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# Preventing Child Neglect in New Zealand: Summary report

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Neglect is a serious form of child maltreatment that is at least as damaging as physical or sexual abuse in the long term (Gilbert et al, 2009b). As neglect can be an act/acts of omission, it is less tangible and harder to define. Persistently failing to meet children's needs can set in motion a cascade of negative impacts that may result in reduced quality of life, severe mental and physical illness, and in some cases premature death. Despite the seriousness of neglect, it has received less attention and there is an observable societal phenomenon of "neglect of neglect" (McSherry, 2007).

In 2010 Dr Janine Mardani undertook a public health assessment of the evidence, current approach and best practice guidance on preventing child neglect in New Zealand and this paper outlines the key findings from this report. The report (Mardani, 2010) was commissioned by the Children's Commissioner to document the nature and consequences of child neglect; describe the prevalence of neglect in New Zealand; summarise government agencies' responses to neglect; compare current responses to a best practice response; and formulate recommendations for strengthening the prevention of recurrent neglect in New Zealand.

The report focuses on policy, research and practice to *prevent the occurrence and recurrence of neglect*. The report also focuses on responses made by key government agencies and does not consider interventions by other organisations, family and whānau, friends, or the public.

A total of 70 published reviews of child neglect informed a literature review summarising the nature, causes and consequences of child

neglect, and preventive interventions. Because epidemiological information is not available in New Zealand, data provided by Child, Youth and Family was used to inform a description of child neglect. Relevant legislation, analysis of Child, Youth and Family, Police, Health and Education policies, and stakeholder interviews with professionals from each of these sectors were utilised to describe current responses to neglect.

## A literature-based understanding of child neglect

Child neglect is the persistent failure to provide for a child's basic needs or to protect a child from harm or potential harm. It is a form of child maltreatment and family violence, which is categorised by four core components:

- ⋮ The child's unmet needs
- ⋮ The responsible parties' capability and culpability
- ⋮ The harm or risk of harm to the child
- ⋮ Established standards of care (Davies, Rowe & Hassall, 2009).

Neglect may be physical, emotional, medical, educational, or supervisory. It includes exposure to violent environments, community and societal

neglect. The harm neglect causes depends on the child's age (neglect in the early years is more detrimental), the length of time their needs were unmet, and whether action to

prevent long-term impairment was undertaken (Davies et al, 2009). Harm ranges from impaired development through to risk-taking behaviours and delinquency, psychopathology, teenage

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pregnancy, maltreatment of children as an adult, substance abuse, crime and premature death.

Neglect arises from “a complex interplay of risk and protective factors” that increase children’s vulnerability (Dubowitz & Bennett, 2007, p. 1891). The ability to effectively prevent neglect from occurring is hindered by difficulty identifying vulnerable children and high-risk families. Efforts are further hindered by a lack of evidence on effective universal and targeted interventions (Mikton & Butchart, 2009). Universal preventive methods likely to be effective include beneficial social and economic policies, non-violent cultural and social norms, and provision of quality childcare and health services.

Targeted preventive methods that have shown some benefit include home-visiting, parent education, and multi-component programmes. Statutory interventions to prevent the recurrence of neglect must be preceded by identification of neglect, referral to child protection services, investigation and statutory identification of neglect. In professional settings, there is no evidence to suggest that screening tools improve the identification of neglect (Davies et al, 2009; Gilbert et al, 2009a). There is limited evidence on the effectiveness of professional training and support (Angeles Cerezo & Pons-Salvador, 2004).

Identification of neglect by child protection services is hindered by the need for a comprehensive assessment and the inherent complexity of neglect (Dubowitz, 2007). A database of neglect case studies that typify good practice is suggested as one useful technique to help social workers. This would allow better informed decision-making processes and facilitate a deeper understanding of the complexity of neglect (McSherry, 2007).

Evidence suggests that *prevention* of child neglect and abuse is more effective and less costly than *responding* to neglect to prevent recurrence and impairment (Mikton & Butchart, 2009). To date there is no research to evidence the effectiveness of interventions in preventing recurrence of child

neglect (MacMillan et al, 2009). While there is some evidence on the effectiveness of resilient peer treatment, imaginative play training and multi-systemic therapy for ameliorating the effects of child neglect, “rigorous studies of treatments for neglected children and their families are lacking” (Allin, Wathen & MacMillan, 2005, p.497).

