewee was identifying families at risk of neglect early and referring them to relevant services.

*Prevention approach is early identification of risk factors and then education. So that anticipatory guidance of what does this family need to do to try and protect kids, so it'll be the family violence screen that we do every time. [...] We do education to nurses on preventing neglect.*

## Intervention

Agencies varied in how they responded to observed neglect depending on the services available within their agencies and in the wider community. More urgent or severe cases of neglect were commonly seen to require Child, Youth and Family intervention, whereas lower-level cases were responded to directly or referred to agencies other than Child, Youth and Family. Some of the approaches taken by agencies included:

- trying to help parents (usually mothers) understand ways in which they might better tend to their children:

*Our response to neglect is around education as well as around the parenting programme, better awareness programmes, domestic violence programmes.*

- working on reducing risk factors associated with neglect by providing or referring families to support services where these were available:

*We would be supporting families to access programmes, and they would be variable depending on the area that midwives were in as to what service providers were operating and what the family's needs were. Sometimes it might be drug and alcohol issues, sometimes it might be budget support, it might be a variety of things really, so you'd be working with the families individually to provide that sort of support for them.*

- identifying needs in children that can be better served:

*Over the last two years, [Child, Youth and Family have] developed a much stronger focus on emotional and health neglect and put in some steps, including successful pilots of health and education assessments of all children coming into our care where they go off to see a paediatrician and [...] they get specifically explored for their*

*developmental delay and attachment disorder. And that's generating a diagnosis of mental health, their behavioural conditions in 67% of the kids, and referrals in over 40% of kids to mental health service. So I think we're particularly working with health in addressing some of the emotional and health needs that are a consequence of the neglect.*

These three approaches outlined above were achieved through interventions carried out by the agency that originally identified neglect concerns, or within other agencies the family was referred to.

The following interventions were specifically mentioned by interviewees:

- Watch, Wait and Wonder
- Guided Interaction
- Incredible Years
- Plunket Healthcare workers (Karitane and Māori kaiawhina)
- Positive parenting programmes
- Family violence programmes
- Counselling
- Drug and alcohol programmes
- Budget support services
- Child, Youth and Family health and education assessments
- Family Start
- Parents as First Teachers (PAFT)
- Relationship Services.

### **Involvement of other agencies**

It was apparent from interviewees that their agency referrals for families where neglect was a concern involved a wide range of support services and agencies. Some interviewees observed that their workers were required to know about all the relevant services in their communities. The agencies that workers referred clients to varied depending on what was available within each local community.

### **Difficulties with responding to child neglect**

Interviewees mentioned a variety of difficulties encountered when responding to neglect. These difficulties can be grouped into three main areas:

- barriers to intervening
- difficulties in working across agencies
- missing and under-resourced services.

### **Barriers to intervening**

There were many barriers that affected agencies' ability to intervene in cases of neglect. Some interviewees talked about neglect as being difficult to identify. This was because neglect is often covert in nature and interviewees were unclear whether an incident was a one-off occurrence or whether neglect was continually occurring. It was also noted that observing neglect in small children under the age of five years is difficult.

*Just not really being able to name it, you know, having your suspicions, everyone's not happy with the way the child smells but still haven't kind of nailed it.*

*Non-recognition. That's a major one, I think. And I think often when you do see that, I think it's easy to sort of, even if you see it, somehow to ignore it or to write it off as oh, well, she [the mother] was just having an off day or it must have been a difficult week or ... it's not so sort of in your face as hitting a child or screaming at them.*

Neglect is often not labelled as neglect because interviewees felt there was not an agreed common definition of neglect, as noted by this participant who compared neglect to physical abuse.

*I think a key barrier is the difficulty in defining it in a way that everyone will accept so that people see neglect as a very subjective thing. You think this child's being neglected but I don't, and what's the grounds for our difference of opinion and who's right and who's wrong and who's to decide who's right and who's wrong? So that when it comes to physical abuse, the child's got bruises or a broken bone and the family's saying, "No, no, I didn't injure this child" and you can point at the broken arm and say, "Well, look, somebody injured this child. There's no room for negotiation about this. Someone's hurt this child. Something has to change."*

The lack of a common definition of neglect is not only evident from the practitioners' point of view, but also in the variation in society's understanding of what constitutes neglect. For example, some interviewees talked about the difficulties of working with parents who had a different understanding of parenting responsibilities. This is particularly so for parents who had been brought up in a neglectful environment.

Difficulties in successfully engaging and working with some families were seen by a few interviewees as a barrier to both identifying and intervening in cases of neglect.

*The families themselves could say naff off.*

*It's parental buy-in really, it's working out with the parents and getting them to agree to do the work, and it's like some people say there's not an issue here. The other thing that we find is that one parent, and in the majority of those cases it's usually the mother, will say yes there is an issue and we need to work on these things, and the dad will be saying no [...] there's absolutely not a problem here. And those are the families that are difficult to work with.*

Plunket noted that after the child reaches one year old engagement with families from communities with higher needs can be difficult.

*We find engagement after one [year old] can be much harder in our higher needs, more at-risk communities. They're more transient, they've often still got the multiple agency stuff going on, and they deem that their kids are kind of ok now, so it can be harder.*

Some interviewees said that identifying neglectful parenting in their own clients could lead to these families disengaging from services. This was especially pertinent when considering whether to refer a family to Child, Youth and Family.

*I think some of our nurses hesitate because if we notify, the family won't see us again, so then they go who will be seeing and who will be monitoring? And now there'll be no-one in there [...] and usually they know it's you.*

*What the difficulty is for them was being able to approach the family about it in a manner that didn't isolate or ... our programmes are voluntary, so they didn't make them be defensive or no longer wish to engage with us.*

Some interviewees noted that service thresholds have increased, making it difficult to intervene by referring families to needed services. This was more commonly observed for maternal mental health services.

*We have services who have increased their thresholds like, for example, [child and adolescent mental health services]. A few years ago they were moderate to high [...]. You see them just going for the high.*

## Difficulties in working across agencies

Many interviewees talked about the difficulties of working across agencies, particularly for families with multiple needs who required help from a range of agencies. Difficulties included the coordination of services, problems with communication, and how to share information and resources.

*Interagency is so cumbersome and the ability of each organisation to pool money and work collaboratively just doesn't work. People like the idea of it, but when it comes to doing difficult things with budgets we are constrained by the rules and structures. We could move mountains if we got the connections working well.*

*Removing barriers to integration between services, because there is a lot of fragmentation. So there are lots of kids where neglect is manifest in a number of different domains – to their health practitioner, to their school etc, but that information isn't being put together. It only gets put together at the point that someone gets worried enough to notify Child, Youth and Family, when hopefully Child, Youth and Family will put it together. So a lot of the kids living in that grey zone are probably being regarded as living in the grey zone by people from a whole lot of different professions, but they aren't necessarily pooling that information.*

Some interviewees noted that there were too many agencies involved with some families, making it difficult and confusing for families to engage with every single one. Some interviewees felt that Strengthening Families addressed this well. One agency limited the number of agencies a family is referred to, in order to improve communication between agencies.

*We're becoming cautious about a number of agencies working with the family at the one time... like if, say, at the worst end, say you've got ten agencies working with one family, which can happen. We've begun to realise that actually that doesn't necessarily create safety at all, so if you can restrict it, still offering the quality of service that they need, if we can restrict to, say, four or five you're likely to get a lot better communication going.*

Other difficulties mentioned (less often) by interviewees include:

- families not referred to another agency early enough
- having an agency repeat the same types of interventions with a family instead of building on the work already achieved by another agency
- difficulty getting an agreement amongst professionals and agencies as to what constitutes neglect in a particular case.

## Service gaps and under-resourced services

Many interviewees pointed to the absence or under resourcing of services they saw as important for preventing and responding to child neglect. Some interviewees felt that general child health services and services for families who need a lower level of intervention were under-resourced. Interviewees also identified specific services they felt were under-resourced, particularly Well Child/Tamariki Ora services and maternal mental health services.

*There are subcontracts that Plunket has to provide multiple visits to a small subset of children, but in many parts of the country that resource is nowhere adequate to meet the number of kids that require that kind of intensive follow-up.*

*If we had more staff we'd do more visits, so over the years the number of visits to families keeps getting dropped and you've only got so much funding and so much resources.*

Maternal mental health services, particularly for mild to moderate mental health concerns, were thought to be either lacking or poorly resourced.

*Maternal mental health right throughout the country is poor around service provision, and we would love to be able to access ... more services... midwives have been calling*

*for that for some time and we're very disappointed actually that around the latest round of PHO funding ... that visits to a GP in pregnancy doesn't actually include a visit to mental health services if that's what was warranted.*

*Sometimes there's not the agencies there in the local communities that there could be or there's waiting lists. Sometimes you're in a dilemma it's like you never do any screening without having the services to refer someone to. That's why at the moment we don't screen for postnatal depression 'cause there's not the services to refer people to. And, is it ethical to screen?*

Gaps in drug and alcohol services were also mentioned.

