



# Neglected Children

How to speak  
so Children's Courts can hear

Anne Smith      Medical Director Victorian Forensic Paediatric Medical Service

# Workshop Content

- Case presentation
- What are we worried about?
- What do we know about neglected children?
- How do we conceptualise “neglect”
  
- A framework for evaluation
- What do we want to change?
- How do we “sell the messages” so we become more effective & improve the child’s life?
  
- EXPERT TESTIMONY: A witness box is NOT a soap-box!

# Case presentation

- Deleted

# Neglected children

- Latin *neglectus*, the 'fact of taking no notice'
- In colonial Australia, a child was 'boarded out' if his or her parents were seen to be inadequate or if the child was lapsing into crime (*State Children Relief Act 1881*, Tomison 2001).
- Neglect was used in legislation drawn along racial lines that resulted in the forced removal of Aboriginal children from their parents - the 'stolen generation' (Human Rights and Equal Opportunity Commission [HREOC] 1997)

# World Health Organisation

Neglect is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development.

This includes the failure to properly supervise and protect children from harm as much as is feasible.

# What does the literature tell us?

- Incidence and Prevalence - local & international
- Epidemiology – who is at risk?
- Intergenerational transmission of neglect
- How does neglect present? What do we see?
- How does neglect affect a child? life-course?
- What are “they” doing about it?

# What else does the literature tell us?

- Concepts: theories and hypotheses
- Frameworks for evaluation in broad terms (most child protection/ social work risk evaluations)
- Classification
- Intervention: (limited data)
  - What works?
  - What doesn't work?
- Prevention (primary, secondary and tertiary)
- Harm minimisation
  - Identification of at risk pregnancies and infants
  - Identification of cumulative harm

# What the literature DOESN'T tell us

- An agreed definition
- Reliable local data
- The cure “*No child will live in poverty ...*”
  
- How paediatricians can best assess suspected child neglect
- How to formulate an opinion – well reasoned, evidence-informed, based on solid scientific principles.
- How to present information and opinion to others
- How to argue for positive change

# Incidence and prevalence

- Definition of neglect varies between regions
- Neglect “clusters” with other types of CAN (not a mutually exclusive category, others take precedence when coding)
- Data capture varies between regions
  - Who captures the data?
  - Is it Accurate? Complete? Consistent?
  - Who uses the data? For what purpose?
- More data is available from developed countries

# Different patterns in different countries

In Australia, the United Kingdom and United States, rate of neglect appears to be highest for children under age five years (James 1994; UK Department of Health 2001; US Department of Health and Human Services 2003).

includes abandonment

Canada = children aged between 12 and 15 years + aged < three years = largest groups (Trocme et al. 2001).

included general behaviour problems,  
irregular school attendance

negative peer involvement (Trocme et al. 2001).

Australia = unlikely (anywhere) to categorise general behaviour problems or negative peer involvement as a form of neglect

# Paediatricians think: What IS neglect?

- Taking no notice of what? Failure to provide what?
- Is it more than omission?
- Is it the same as Cumulative Harm?
- Is it a continuum not a category?
- “I know it when I see it”
- My values and child’s circumstances “not good enough”  
(bias/prejudice/subject to outside influences)
  - Even at the severe end of the spectrum
  - Cultural factors are a HUGE problem in Australia

# Neglect: What is it? 1

## *Omission AND commission*

- 'extraordinary inattentiveness' of the parent or through deliberate actions on the parent's part (Cantwell 1997)
- deliberate actions (Trocme et al. 2001)
  - encouraging a child to commit a criminal offence
  - knowingly exposing the child to a person the caregiver knows may sexually abuse or exploit the child
  - keeping the child home from school
- medical neglect can result from failing to seek medical care or refusing medical care when offered (for example, blood transfusions)

California- severe neglect includes wilfully putting a child in danger (Center for Disease Control and Prevention [CDC] 2002).

More recent definitions and analysis focus on the consequences of the situation for the child, rather than on parental behaviour, motivation or intention (CDC 2002).

# Neglect: What is it? 2

## *Standard of care*

- Poor standard of care is a central tenant
- Implicitly include a moral judgement on what are adequate standards of care, safety and protection of the child.
- Quality of care of the child is considered as a continuum
  - there is agreement at the extreme end of the spectrum
  - debate as to what is 'good enough' parenting (CDC 2002).

## *Severity of consequences*

- Although neglect involves negative consequences for the child or young person, definitions vary in the level of severity of consequences for the child. Some definitions focus on the risk of serious danger to the health or safety of the child, while others focus on actual harm, impairment, or injury. 'Risk' is a poorly defined concept.

# Neglect: What is it? 3

- *Chronic versus one-off*
- A distinction has been made between chronic persistent neglect and single episodes (Tanner and Turner 2003).
- In the United Kingdom, neglect is defined as 'the persistent failure to meet a child's . . . needs' (Tanner and Turner 2003: 25).
- *Individual or community focus*
- In the majority of definitions of child neglect, it is presented as an individual problem, focusing on either the individual child or parent.
- critique of mothering (Swift 1995).
- role of fathers and other family members in child rearing has not been well recognised (Tanner and Turney 2003).