## Child neglect monitoring information from Child, Youth and Family

Population-based surveys of exposure to child neglect are not conducted in New Zealand. Statistical descriptions of neglect are therefore limited to formal findings of neglect by Child, Youth and Family. This information reflects levels of reporting to Child, Youth and Family and child protection practice in New Zealand. Long-term outcomes for New Zealand children following identified neglect are not routinely described.

Child, Youth and Family information indicates that:

⋮ Neglect is the second most frequent finding in Child, Youth and Family child maltreatment investigations, after emotional abuse. (This categorisation is likely to exclude much of emotional neglect, which is defined as emotional abuse by Child, Youth and Family).

- ⋮ Four in every thousand New Zealand children (0.393%) were identified by Child, Youth and Family as experiencing neglect in 2009.
- ⋮ Neglect is the sole maltreatment investigation finding for two in three (63.1%) children with identified neglect.
- ⋮ Four in ten (41.7%) children with identified neglect were aged 0–4 years in the year to June 2009.
- ⋮ Māori children are 4.5 times more likely and Pacific children 1.6 times more likely to have a finding of neglect, compared to European/ Other children.

⋮ Almost half of all children with identified neglect (45%) live in New Zealand's most deprived neighbourhoods (quintile 5 in the New Zealand Index of Deprivation 2006).

⋮ The rate of children with Child, Youth and Family findings of neglect ranges by site area throughout New Zealand from 112 to 1,321 children per 100,000 population aged 0–17 years.

Child, Youth and Family information on notifications, follow-ups and findings from 2009 indicate that:

⋮ The rate of notifications to Child, Youth and Family doubled in the five years to June 2009, with increased notifications from all sources. No significant change occurred in the rate of notifications identified as requiring further action by Child, Youth and Family over this period.

⋮ Notifications with a finding of neglect are most likely to come from Police (39.3%), Health (12.0%), Family, Whānau, Self or Friend (10.7%) and Education services (9.0%). Most Police referrals result from family violence.

⋮ Most findings of neglect (60%) are made following one or two referrals to Child, Youth and Family.

⋮ The rate of identified child neglect increases in Child, Youth and Family sites with higher local neighbourhood deprivation. Sites with lower levels of local neighbourhood deprivation have less variation in their rate of child neglect, compared to sites with higher levels of local neighbourhood variation.

⋮ The most common categories of Child, Youth and Family response to neglect are: Family group conference (38.1%); No further action (24.3%); and Family/whānau agreement (19.6%). Family group conferences are slightly more common in the 15–17-year age group and Family/whānau agreements are slightly more common in the 0–4-year age group.

⋮ Family Court Orders are sought for one in thirteen (7.9%) children with findings of neglect.

⋮ Nearly 300 neglect-related offences are recorded by Police annually. Leaving a child, aged under 14, without reasonable supervision is the most common form of neglect-related offence recorded.

## Current New Zealand approaches to the definition of neglect

The Crimes Act 1961 includes an offence of wilful neglect of children although there is no exact definition of neglect.

The *Interagency Guide to Breaking the Cycle* (Child, Youth and Family, 1997, p.9)<sup>1</sup> defines neglect as:

*any act or omission that results in impaired physical functioning, injury, and/or development of a child or a young person. It may include, but is not restricted to physical neglect ... neglectful supervision ... medical neglect ... abandonment ... [and] refusal to assume parental responsibility.*

While this definition is used in some policies and interagency protocols (Ministry of Health, 2002a; 2002b), many do not define neglect (Ministry of Health, The Royal New Zealand College of General Practitioners, New Zealand Medical Association, & Child, Youth and Family, 2000; Ministry of Social Development, Child, Youth and Family, & Work and Income, 2007; Housing New Zealand Corporation & Child, Youth and Family, 2007; Ministry of Education, 2010; Te Kohanga Reo National Trust Board & Child, Youth and Family, 2009).

Defining child neglect was a challenge for the professionals interviewed. Neglect was seen as harder to define and harder to prove than physical child abuse. One health professional commented: "It's always been a major difficulty describing neglect".