A few interviewees noted that funding is only available to some services for a limited time frame. These time frames were sometimes thought to be too short for establishing a working relationship with a family and to allow for changes to occur.

*Sometimes it can take a long time to build a relationship. These projects are varied from 12 months, 18 months, two years, nothing more than that.*

One interviewee mentioned that a difficulty with services in New Zealand is that when a new problem is identified a new service is set up, instead of consolidating existing services.

## **What is working well in preventing and responding to child neglect**

Interviewees talked about what is working well within their own agencies as well as the agencies that they worked with. Many agencies talked about the benefits of having a good working relationship between the practitioner and the family. Some non-government organisations observed that they were in a good position to gain the trust of families because of their positive reputations within communities.

*We've got to come back to the working relationship with the family as well. If that's positive, respectful, transparent, all those kinds of things, your chances of a better intervention are so much more increased [...] 70% is about the relationship.*

*They [families] don't see us as the baddies, there's not that perception.*

Plunket was seen as an organisation with strong potential for preventing child neglect because of the universal approach of the Well Child/Tamariki Ora service and therefore the high level of access to newborn babies in New Zealand. The strength of the organisation was seen as children's needs being responded to individually – a needs assessment determines how many visits and resources a family needs.

Some agencies talked about the importance of well-trained staff and the use of databases that contain useful information for staff if families return to the service.

Interviewees talked about the strengths of outside services in both preventing and responding to neglect. Home-visiting programmes (especially Family Start) were seen as beneficial. Child, Youth and Family's 'differential response' approach – designed to ensure families who do not require a statutory response are connected to other services in the community – was seen as a way of providing a positive intervention for these families.

## **What improvements can be made to better prevent and respond to child neglect**

Interviewees made a variety of suggestions about ways child neglect could be better prevented or responded to in New Zealand. As a starting point, one participant noted that a common definition of neglect across government and non-government sectors would be beneficial. Most interviewees' suggestions related to how neglect can be better publicised or defined, how parents can be better supported, the need for more resources for agencies working with children under the age of five years,

and how agencies can work together better. Some interviewees talked about providing more parenting education programmes for parents and one participant suggested a way to do this would be through television.

*State funded parenting programmes like TV programmes. We don't actually have very many TV New Zealand-based parenting programmes.*

Other interviewees talked about the benefits of advertising campaigns about child neglect to raise general awareness.

*Some of those advertising campaigns that get done are quite effective. I was just thinking about the breast-feeding one, you know that current breast-feeding one.*

When interviewees talked about improving how services prevent and identify neglect, interviewees from Plunket and two other agencies thought that services, in particular Well Child/Tamariki Ora, could be better resourced to provide a more effective service for families in need.

*Universal, highly accessible, Well Child care that everybody can access without difficulty up to the age of five and, if people don't access it, then it goes looking for them. So that there's no child who just doesn't get seen by anybody for a year because the mother or the father are moving around and no one bothers chasing them up.*

*Resources would be a critical one. We have 20 minutes per visit. When we identify things it all takes time, so some resource to actually acknowledge the time.*

Some interviewees thought that staff in agencies could have better and ongoing training on child neglect.

*More could be done in working with students in their training. Refresher courses. We make our [early childhood education] centres keep their first aid qualifications up to date but those other aspects it's very easy to become complacent about. Given that we know that many of these children are in centres for five days a week from eight to five. It's a big chunk of their time. Teachers should be knowing those children really well and then knowing what to do when something is not going right.*

A few interviewees made suggestions that related to addressing wider societal changes around reducing poverty, housing, work-life balance and attitudes towards parenting.

*If we follow the British example of a goal to eliminate child poverty it would have a huge effect on child neglect, and I think the scientific literature internationally is pretty clear that neglect is the thing that is most related to child poverty, of all the forms of abuse.*

*If people didn't have to rush back to work with second jobs and ... do you know what I mean? There's that whole sort of thing now that you can go back to work as early as ... three months or ten weeks and your baby is fine in the care of other people, which sort of encourages this view of babies as...sort of infinitely flexible and able to relate to other people and not really needing you.*

## Concluding remarks

Child neglect is a complex and multifaceted problem with a continuum from mild to severe neglect. The complexities include variations in how neglect is defined and understood. Another aspect of the complexity of neglect is that neglect is usually seen as an act of *omission*, a failure to provide a parenting necessity. This can make it less obvious and means that people seeking to identify neglect need to observe a recurring sequence of events or effects on children. This 'hidden' aspect was especially apparent when interviewees talked about emotional neglect.

Those interviewed were concerned about the harmful effects of neglect on children and generally felt their agencies were well positioned to recognise signs that might indicate that neglect was likely or potentially occurring.

Interviewees suggested that awareness of neglect and ways to respond to it could be improved by:

- promoting a common definition of neglect that includes neglect sub-types
- resourcing a comprehensive parenting assessment
- training on neglect for staff in agencies
- public awareness campaigns about neglect.

Parenting assessments would need to take a broad focus to incorporate the accumulation of stressors and historical factors. Greater public awareness around neglect, especially emotional neglect, combined with training on neglect, could improve its identification. Greater public awareness could also enable practitioners to seek proactive and creative ways to ask parents about their parenting concerns e.g. with the use of structured questions. Resources and guidance concerning best practice in creating trusting environments would be helpful.

Enhancing existing programmes such as Well Child/Tamariki Ora and those programmes designed to engage harder to reach families, was favoured over the introduction of new programmes. The accessibility for parents to services that respond to drug and alcohol and mental health issues (including post natal depression) was seen as important, especially given the increase in these concerns in the worker's communities.

Difficulties in working across agencies can be addressed through better communications and by developing networks built on trust and mutual aims. Coordination and referral mechanisms such as Strengthening Families and Child, Youth and Family's differential response pathways were seen to work and more use could be made of these mechanisms for very young children.



## Part B – Literature review findings

### Background

This section summarises findings from a review of New Zealand and international research on the neglect of children from birth to five years of age undertaken by the Auckland University of Technology (AUT) for the Ministry of Social Development (MSD) in 2009.<sup>3</sup> This summary also makes reference to a UK synthesis of findings in child neglect literature published after the AUT study was completed (Daniel et al 2010), as the scope of that review was almost identical, and its findings directly applicable.

The purpose of the literature review was to:

1. document how 'neglect' is defined and measured
2. summarise what is known about the nature and scale of neglect and the risk factors for neglect
3. identify what is most likely to work in prevention and intervention.

### Key findings

#### **The review found no common or agreed definition of child neglect.**

Definitions varied according to their purpose, but tended to be linked by a common assumption of parental omission of care. Two core elements were: the child's unmet need, and the resulting harm or risk of harm to the child.

#### **Neglect has received less scientific and public attention than other forms of child maltreatment.**

Although there is mounting evidence that the consequences of childhood neglect can be damaging – or perhaps even more damaging – to a child than physical abuse or sexual abuse, neglect has received less scientific and public attention (Gilbert et al 2009). There is a paucity of research that examines the views of children and parents; help-seeking behaviour and effective intervention.

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

- when it occurs in a child's life, with early neglect having greater consequences
- how long the neglect lasts
- the nature of intervention to repair the damage.

When children's needs are systematically ignored the developmental damage can be severe, chronic and irreversible.

The prevalence of neglect is likely to be considerably higher (up to 10 times) than is reported to child protection agencies.

#### **Constellations of particular risk factors can signal the need for help.**

The evidence shows that child neglect is more likely in families with have some of the following characteristics:

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<sup>3</sup> Davies, E., Rowe, E., Hassall, I. (2009). *Approaches to defining child neglect and intervening to prevent it: A literature review*. Auckland University of Technology: Institute of Public Policy (unpublished report).

- child factors: younger age, low birth weight, developmental disabilities and previous maltreatment.
- *parent/caregiver factors*: drug and alcohol abuse, gambling, mental health difficulties (including maternal depression), history of maltreatment when a child, single parenthood, young maternal age, unemployment, low maternal education.
- *family characteristics*: family violence, fewer parenting skills and poor knowledge about child development.
- *family context*: poverty, overcrowding, social isolation, neighbourhood issues and poor systems of care.

There is evidence that factors co-occur and cumulatively increase risk. This suggests there is a need to view constellations of factors as signals for help. The ecological model was confirmed as a powerful framework for locating factors that can signal the potential for neglect (Bronfenbrenner 1989).

### **A key component of effective action is recognising signs of potential neglect.**

While there is wide consensus on the risk factors associated with child neglect, there is much less known about the ways in which a population risk translates into a specific risk for a specific child, and the best way for practitioners to recognise potential harm and the effective action to prevent it. There is evidence that the public and professionals can recognise signs of neglect but are not always clear about the best response other than reporting to child protection authorities.

### **There is limited evidence about what works to prevent and address neglect of young children, including what parents think would help.**

Overall, the literature review considered that the greatest benefits to children would follow from acting on the research findings regarding improvements in child development outcomes from interventions. Good quality universal screening, referrals and targeted assessments leading to high quality services as appropriate, and consistent follow-up, were seen as important components of a system that can effectively protect children from the harm caused by neglect. The key issue was who is best placed to recognise the risks, and act on that information.

## **The nature and consequences of child neglect**

The following section presents findings concerning definitions of neglect, the effects of child neglect and the prevalence of child neglect in New Zealand and other jurisdictions.

### **Defining child neglect**

The literature review found no common or agreed definition of neglect. Definitions vary according to their purpose but tend to be linked by a common assumption of parental omission of care. Two core elements of the definitions are children's unmet need, and the harm or risk of harm to children.

The meaning of the term "child neglect" varies between users. Researchers frequently redefine the term for specific studies. Cultural norms about neglect can be quite different, and even within one culture, what the general public understands can vary from how professionals use the term. Within the professional context there is considerable variation in the way neglect is defined formally.

The question of defining neglect is also complicated by its close association with other forms of maltreatment of children, such as physical, psychological and sexual abuse. It is often included with other types of 'child maltreatment', and not separately documented or analysed.

### **Common understanding**

In ordinary usage the term 'child neglect' is broadly defined as having responsibility for a child and not providing them with what is necessary for wellbeing. The professional common ground has been neatly summarised this way:

*Across jurisdictions, there are a number of operational definitions of neglect that are different from each other but tend to be linked by a common assumption of parental omission of care (Daniel et al 2010)*

Practice and research definitions of neglect usually include some, or all, of these four core elements:

- **The child's unmet need**, including in relation to food, shelter, protection, health care, education, emotional engagement, love, or social experience.
- **The responsible parties' capability and culpability**. Adults (or systems) may be aware or unaware of the child's needs, variously capable of meeting them and variously motivated in not meeting them.
- **The harm or risk of harm to the child**. This may be palpable, ranging from minor physical impact to death, or impalpable, ranging in severity from mild anxiety to an incapacitating psychological disorder such as serious post-traumatic stress disorder syndrome or suicidality.
- **Established standards of care** by which the points above are judged. These can be derived from community and professional sources and tested in practice by public scrutiny, surveys of public and professionals, and judicial processes.

The literature tends to focus on delineating types of neglect, eg physical and psychological, or more complex divisions such as emotional, medical, educational, supervisory and nutritional. A recent broad category is environmental neglect, focusing on the context *outside* the family, where society fails to provide support and security needed for families to care for children (Dubowitz & Papas 2002). Opinion is divided about whether delineating definitions in this way provides useful focus on different risk indicators and intervention options, or misplaced precision (Allin 2005; Dubowitz et al 2005).

### **Agency definitions**

Agencies responsible for child protection, health care, law enforcement and administration have legal and policy definitions and categories that align with the agencies' particular focus and function. The criminal justice system tends to emphasise parental culpability, while the public and their representatives in politics and the media tend to emphasise community standards.

Child protection agencies tend to use 'child harm', 'parent-focused' and 'risk-focused' definitions, which specify a particular parental behaviour and the risk that behaviour poses to the child.

Section 15 of the New Zealand Children, Young Persons and Their Families Act 1989 refers to the reporting of ill-treatment or neglect of a child or young person. This section states that:

*Any person who believes that any child or young person has been, or is likely to be harmed (whether physically, emotionally, or sexually), ill-treated, abused, neglected, or deprived may report the matter to a Social Worker or member of the Police.*

Section 14 of the same Act provides definitions of a child or young person in need of care or protection, repeats at 14(a) the general criterion from s15, with situations referring to the harmful effects on the child. The remaining sub-clauses (e) to (i) describe further situations in which it can be inferred that the child is in need of care or protection: due to parental unwillingness or inability to provide care, serious parental differences that seriously impair the physical or mental or emotional well-being of the child, or the child's ability to form a significant psychological attachment is seriously impaired due to being left with other caregivers.

Health care and support agencies also tend to emphasise the unmet need of the child and the adults' capability in meeting that need. These 'child-focused' definitions (Barnett et al 1993) have the advantages of promoting the child's well-being, being constructive and not blaming, and recruiting resources to the child (Dubowitz 2006).

## The influence of culture on understandings of 'neglect'

The influence of culture on the understanding of neglect has been examined in a few studies (Giovanni & Becerra 1979; Ringwalt & Cave 1989; Segal 1992). Lau et al 1999 found that lower reporting rates could reflect cultural differences in what constituted neglect. Rose and Meezan (1996) found that differences in the definition of neglect were apparent among cultural groups in the community, but that the source of those differences was unclear.

## Applying the definitions

The AUT review takes *unmet need* and *harm or risk of harm* to the child as the core elements of the condition of neglect, and suggests that:

*neglect is most usefully characterised as need that is unmet so frequently and/or unmet over a sufficient period, that harm is likely to ensue.*

It was however clear to the reviewers that determining a single definition of child neglect is problematic. Some of the reasons for this are discussed below.

A recent broad definition covering both abuse and neglect, published as part of a child maltreatment series in the Lancet, is:

*Any acts of (commission or) omission by a parent or other caregiver that results in harm, potential for harm or threat of harm to a child, even if harm is not the intended result (Gilbert et al 2009).*

Another broad definition was proposed by Straus and Kantor (2005) in their review of definitions and measurements of neglectful behaviour. This set of principles provided for multi-dimensional scales and their application for practice and research purposes:

*Neglectful behaviour is behaviour by a caregiver that constitutes a failure to act in ways that are presumed by the culture of a society to be necessary to meet the developmental needs of a child and which are the responsibility of a caregiver to provide.*

Goodvin et al (2007) developed a Community Norms of Child Neglect Scale (CNCNS) which differentiated among four sub-types of neglect, including failure to provide for basic needs; lack of supervision; emotional neglect; and educational neglect. They found that this model fitted data from a community sample better than a single definition did.

In 2006, Ferrick and Snow argued that the field was at an important point:

*... the field is at a critical juncture in which an examination of the basic constructs, concepts, operational definitions and measurement practices that have been the basis of current thinking about child abuse and neglect is in order.*

In his contributing chapter on defining neglect, Dubowitz (2006) cited the indeterminacy of neglect, and concluded that there is a possibility that there will never be a single definition.

Dubowitz has made a number of significant contributions on the issue of devising a workable definition of child neglect. He suggested that the discrepancy between a practical definition that can be used by a child protection service and a more inclusive one based on risk to the child can be overcome by regarding the practical definition as a subset of the broader definition.

Dubowitz argues that an ideal definition of neglect would be based on empirical data demonstrating the actual or likely harm to children associated with a certain circumstance, e.g. not receiving adequate emotional support. The problem with this, however, is that valid comparative outcome data is not available for most of the range of behaviours that are called neglect.

There is clear evidence of some commonality in human understanding about neglect, as an expression of concern for children inadequately looked after, and for parents, family and community unable or unwilling to look after them. The term is shown to have multiple dimensions that reflect children's multiple needs and vulnerabilities, as well as with the multiplicity of behaviour and standards of parents, families and communities. There must, however, be clear definitions of neglect for the practical purpose of providing a realistic basis for recognising and responding to neglect and prevention of harm.

### Consequences of child neglect

There is increasing evidence that a child's experiences in the womb and very early years are critical in shaping health, education and social outcomes. The evidence comes from many methods of inquiry, including longitudinal studies (i.e. Fergusson & Horwood, 1995 and Gluckman & Hanson 2006) and neurobiological research (i.e. Perry 2001 and Shonkoff & Phillips 2000).

As well as the core requirements for child well-being – care of their material well-being, housing and environment, educational well-being, health, risk behaviours, and quality of school life (OECD 2009) – there are also critical emotional and social requirements. Attachment, security and stimulation have long been known to affect the healthy development of infants (Ainsworth 1979; Bowlby 1969). Neglect interferes with children's capacity to seek comfort and to regulate their own physiological and emotional processes. Without comfort, routine and consistent appropriate stimulation to assist in the development of secure attachment, neglected infants and toddlers struggle to establish a consistent pattern of interaction with their carers. Instead, they are more likely to display more insecure-disorganised attachment processes at the time and throughout their lifespan (Mash & Wolfe 2005).

A combination of factors influences the quality of nurturing that young children receive (Davies et al 2002).

For children to thrive, all factors need to be present simultaneously.