Analysis of the *Guide to Breaking the Cycle* (Child, Youth and Family, 1997) found that some risk factors or red flags for child neglect

1. Note this has since been replaced by the Child, Youth and Family (2011) *Working Together to keep children and young people safe: An Interagency Guide*, which includes a revised definition of neglect.

are not described or omitted and interviewing is not specifically recommended, despite the frequent need for professionals to ask questions as part of their assessment. More broadly, there is inconsistent use of risk factors, signs and symptoms of neglect in the health and education sector policies and New Zealand Police do not have a specific policy on the detection of child neglect.

Many stakeholders commented on the lack of clarity about established standards of care and the threshold for neglect:

*“That comes through strongly in the survey that I have done, that training is not there as much as it is needed. That training to identify what is a concern. Not so much the referral process, but what are the actual things that they need to be looking at, the threshold, people are still wanting more clarity on that.”*  
(Education professional)

Education professionals also reported that flagging of child protection concerns on the education electronic enrolment management system (ENROL) computer system was not common practice.

## Notifying a child with suspected or actual neglect to Child, Youth and Family

The national contact centre is the first point of contact for Child, Youth and Family services. The notification form is not readily available to notifiers prior to contacting the Child, Youth and Family national contact centre. Notifications are recorded on an individual basis and do not quantify the risk indicators in a standard way. However, the quality of the notification to Child, Youth and Family is an important step in the identification process. One Child, Youth and Family professional commented “the quality of their referral, for us, is also a good indication of the seriousness of it”.

Some stakeholders external to Child, Youth and Family perceived a large discrepancy between their thresholds for neglect and the threshold held by Child, Youth and Family professionals. It would

appear that Child, Youth and Family’s thresholds for neglect were higher.

Child, Youth and Family professionals interviewed for the Children’s Commissioner report suggested an absence of guidelines specifically related to child neglect and an absence of “practice forum sessions” on neglect. In practice, social workers suggested that the harm or risk of harm to physical safety is the clear threshold for Child, Youth and Family intervention for neglect.

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## Guidance for responding to neglect from best practice guidelines

The five key components of the best practice, systematic approach to addressing child neglect and abuse developed by the World Health Organization and International Society for Prevention of Child Abuse and Neglect (2006) are:

1. **Definition:** common conceptual and operational definitions of child neglect and abuse to enable case identification and recording.
2. **Prevention:** policy and programme measures to address risk and protective factors.
3. **Services:** measures and mechanisms to detect and intervene in cases of neglect, and to provide services to victims and families.
4. **Information for effective action:** mechanisms to gather information through epidemiological surveys, facility-based surveillance, monitoring and evaluation.
5. **Advocacy:** to raise awareness of the need for investment in evidence-based prevention programmes.

The challenges faced by New Zealand include a lack of a shared common understanding of what neglect is and limited information on the prevalence of neglect. Further, collection of this information is hindered by the lack of a shared understanding. The information that is available to us suggests that professional referrers struggle

to accurately identify child neglect and abuse, and this again is related in part to the lack of a shared understanding, including the threshold for established standards of care. There is an absence of information on effective interventions to prevent the recurrence of neglect, interventions to prevent impairment, and the prevalence of long-term impairment from neglect to understand how this problem may be impacting on other social problems including violence, crime, and early death. Without this information it is difficult to meaningfully manage child neglect prevention interventions or make recommendations on the best pathway forward.

Respecting the best practice advice given by the World Health Organization and the International Society for Prevention of Child Abuse and Neglect (2006), this report recommends that two key steps must be taken initially to strengthen New Zealand's response to child neglect:

1. Development of a greater shared understanding and stronger policy guidance for child neglect identification and interventions, and
2. Collation and sharing of information between key agencies to inform action.

## Conclusions

A number of principles have emerged from this exploration and these are outlined.

### **Development of a shared understanding and policy guidance**

A shared understanding of child neglect and the intervention pathway is central to collaborative efforts to prevent neglect from occurring and recurring. The shared understanding arises from shared policy, which leads to a consistent basis for training and action. A common understanding also arises from sharing child neglect information with the public.