- *Parenting style* – Demonstration of warmth and affection, consistent and non-abusive parenting practices, and provision of social and cognitive learning opportunities are associated with more positive outcomes for children (Hertzman, 2000; Shirley et al 2000).
- *Family income* – Sufficient income for physical care needs removes the stress of poverty and enhances good health care, housing, and educational experiences (Blaiklock et al 1997; Hertzman, 2000; Huston et al 1997; Roberts 2000; Shirley et al 2000).
- *Housing* – Adequate housing, including adequate space and warmth, is necessary for good outcomes for children (Dibiase & Waddell 1995; Lynch 2000; Masten et al 1993).
- *Neighbourhoods* – Outcomes are influenced by the quality of neighbourhoods and community life as distinguished by a range of social and economic indicators such as physical and social infrastructure, as well as factors such as safety, neighbourhood cohesion, social capital and access to adequate community resources (Chase-Lansdale et al 1997; Coulton et al 1999; Hertzman, 2000; Shirley et al 2000). This includes access to quality day care and other early childhood education (Hertzman 2000; Smith et al 2000; Zigler 1998).

A deficit in meeting any of these needs over a sufficient period of time, particularly in the early years, is likely to result in harm to the child.

### Effects of neglect

The consequences of neglect on child development are well documented (MacMillan, 2009). Where the needs of the child are systematically ignored the developmental damage can be severe, chronic and irreversible (Perry et al 2002). When children die unexpectedly, child mortality reviews can find neglect as contributory (Lawrence & Irvine, 2004). There is mounting evidence that “neglect has more

dire consequences for children than other forms of maltreatment”, with behavioural, emotional and cognitive consequences (Dubowitz et al 2009 and Gilbert et al 2009).

The emotional and psychological consequences of neglect were summarised by Tyler et al (2006):

- The attachments formed by maltreated children, particularly victims of neglect, are more likely to be compromised compared to those of typical children.
- Mothers with early experiences of neglect are likely to repeat the maladaptive parenting practices that they experienced with their own children. This repetitive pattern can lead to intergenerational transmission of neglectful parenting.
- Neglected children evidenced serious and diverse problems in school functioning. Neglected children tend to show delay in the areas of language and cognitive development.
- Elevated rates of major depressive disorder and suicidal and self-injurious behaviour have been found in adults with a history of neglect.

Studies that have considered the direct impact of neglect include Kotch et al (2008), which monitored 1,318 predominantly at-risk children, and considered the relationship between neglect and other child maltreatment and aggressive behaviour. They found early neglect predicted aggression scores significantly.

As part of the LONGSCAN longitudinal studies, Dubowitz and colleagues examined specific sub-types of neglect and outcomes in children at different ages. Daniel et al (2010) identified these key findings from those studies:

- Psychological neglect (conceptualised as low levels of maternal warmth and nurturance) is associated with increased levels of internalising and externalising behaviour in children at age three and with teacher report of problems in peer relationships and externalising behaviour at age six.
- Caregiver failure to provide for basic needs and verbally aggressive behaviour towards a child is associated with delays in language and communication, and socio-emotional adjustment and behavioural problems at age four.
- Environmental neglect (identified as living in a neighbourhood characterised by crime, lack of civility, and few resources for children and families), is associated with parental report of increased internalising and externalising behaviour in children at age six.
- General neglect as identified by child protection services was associated with behaviour problems, impaired socialisation and problems with daily living skills at age eight, as was the specific neglect of medical needs.

The LONGSCAN studies provide evidence that neglect of children under three years of age is particularly damaging, and that psychological neglect by itself was as harmful as combined forms of neglect. Maternal depression and poverty were found to have significant association with neglect, and results were controlled for these variables (Dubowitz et al 2004).

Other studies reinforce that the impact of neglect depends on when it occurs in a child’s life (early neglect has greater consequences); how long the neglect lasts; and the action taken to repair the damage. Emotional care and cognitive stimulation have a greater impact than either by itself (Evans 2002, and Perry 2004, cited in Waldegrave 2009).

There is a need for further research into the long-term impacts of neglect to support effective prevention and intervention. Dubowitz, Papas et al (2002) identify a shortage of longitudinal studies of the impact of neglect, and Waldegrave (2009) notes that research into the neuro-developmental consequences of neglect is still rare. Overall, the review identified a need for further research into the

impact of neglect in terms of the contribution of the wider family and community context, particularly in regard to the cumulative effect of adverse influences, or mitigating factors (Manly, 2005; Fluori, 2008).

## Incidence and prevalence of child neglect

Data about the prevalence of neglect is limited, mostly due to the lack of distinction between neglect and other forms of child maltreatment, and different definitions for neglect (Butchart et al 2006; Daniel et al 2010). Neglect is more commonly reported to and verified by child protective services than other forms of child maltreatment. There is some evidence (from comparisons of self-report and agency-based studies) that the incidence of neglect is likely to be up to ten times that reported to child protection agencies (Gilbert et 2009).

### Sources of data

The information about the prevalence of child neglect depends on sources such as:

- administrative data and case records of child protection services, police, hospitals and other services
- research data from population surveys, using the self-reported recall of victims
- research data from population surveys, using the self-reported recall of adult perpetrators.

Agency data comprises the most common source of neglect statistics. This data depends on legal and operational definitions consistent with the agency's function, as well as the practicalities of their actual work. As such, agency incidence data is subject to changing law, policies and working definitions (Bromfield & Higgins, 2004).

Neglect tends to be less prominent in self-report studies (Dubowitz et al 2005; Finkelhor et al 2009), unless the specific type of neglect is well identified.

*Neglect is difficult for researchers to measure. Approaches using self-report (parent or child) have the problem of yielding socially desirable responses. Observational measures have some strength but are still affected by social desirability as the research interviewees continue to wish to "look good" making it difficult to observe certain forms of neglect. (Dubowitz et al, 2005)*

Differences in definitions of neglect and case-finding methods between studies make the meaning and comparability of numerical values for prevalence problematic. Straus and Savage (2005) found a prevalence ranging between 0.6 percent and 61 percent in nine studies from five countries.

Most of the research to date on child neglect, as well as on abuse, has been based on children or families reported to child protective services. Gilbert et al, (2009) reviewed child maltreatment rates in high-income countries. They presented statistics to show the reported incidence of child maltreatment based on annual substantiated cases (for England the data used was children started on a child-protection plan), and the proportion of cases where 'neglect' was found. This data and New Zealand data published by the Families Commission (2009) is shown in the table below.

Country	Child maltreatment rate	Proportion neglect
England	0.3% of children in 2007	44%
USA	1.21% of children in 2006	60%
Canada	0.97% of children in 2003	38%
Australia	0.68% of children in 2002/03	34%
New Zealand	1.25% of children in 2006	33%

Gilbert et al (2009) presented self-report data across different countries and showed an approximately tenfold difference in prevalence of neglect, psychological abuse and witnessing intimate partner violence over the agency-based data. In the USA and UK, the figures for neglect ranged from 1.4 percent to 15.4 percent of those surveyed (Finkelhor et al 2005; Hussey et al, 2006; May-Chahal & Cawson 2005; Theodore et al 2007). New Zealand data from a survey conducted by Straus and Savage (2005) showed cumulative childhood prevalence of neglect (recalled by the victim as an adult) of 9 percent.

### **New Zealand agency data**

Overall, statistics for reports of ill treatment or neglect of children to Child, Youth and Family are rising. The evidence is not clear whether this is a result of reporting and recording policy, or actual incidence. At the same time the proportion of reports with substantiated findings for child physical abuse, child neglect and child sexual abuse have remained relatively stable. However, emotional abuse findings rose from 1,109 in 2003 to 3,279 in 2006 (Families Commission 2009). The reporting from 2003 of children present at domestic violence events between adults to Child, Youth and Family is understood to have affected figures for emotional abuse findings.

### **Neglect sub-types**

Five studies identified the prevalence of neglect sub-types, defined according to a variety of classification systems ((Dubowitz, Pitts et al 2005; Hussey et al, 2006; May-Chahal & Cawson 2005; Straus & Savage 2005; Trocmé et al 2003). The variation in definitions used, in particular in the explicit or implied inclusion of one or more of the four basic defining elements of neglect makes it difficult to draw overall conclusions about the prevalence of sub-types of neglect.

### **Sub-populations**

A number of sub-populations have been identified in which there is a greater prevalence of child maltreatment, including neglect. These are families living in poverty and isolation, with alcohol and drug, mental health and gambling problems, with parental disability, and of minority ethnic status. In addition, among the population of children, those with disability and of younger age are at higher risk (Faulkner & Faulkner 2004; Hussey et al 2006; Kennedy & Wonnacot 2005; Kotch et al 1999; May-Chahal & Cawson 2005; Mayer et al 2007). This is further discussed in the next section 'Factors associated with child neglect'.

One group of children for whom the review found no substantive literature discussing incidence of neglect was those in State care.

## **Factors associated with child neglect**

This section about the factors associated with child neglect is organised to reflect the 'ecological model', which takes account of environment, culture, structures and different levels of support that can enhance or detract from care. This has been found to provide a powerful framework for factors that can signal the potential for neglect. (Bronfenbrenner 1989, cited in Daniel et al 2010)

The factors are discussed in terms of a widening focus, from the child and parent, to the family, and the family's wider community and society. Their interconnections and the importance of co-occurrence are discussed.

*We may infer that the cause of neglect is a fundamental impairment of the relationship between the parent and child, and the correlates either diminish the parent's ability to understand what neglectful behaviour is, or they diminish the parent's ability to avoid neglectful behaviour (Crittenden, 1999).*

*Neglected children are distinguished by their young age which makes them more vulnerable; by the particularly numerous and acute problems of their parents; and by more depressed living conditions characterised by greater economic and social poverty. (Mayer et al, 2007)*

Findings are presented from three major reviews of research into the risk factors associated with child neglect (Connell-Carrick 2003; DiLauro 2004; Tyler et al, 2006). Differences in methodologies and timeframes, and the dependence on child protection agency data, limit the generalisations that can be made from the reviews.

Daniel et al (2010) also report on various studies that have aimed to identify the characteristics and interactions that distinguish children most likely to be neglected, and also note that drawing overarching conclusions is difficult due to studies measuring different factors and having different starting points.

### **The child**

The younger age of the child is a risk factor for neglect (Connell-Carrick 2003; DiLauro 2004). A recent Child, Youth and Family statistic is that in 2009, of the 4,677 neglect findings, almost half (2,061) of these findings were for children aged under five.

Other risk factors for neglect include low birth weight, prematurity, and developmental disabilities (Barber and Delfabbro 2009; Kennedy & Wonnacot 2005). In one study low IQ was shown to be related to neglect (Connell-Carrick 2003), and this study also found (inconclusive) evidence of an association with early onset problems, especially early onset externalising behavioural problems or cognitive and learning difficulties (Connell-Carrick 2003).

Overall, children who have been maltreated previously are approximately six times more likely to be maltreated than children who had not been maltreated before. The risk of recurrence was highest within 30 days (Hindley et al 2006).

### **The parents**

A number of factors are shown to be associated with individual parent's (or other primary caregiver's) likelihood to neglect their children. The risk increases when a number of these factors are present at the same time – see 'Cumulative impact' section following.

### **Drug and/or alcohol abuse**

Numerous studies have shown that substance abuse is a determining risk factor for the propensity to maltreat a child (Ammerman et al 1999; Chaffin et al 1996; Famularo et al 1992; Kaplan et al 1983; cited in DiLauro 2004). Tyler et al (2006) cite a study showing children whose parents are substance abusers are four times more likely to be neglected than children of parents who are not (Reid et al 1999).

Dube et al (2001) found that parental alcohol abuse doubled the risk of each of ten 'adverse childhood experiences' including emotional and physical neglect. There was a three- to five-fold increased risk of emotional neglect and six-fold increased risk of physical neglect if both parents abused alcohol.

Scannapieco et al (2007) caution that substance abuse does not in and of itself predict child maltreatment – a finding that is true for all risk factors associated with neglect. They point to the need for any assessment tool to "focus not only on the substance abuse of the parent, but also the characteristics of the child, parental capacity, home environment, social environment, and the maltreatment pattern of the family" (p1551).

### **Gambling**

Children in families in which a parent is a problem gambler are at risk of neglect. Identification of gambling in a family may be difficult (Abbott et al 1995), a gambling addiction can go on for years

without detection (Lesieur and Blume 1991) and there can be a long history of child neglect in affected families (Heineman 1987).

The impacts of problem gambling are four-fold:

- emotional unavailability, as gambling is all-consuming (Custer and Milt 1985; Heineman 1988) and correlates with poor mental health (Ison 1995b)
- failure to ensure physical safety (Custer 1982), an issue highlighted by New Zealand media, particularly about “pokie mums”
- financial stress, leading to material neglect (Custer, 1982; Gallacher 1996; Ison 1995a; Lesieur & Marks 1993)
- emotional unavailability of the spouse of the gambler.

The Problem Gambling Foundation of New Zealand (PGFNZ) estimated that one in five regular poker machine (“pokie”) players in New Zealand have a gambling problem (PGFNZ Factsheet June 2009).

### **Mental health difficulties**

The most frequent psychological disorder associated with neglect was depression, though in one cited study, if social variables and substance abuse were controlled for, the relationship disappeared (Connell-Carrick 2003). Children of depressed mothers are at risk of not having their basic needs met and experiencing neglect (Polansky et al 1981; Kotch et al 1999) and of significant impacts on their development (Malik et al 2007, Radke-Yarrow et al 1994).

### **History of maltreatment as a child**

Neglected children stand a greater chance of becoming neglectful parents than do children from non-neglectful families (Golden 2000, cited in Tyler et al 2006). Mothers who neglect were more likely to have been maltreated as children (Connell-Carrick 2003).

### **Single parenthood**

Single-parenthood and non-married status were significantly associated with neglect. Father figure or father involvement resulted in less neglect when the duration of the relationship was longer, when involvement in household tasks and childcare was less (although this is counter-intuitive) and when they had a greater sense of parental efficacy (Dubowitz et al 2001, cited in Connell-Carrick 2003).

### **Young maternal age**

Young maternal age was consistently found to be a risk factor for neglect (Connell-Carrick 2003).

### **Unemployment and low education levels**

Unemployment and underemployment were both correlated with child neglect (Connell-Carrick 2003). The same study found an inverse relationship between maternal education and neglect.

### **Family characteristics**

Observation of neglectful households showed them to be less organised, less verbally expressive and to have less positive and more negative affect (Gaudin et al, 1996, cited in Daniel et al 2010). Daniel et al, (2010) identify factors such as these as “indirect signals that more help may be required if children are to be cared for appropriately”. Mothers and fathers in neglectful families were both characterised as less warm (Brown et al 1998). Mothers were characterised as less empathic and the families had more unresolved family conflict (Connell-Carrick 2003).

### **Family violence**

A longitudinal study in the USA following 2,544 families who were part of a programme to support at-risk families found that families were twice as likely to have child neglect confirmed in the first five

years where there was domestic abuse in the household (McGuigan & Pratt 2001, cited in Daniel et al 2010).

### **Fewer parenting and social skills**

Mothers who neglect their children often have low self-esteem (Cash & Wilke 2003), lesser problem-solving skills (Coohey 1998), lesser parenting skills, poorer knowledge of parenting and child development, poorer connection and less empathy with their children (Scannapieco & Connell-Carrick 2005; Connell-Carrick & Scannapieco 2006).

Overall, the evidence shows mothers are more likely to neglect, and that this is highly likely to be a combination of their greater parenting role, their greater likelihood of single parenthood, their experience of domestic violence, and their unique exposure to maternal depression. It needs to be noted that most research has focused on mothers. Daniel et al (2010) found only one study that specifically considered the role of fathers in child neglect, and suggest that further research is required.

### **Family context**

Evidence shows that the context in which an individual family operates significantly affects the likelihood of children being neglected.

### **Poverty**

Wilkinson and Pickett's (2009) research noted the correlation between adequate provision of care for children and the context in which the parenting is occurring. Poverty was especially identified as a factor contributing to a strain in the parent–child relationship:

*The way parents behave in response to relative poverty mediates its impact on children – there is evidence that some families are resilient to such problems, while others react with more punitive and unresponsive parenting, even to the extent of becoming neglectful or abusive.*

This is borne out by other research:

- Child abuse and neglect occurs in all socio-economic classes, but substantial evidence shows a strong relationship between poverty and child maltreatment (Pelton 1978; Shearman et al 1983, cited in DiLauro 2004).
- Poverty and low income were associated with neglect in all eight studies that looked at this variable (Connell-Carrick 2003). Some studies suggest that neglect is more strongly related to poverty than abuse (Pelton 1977, 1978).

McSherry (2007) traces the establishment of the relationship between poverty and child neglect, but notes:

*One key fact needs to be highlighted, poverty does not predetermine neglect. The vast majority of impoverished families do not neglect their children... cyclical neglect may have much more to do with cyclical modes of thought and behaviour than cyclical experience of poverty (p729).*

Daniel et al (2010) report on a number of studies that aimed to distinguish between those in poverty who neglect children and those who do not. They found maltreatment was higher where there was an impoverished home, fewer parental resources and a previous history of maltreatment (Scannapieco & Connell-Carrick 2003); and physical neglect was more likely to be substantiated if caregivers had mental health or substance abuse problems (Carter & Myers 2007).

### **Social isolation**

Neglectful parents had fewer individuals in their social networks, received less tangible and emotional support from members, and saw them less often than non-neglecting mothers (Connell-Carrick 2003). The absence of a strong pro-social network can increase the likelihood of child neglect (Gaudin 2003, cited in Tyler et al 2006). Families with a supportive network of relatives, friends, and neighbours show lower levels of parental stress than those without such supports.