Child, Youth and Family have revised their interagency guide and recently released *Working together to keep children and*

*young people safe* (Child, Youth and Family, 2010). This provides a more comprehensive definition of neglect, more detailed information about signs of abuse and neglect, and some scenarios and frequently asked questions. Although the instruction to not question children is repeated in relation to disclosures, there is a clear focus on keeping children safe and what to do if there are concerns. The release of revised guidelines provides an opportunity for engaging with education providers and the wider community sector to increase knowledge and develop shared understanding of appropriate responses when there are concerns about neglect.

Further developments could include the Ministry of Social Development working with Child, Youth and Family, the Ministry of Health, Ministry of Education and Police to develop a shared understanding of child neglect and ensure that all child neglect and abuse policies contain the shared understanding, including the four common core components of neglect (see p. 18) and the category of emotional neglect. Policy definitions of family violence could also be reviewed to ensure inclusion of child neglect.

The development of practice material around the management of child neglect for Child, Youth and Family social workers would also ensure greater consistency and assist them in undertaking assessments of families where neglect has been identified as a concern.

Consideration could be given to locating this practice material on the Child, Youth and Family Practice Centre website. It is envisaged that this could include indicators of neglect, risk and protective factors, red flags, legislative responsibilities, case scenarios, the roles and responsibilities of core agencies and services, and identified interventions to prevent the recurrence of child neglect or to prevent long-term impairment from child neglect.

This practice advice could be strengthened by including information on the key risk and

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protective factors that should be recorded (as present or not present) in all children's records, a discussion around the role of the statutory agency and examples of known child neglect interventions, to assist decision-making. This would also provide a valuable resource for social workers in other agencies because the website is accessible to the public.

Child, Youth and Family and Police have worked together to produce an updated Child Protection Protocol, which sets out each agency's responsibilities in cases of abuse and neglect. It may be useful to review the Protocol to ensure it adequately covers the areas of neglect and serious wilful neglect.

The Ministry of Social Development could consider providing information to parents through the Strategies with Kids – Information for Parents programme and other strategies managed by the Ministry, explaining neglect, the impact of neglect and how to prevent it. Reviewing

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all other child maltreatment information, which the Ministry provides to the public could ensure that information on child neglect is included, and that information is consistent with the shared understanding of child neglect and guidelines for referral.

### **Collation and sharing of information to inform effective action**

Routine collection and reporting of population-based survey information and Child, Youth and Family data are both needed to establish the true nature of child neglect in New Zealand, identify emerging trends, problem areas, and priorities for prevention, as well as to monitor for the impact of interventions. Where child neglect has occurred, it is important that referring agencies retain this knowledge, to help identify very vulnerable children who are at risk of recurrent neglect.

In the USA, surveys designed to monitor child maltreatment are being used. The Ministry of

Social Development could work with Child, Youth and Family, the Ministries of Health and Education, and Police to identify a common, agreed 'dashboard of indicators' to monitor child neglect.

This work could be enhanced by the development of a child neglect research agenda, using the data available to it from a range of sources. Research could focus on issues around strengthening the prevention of the occurrence, recurrence and impairment from child neglect. We need to better understand the strength of association between known risk factors and identified child neglect outcomes and/or an evaluation of the effectiveness of the revised *Working Together* guidelines.

Analysis of data provided by Child, Youth and Family for this report identified 18 cases of child neglect with 15 or more notifications. An audit of these cases could provide Child, Youth and Family with valuable information about barriers to earlier prevention and identification of neglect. This information could be used to advance practice advice and guidelines.

Annual reporting by Child, Youth and Family to the Ministry of Health, Ministry of Education and Police, of numbers of referrals received from them, referral substantiation rates and referral outcomes would create a feedback loop to ensure regular review and consideration of trends. Within these sectors, ongoing support for District Health Board development of the child protection alert system by the Ministry of Health will be important and the Ministry of Education could consider reviewing the use of ENROL for child protection purposes and implement a plan of action for strengthening child protection alerts within the school system. Attention will also need to be given to guidelines for information sharing.

The Green Paper for Vulnerable Children published by the Children's Action Plan in 2011 provides an opportunity for wide consideration of how vulnerable children are identified and responded

to. It will be important that neglect is included in these discussions and addressed in submissions to ensure that it is recognised in legislation and planning that emerges from this process. ■

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