### **Neighbourhood**

The makeup of a family's immediate neighbourhood also can affect the likelihood of neglect. Levels of parental stress are considerably higher in low socio-economic environments (Gephart 1997 cited in Tyler et al 2006). Recent research in California (Freisthler 2004 & 2005) has suggested areas with more bars and drug possession incidents per 1000 population have higher rates of child maltreatment. At the same time, research into the problem gambling geography of New Zealand (Ministry of Health, 2005) found that poker machines are far more likely to be found in more-deprived areas than in less-deprived areas: 47 percent of venues and 53 percent of machines are in the three most deprived census deciles (of a total 10). Related evidence suggests that gambling behaviour is influenced by accessibility at a local level (Marshall 2005).

### **Poor systems of care**

In addition to the risk factors in a family's immediate environment, broader factors in the community, state systems, and society in general can impede efforts to recognise neglect and repair its effects. The AUT review notes that standards of care are continuously evolving and differ within and between communities. Tyler et al (2003) found that the risk of neglect can be increased when there are:

- poorly functioning mechanisms for identifying risk factors and acting on them, especially outside the formal child protection system
- child protection concerns overriding assessment of material needs
- uncoordinated systems at the local level
- inadequate or slow support to foster and kin carers
- inadequate special schools
- inadequate facilities (especially social housing, health and early childhood education) for children in poor neighbourhoods.

### **Cumulative impact**

The review found evidence that risk factors for neglect often co-occur and cumulatively increase risk (Hecht and Hansen 2001 cited in Asawa et al 2008).

*What distinguishes the high risk child from other children is not so much exposure to a specific risk factor but rather a life history that is characterised by multiple familial disadvantages that span social and economic disadvantages; impaired parenting; neglectful and abusive home environment; marital conflict, family instability; family violence and high exposure to adverse family life events. (Fergusson and Horwood, 2003, 131).*

Daniel et al (2010) document a range of methodologically rigorous studies identifying the inter-relationship of risk factors for neglect (Brown et al, 1998; Carter & Myers 2007; Cash & Wilke 2003; Nair et al 2003; Ondersma 2002; Scannapieco & Connell-Carrick 2003). They concluded:

*Studies offer strong evidence for the need to view constellations of adverse factors as indirect signals of the potential need for help and to consider past as well as current circumstances. (Daniel et al, 2010, p4)*

This review concluded that programmes which address the risk factors associated with neglect individually will be useful in themselves, as they may improve the life of the parent, and hence the life of the child, but dealing with each in isolation is likely to have limited effects on child neglect, because of the multiple factors occurring in the lives of most neglecting parents:

*More effort could be spent on trying to refine and add to these correlates. It may be more sensible simply to act on the research which identifies strong benefits in child development outcomes from particular interventions. (Davies et al, 2009, p38)*

## **Responding to child neglect**

*Neglectful families are often faced with poverty, inadequate childcare, poor education, and a history of prior abuse... Targeting just one of these areas during an intervention effort will likely not be successful ... intervention is needed to combat the systemic barriers, such as increased parental stress, poverty, inadequate health care, and insufficient child care, faced by high-risk families. (Tyler et al, 2003, p9)*

Devising effective action to prevent and respond to child neglect is no simple matter. It will need to counteract the “constellations of adverse factors” (Daniel et al 2010) operating at multiple levels: child, parent, family, community, society, state.

Study of children placed in out-of-home care who are then reunified with their families shows there is a difference in the success of reunification dependent on whether the neglect was chronic or transient. This suggests parental intervention programmes need to focus their efforts on chronic factors rather than transient parental factors (Barber & Delfabbro 2009).

This section of the review reports the research into effective responses to child neglect, and seeks to identify the common factors of successful prevention and intervention programmes. It is necessarily limited in its findings. While there is wide consensus on the risk factors associated with child neglect, there is much less known about the ways in which a population risk translates into a specific risk for a specific child, and the best way for practitioners to recognise potential harm and the action to take to prevent it (Daniel et al 2010).

Further, there is no agreement whether the maltreatment or the risk factors themselves produce negative outcomes (Kotch et al 2008). In turn, it is not clear whether interventions that reduce the risk factors actually have direct impact on neglect. This lack of clarity means that in the majority of cases covered in this review; the interventions are considered ‘promising’, rather than ‘proven to prevent neglect or its recurrence’.

The focus is also limited, in the absence of studies of prevention and intervention programmes specific to neglect, to studies of programmes that have had an effect in preventing or reducing child maltreatment in general.

### **Recognising neglect**

A key component of effective action is recognising signs of potential neglect. The review found that good quality universal screening, referrals, targeted assessments leading to quality services and follow-up are important components of a system that can effectively protect children from the harm caused by neglect. The key issue was who can recognise the risks, and will act on that information.

Daniel et al (2010) found little robust evidence about how children and parents directly signal their need for, or seek, help. This was largely because most studies use cases of substantiated neglect as the starting point, and there is little information about earlier stages. Two studies confirmed that

parents could identify their parenting concerns but didn't cover whether they would seek help themselves (Combs-Orme et al 2004; McKeganey et al 2002; both cited in Daniel et al 2010).

Daniel et al (2010) also report studies showing the general public may be at least as well equipped as professionals to recognise aspects of neglectful care, if not more so. They cite evidence of professionals having higher thresholds for identifying neglect than the general public.

Other findings suggest that health visitors are well positioned to recognise parenting and emotional aspects of neglect (Lewin & Herron 2007, cited in Daniel et al 2010). There is also evidence that GPs (Tenney-Soeiro & Wilson 2004; Vandeven & Newton 2006), nurses (Truman 2004; Vasquez & Pitts 2006) and dentists can be trained to identify the signs of neglect.

Systematic review of childhood injuries could uncover patterns to aid recognition of neglect. Particular points of contact with the health services can assist identification of neglect, eg non-accidental burns, which tend to be caused by neglect far more frequently than abuse (Reading 2006). A study of children who presented at a burns unit found that where a child was neglected it was more likely that:

- the child had not been given first aid at the time
- there was a delay of over 24 hours before seeking help and
- the burns would be deeper.

Daniel et al (2010) note the potential role of education professionals in recognising and responding to neglect. They found only one study where the exclusive focus was staff in educational settings – and these were school counsellors not classroom teachers (Bryant & Milsom 2005). Another overlooked group was the police, whose potential role in identifying neglected children appears not to have been researched.

In terms of what action was taken practitioners other than social workers tend to respond to signs of potential neglect by referring or reporting to child protection agencies (Appleton 1996). There was little evidence about whether members of the community would act and how: one study showed that while 89.1 percent would help, 86 percent said that would involve reporting to formal agencies (Andrews 1996; also in Daniel et al 2010).

*By the time children come into contact with statutory social workers, they have often already experienced periods of neglect. The evidence suggests that preoccupation with matters such as parental culpability, and whether statutory interventions are required, can obscure the initial careful assessment as to whether any needs are unmet and can affect thresholds for recognition. (Daniel 2005, reported in Daniel et al 2010, p 7)*

Factors found to influence the decision not to report included lack of awareness of the signs of child maltreatment and processes of reporting, and a perception that reporting might do more harm than good (Gilbert et al 2009). Lack of social services resources were seen as a barrier to reporting (Appleton 1996; cited in Daniel et al 2010). Under-reporting by UK teachers was found to be influenced by concern about the degree of children's needs identified and the capacity of child protection services to meet them (Baginsky 2007).

Daniel et al (2010) concluded that the bulk of evidence on response to neglect is on reporting and that there was far less evidence about the next stages or on what universal services can offer directly to support neglected children.

### **Prevention and intervention**

The AUT literature review found few interventions that focused specifically on preventing neglect and therefore the review included responses to child maltreatment more generally. There have been several systematic reviews of the effectiveness of programmes in the area of preventing child maltreatment. These covered programmes aiming to:

- prevent child maltreatment (Asawa et al 2008; Mikton 2009; Reynolds 2009)
- prevent both maltreatment and its recurrence (MacMillan et al 2009)
- prevent the recurrence of child maltreatment (Allin 2005).

While each of these reviews took different approaches, they all assessed the efficacy of the programmes that fit their criteria, and drew out the programme characteristics considered to be the most promising.

Findings from those reviews are presented here, according to the programme types. The AUT review noted that more research has been conducted on programmes at the individual and family level than at the neighbourhood and community levels.

### **Parenting interventions**

The review found limited direct evidence for the effectiveness of parenting programmes to reduce the incidence and severity of child neglect, possibly due to difficulties in measuring the phenomenon (Howard & Brooks 2009).

The Parents as Teachers parenting programme delivered to parents of children up to the age three years has been shown to have a statistically significant impact on child maltreatment (Karoly 2005). Programme services include home visits to families, developmental screening of children, parent group meetings, and a resource network that links families with community resources. This programme aims to empower parents to give their children a good start in life, prepare children for school entry, and prevent and reduce child abuse. The Parent Education Programme also showed relatively strong positive preventative effects, and its effect sizes were relatively large. The Parents as Teachers parenting programme is delivered to New Zealand families as the Ahuru Mowai and Born to Learn curriculum. This curriculum is a key component of the Parents as First Teachers (PAFT) and Family Start and Early Start home visitation programmes.

The Incredible Years Parenting programme is an evidence-based parenting programme that has shown to reduce harsh parenting, increase positive discipline and nurturing parenting, reduce conduct problems, and improve children's social competence (Webster-Stratton & Reid 2009). The Incredible Years Basic Parenting Programme (IYBPP) is for parents of children aged three to five years. The Ministries of Health, Education and Social Development have established a pilot study of the IYBPP to assess the programme in the New Zealand context. The results of the evaluation of this pilot will guide decisions about whether or not to invest significant funding in rolling out the IYBPP on a population basis in New Zealand.

While attachment-based interventions might improve parenting and attachment, there is no direct evidence about longer term effects. Nonetheless the sound theoretical basis, early results, and relationship focus are encouraging programmes such as Early Head Start to incorporate these interventions into their services (Weatherston 2007).

There is insufficient evidence to conclude that neglect-specific interventions in families reduce the recurrence of neglect, though there is some evidence from small studies that resilient peer training, imaginative play training, therapeutic day training, and multi-systemic therapy improve child outcomes. Resilient peer training also produced positive effects when integrated into Head Start (Macmillan et al 2009).

### **School-based and clinic-based programmes**

The school-based and clinic-based programmes studied provided no conclusive evidence about reduction of neglect per se. Parent-Child Interaction Therapy (PCIT) reduced the reoccurrence of child-protection services reports of physical abuse, but not of neglect (Macmillan et al 2009), while Chicago Child-Parent Centres which target low income, high poverty neighbourhoods, showed

relatively strong preventive effects and a statistically significant decrease in child abuse. Two programmes that focused on training doctors to address risk factors in families showed some promising results (Dubowitz 2009; Macmillan et al 2009).

### Home-visiting programmes

The efficacy of home-visiting programmes received mixed reviews. Macmillan et al (2009) found that home-visiting programmes were not uniformly effective in reducing child physical abuse and neglect.

The review analysed the success of two home-visiting programmes, Nurse–Family Partnerships and Early Start, both of which have shown positive effects on child maltreatment.

Nurse–Family Partnerships seek to improve prenatal health and birth outcomes; improve child health, development, and safety; and improve maternal life course outcomes, including assisting them to plan for subsequent pregnancies and employment. The programme is targeted at low income, unmarried, first-time mothers. Entry is in late pregnancy and exit is when the child is two years old. Home visits are conducted by trained nurses, with 6–9 visits during pregnancy and 20 for the first two years.

- “The best current prevention program for child physical abuse and neglect” (Chaffin and Friedrich 2004, cited in Asawa 2008, p86).
- Demonstrated reduced child physical abuse and neglect, as measured by official child protection reports, and associated outcomes such as injuries in children of first-time, disadvantaged mothers (Macmillan et al 2009).
- A 15-year follow-up of the initial demonstration project demonstrated 79 percent fewer verified reports of child abuse and neglect compared with a control group (Eckenrode et al 2000, cited in Asawa 2008, p86); the study found no reduction in domestic violence rates.

The Nurse–Family Partnerships programme has been augmented to include mental health consultants to target maternal depression, substance abuse, family violence, and barriers to positive parenting.

Early Start is a New Zealand home-visiting service for families in Christchurch. It is based on a social learning model approach. Its goals are to improve child health, reduce the risk of child abuse, improve parenting skills, encourage family socio-economic and material well-being, and encourage stable partnerships. Crucial elements include assessment of family needs and resources; development of a positive partnership between client and family support worker; collaborative problem-solving; and provision of support, advice, and mentoring to mobilise families’ strengths and resources. Early Start has reduced associated outcomes such as injuries and hospital admissions for child abuse and neglect, although rates of child protection reports did not differ between the intervention and control groups (Macmillan et al, 2009). One trial showed positive effects.

Three common features of Nurse–Family Partnership and Early Start could explain their success: they were developed as research programmes rather than as service provision methods; both use workers with tertiary level qualifications; and they have made substantial investments in ensuring the fidelity of programme delivery (Macmillan et al 2009).

The review found particular factors can limit the effectiveness of home-visiting programmes:

- In a meta-analysis of 56 home-visitation programmes the lowest effect sizes on child maltreatment were for programmes with 12 or fewer visits and less than a six-month duration (McLeod & Nelson 2000).
- The effectiveness of home-visitation programmes is limited by the presence of domestic violence: In one study there were significantly fewer cases of child maltreatment in the home-visited group among mothers who reported 28 or fewer incidents of violence over the 15-year period. Treatment effects were non-significant for mothers reporting more than that level of domestic violence (Eckenrode et al 2000).

- Very high attrition rates, low rates of home visiting, and substantial differences across participating agencies, point to the importance of fidelity in the delivery of the programme, and the difficulty of accurate judgements about programmes with high dropout rates (Asawa 2008). For example, Healthy Start Hawaii had varied implementation, resulting in inconclusive results (Karoly 2005).

Asawa (2008) found that home-visiting programmes provided unique opportunities to assess the child's safety, increased the generalisation of skills through learning in the natural environment, used flexible approaches, increased participation through bringing services directly to the family, and provided support to high-risk families. They also eliminated common barriers to receiving services, such as transport. Significant lasting effects on parental behaviour were cited as evidence for the success of this programme (Asawa 2008).

### **Neighbourhood and community level**

Information about the factors that increase the risk of child neglect has led to the development of neighbourhood-based interventions, of three broad types.

Sure Start is a well known UK example of the first kind of programme, which integrates state and community child support systems in a particular place, but that does not directly focus on community building.

The second kind of programme explicitly concentrates on community building, in particular on building child-focused social capital; for example, a neighbour faced with a distressed child would offer to relieve the parent of their care for a period, rather than contacting the local child protection services. The Strong Communities initiative (Kimbrough-Melton et al 2008) is a prominent example of this approach.

The third type of programme aims to build community awareness of services available in both state and community systems. Strengthening Families in New Zealand does this by collaborative case management at the community level through a formalised process (Ministry of Social Development 2005). The Strengthening Families local coordinator is pivotal in bringing agencies with different philosophies and ways of working together to improve child outcomes. While reviews of Strengthening Families (Walker 2006) have found the initiative successful in coordinating action for those families referred to it, there has as yet been no evaluation of its impact on child maltreatment in general, or neglect in particular.

### **Evidence about specific neighbourhood and community programmes**

Triple P (Positive Parenting Program), is a public health population-based approach which operates at five different levels, ranging from individualised treatment to manual-based group interventions, public seminars and media campaigns. The first level is aimed at all families and includes a media component delivered in communities, rather than to individual families. The second level includes a seminar series, regular contact with primary care professionals and an option to receive information on parenting teenagers. The third, fourth and fifth levels involve parent and child education in conjunction with opportunities to put the course principles into practice.

- Triple P shows positive effects on substantiated child maltreatment, out-of-home placements, and reports of injuries, based on a single study that used an ecological design with a small sample size (Macmillan et al 2009).

Sure Start, which consists of universal and targeted programmes within deprived neighbourhoods, shows:

- beneficial results for children (more positive social behaviour and greater independence) and families (less negative parenting and a better home-learning environment). Families used more services for supporting child and family development. No results are recorded for child maltreatment or neglect (Melhuish et al 2008).

Strong Communities builds supports for families into the community structure so that families can marshal additional resources to overcome risk and foster a healthy developmental environment (Russell et al 2007):

- Community characteristics are significant predictors of the extent to which families utilise voluntary family supports (Daro et al 2007).
- Results in regard to ultimate outcomes for Strong Communities (i.e. child safety) are equivocal, though generally positive – in effect, ahead of schedule. There has been a decline in injuries related to child maltreatment that began in 2003 (when active efforts to recruit large number of volunteers began) and declined at a greater magnitude than in the comparison area. This finding was most pronounced in relation to neglect, although strongest among older children (Melton et al, 2008).

The review found that the most effective programmes to promote family wellness and prevent child maltreatment are those that address several different levels, begin prenatally or at birth, are long-term and intensive, are flexible, responsive, and controlled by the local community, and are based on respectful and trusting relationships between community members and staff, who are well trained and competent (Nelson et al 2001).

### **Shifting society's perceptions of appropriate parenting practice and attitudes to neglect**

The Strategies for Kids, Information for Parents (SKIP) and more recent “it's not OK” campaign against family violence are examples of such action. Multi-media campaigns have been combined with community activities to reinforce key messages and link people to local resources. Research demonstrates that these campaigns work best when they focus on positive desired behaviours, and are combined with action to strengthen community capacity, as well as specific intervention programmes (Davies et al 2003).

### **Well-functioning systems of care**

Transient families and the involvement of multiple agencies with some families were identified in the review as barriers to successful intervention. Confidence that action will follow is a precondition for professionals and para-professionals to act. Daniels et al (2010) observe that improved engagement with ‘hard to reach’ parents needs to be complemented by strategies to ensure that services are not ‘hard to access’.

Study of not-for-profit organisations in the United States suggests that successful integrated services need very specific and defined goals (Bradach et al 2008).

Some authors have argued for a comprehensive re-orientation of the child protection system to needs assessment and support (Waldegrave 2006). The review identified Child, Youth and Family's ‘differential response’ model as an important step in this direction.

Conditions for well-functioning place-based systems for tackling entrenched social issues (Salhani 2009) include:

- an “ecological” perspective and a developmentally sound understanding of the issue
- community-based governance, funding and strategic planning processes
- integration from top to bottom: government, community agencies and professionals
- client sensitivity and client partnerships and full participation
- culturally sensitive and flexible services, which nevertheless maintain programme fidelity
- operational integration.

## Discussion

Significant neglect in the early years of life tends to have the most profound long-term consequences. The aim of preventative intervention in child abuse and neglect is to establish or restore the conditions required for satisfactory child-rearing. This may be seen as a part of the broader aim of ensuring satisfactory child-rearing conditions for all children and their families.

A conclusion from the AUT review is that because the causes of child neglect are complex, the solutions are inevitably multifaceted.

The literature review identified different ways to improve prevention of child neglect and responses to children who experience neglect, such as:

- enhancing existing services, interventions and systems
- implementing universal screening with access to comprehensive assessments and referrals for the families of children who need this
- acting on research on promising interventions that improve child development outcomes
- undertaking research that seeks the views of parents and children who experience neglect to understand the features of help seeking behaviours, sound assessment and planning.

### Universal screening and assessments

The AUT review concluded that the child development literature suggests that mainstream health, education and welfare systems, alongside full employment, are the first and best protection the State can offer against maltreatment, because they assist families to support, nurture and educate their children. They enhance the likelihood of good child outcomes, reduce the chances of maltreatment, and provide an opportunity to screen for risk and a channel for information and advice to parents. Families that struggle the most, need more from these agencies. Further investment in higher quality pregnancy and maternal care (especially Lead Maternity Carers and Well Child/Tamariki Ora Services) and early childhood education was also seen as warranted.

### Cascading service model

The AUT review proposed adoption of a model the reviewers refer to as a “cascading service” model. This model involves a universal entry point and intervention system. Good quality universal screening, referrals, targeted assessments leading to quality services, and follow-up are important components of this type of protective system. Because it would encompass the entire population, the ‘cascading’ service is less likely to stigmatise those it is designed to help. The whole population is also screened for risks. Resources are not inefficiently targeted at those who have much less need of the service.

Universal programmes would facilitate access for families screened to be in need of help to a multifaceted needs assessment, conducted by appropriately qualified professionals. Under this model the intensity of the intervention responds to the risks and needs observed during assessment. Lead Maternity Carers, Well Child/Tamariki Ora professionals and other health professionals were seen as well positioned to screen, refer and follow-up, as were some mental health, addictions and domestic violence professionals and para-professionals. Education for these professionals and para-professionals about what to ask parents, when to ask parents and ways to respond was seen as important.

### Promising interventions

Overall, the review considered that the greatest benefits to children would follow from acting on the research that identifies interventions found to show improvements in child development outcomes. Particular interventions noted in the literature review as promising include well-designed and well-

implemented home-visiting and centre-based programmes. The review also notes that the sound theoretical basis, early results, and improved child parent relationships are encouraging programmes such as Early Head Start to incorporate attachment-based interventions into their services (Weatherston 2007). The reviewers suggest that community based programmes such as Sure Start and Strong Communities should be closely monitored for their impacts on child neglect and relevance to New Zealand.

### **Systems improvements**

The review identified systems actions as important – early access to a comprehensive needs assessment that picks up the risk of neglect and refers to timely assistance. The review suggested that systems improvements could be made by using existing interventions in families with very young children where there might be neglect to better effect. Statutory Family Group Conferences, community-based Strengthening Families meetings and the Child, Youth and Family ‘differential response’ service model were suggested as possibilities.

The evidence of the effectiveness of these processes remains limited (Kogan 2001; Ministry of Social Development 2005; Sundell 2004; Crampton 2007). However, the review considered that if well-resourced and supported by all agencies, interventions oriented at the prevention end and better service coordination could perhaps result in reducing child maltreatment.

### **Further research**

Daniels et al (2010) found big gaps in the research related to the views of parents and, even more so, of children, and concluded that future research should focus on examining parents’ and children’s views, help-seeking behaviour and effective intervention. They argue that a shift is required: away from preoccupation with predicting and delineating the effects of neglect towards the features that contribute to accurate assessment and planning. In a similar vein, the AUT review notes the paucity of research on outcomes for children in the care of the State, many of whom will have experienced serious neglect, and concludes that such research could guide future interventions to ameliorate the effects of neglect.



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# Appendix A: Interview discussion guide

## Part A: Some information about you

1. Can you tell me about your role in [name of agency]?
2. How long have you worked in [name of agency]?
3. How long have you worked in the area of child neglect?

## Part B: How do New Zealand agencies define neglect?

4. How do you define child neglect?

*Prompts – Parental behaviour, child outcomes. What makes it neglect in your view – frequency, risk to child? What are the indicators of neglect? e.g injuries, untreated illness, home alone.*

5. Does [name of agency] have a working definition of child neglect? If so, what is it?
6. What kind of neglect does [name agency] see most often? How does this come to your notice? What other types do you see?
7. [Manager only] Do you have any figures on how widespread neglect is amongst the clients of [name agency]? What proportions of [name agency] clients are neglected/neglecting?
8. What do you think causes the neglect your agency sees? What factors are associated with child neglect?

*Prompts (poverty, drug and alcohol, mental illness, physical health, gambling, disability)  
[individual, familial, community, structural, societal – analysis framework]*

## Part C: How do New Zealand agencies respond to neglect?

9. How do you/your agency identify and respond to neglected children? (Intervention)

*Secondary questions: At what age are they likely to be identified? What are the indicators of neglect – injuries, untreated illness, home alone? What are the agencies/workers thresholds for identification and intervention? Does agency/worker response vary by either the severity or type of neglect?*

10. [Frontline Staff] What is your role in responding to the neglect of a child under the age of five years?
11. [Optional for agencies who work with parents] How do you/your agency identify and respond to neglecting parents?

*What are the agencies/workers' thresholds for identification and intervention?*

12. Does [name agency] have programmes and services for children under the age of five years / parents / families where neglect is an issue? What is the response offered to individual cases? What is offered at a community or population level?
13. If not – Does [name agency] fund any programmes or services for children under the age of five years / parents / families where neglect is an issue?

**14. What other agencies do you know of who respond to cases of neglect of children under the age of five years?**

*Prompt: re Child, Youth and Family and if yes what are their thresholds for referral?*

*What programmes and services do they have for children/parents/families where neglect is an issue?*

**15. What agencies do you work with in cases of neglect of a child under the age of five years?**

**16. Are there any differences between the [name agency] approach and the approach taken by other agencies?**

**17. How does the approach that [name agency] takes work together with approaches taken by other agencies?**

*Is it repetitive/overlapping with what other agencies do?*

*Does it conflict with what other agencies do?*

*Does it compliment or work well with what other agencies are doing?*

*Do you think [name agency] thresholds for addressing neglect are the same as other agencies?*

**18. What (if anything) are the barriers to intervening in cases of child neglect?**

#### **Part D: What do New Zealand agencies do to prevent neglect?**

**19. What approach does [name agency] take to preventing neglect of children under the age of five years?**

**20. Does [name agency] have any programmes or services aimed at the prevention of child neglect?**

**21. If not – Does [name agency] fund any programmes aimed at the prevention of child neglect?**

**22. What do you think works to prevent child neglect? What evidence and or theories do you base this on?**

**23. Is there anything else you think could be done to prevent child neglect?**

#### **Part E: What works/needs to be improved in responding to and preventing child neglect?**

**24. What are the strengths of the approach that [name agency] takes in both preventing and responding to neglect?**

**25. What are the weaknesses of the approach that [name agency] takes in preventing and responding to neglect?**

**26. If you could improve the response that [name agency] takes in both responding to and preventing neglect what would you do?**

**27. What are the barriers (if there are any) that prevent [name agency] from taking an ideal / gold standard approach to neglect?**

**28. Are you aware of any services offered by other agencies that you regard as gold standard for preventing and responding to neglect?**

**29. What is missing in the NZ range of services to prevent and respond to child neglect?**

**Is there anything else you think we should consider when developing a response to child neglect in New Zealand?**