# Definitions vary between regions 1

## USA

- *Physical neglect:*
  - refusal of health care
  - delay in health care
  - abandonment
  - expulsion
  - other custody issues
  - other physical neglect including inattention to avoidable hazards in the home, or reckless disregard to the child's safety and welfare such as driving with the child while intoxicated or leaving the child unattended in a motor vehicle
- *Supervision:*
  - inadequate supervision: child left unsupervised or inadequately supervised for extended periods of time
- *Emotional neglect:* inadequate nurturance/affection
  - chronic extreme abuse or domestic violence
  - permitted drug/alcohol abuse
  - permitted other maladaptive behaviour
  - refusal or delay of psychological care
  - other emotional neglect
- *Educational neglect*



# Definitions vary between regions 2

## Canada

- *Physical neglect*  
*Medical neglect*  
*Abandonment*  
*Failure to provide necessary treatment*
- *Failure to supervise leading to physical harm*  
*Failure to supervise leading to sexual harm*
- *Permitting criminal behaviour*
- *Educational neglect*



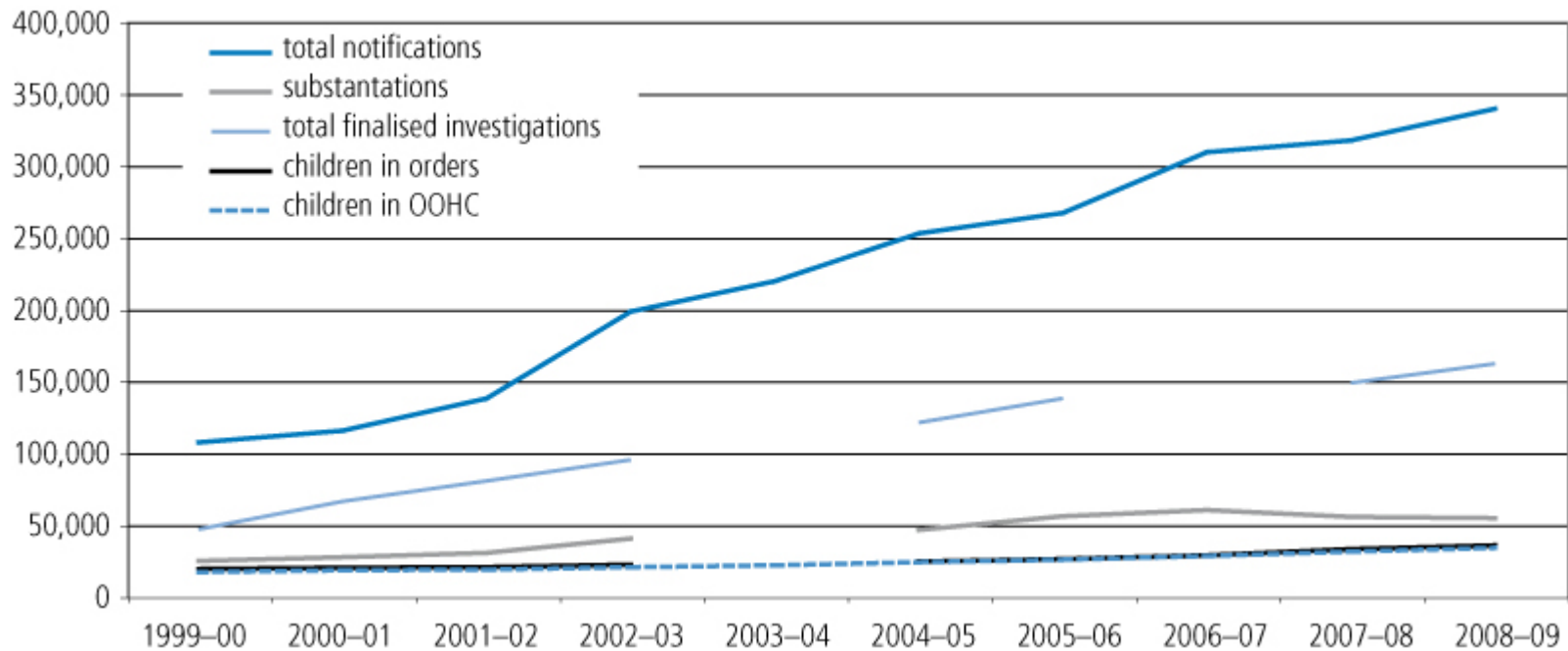
# Classification (NOT uniform in Australia)

- Abandonment
- Physical neglect
  - Food , shelter, clothing
- Medical
- Psychological
- Developmental
- Supervisory
- Failure to provide guidance
  - fostering delinquency



*Source:* Lawrence and Fattore (2002); Sankey and Lawrence (2003).

# Child Protection data

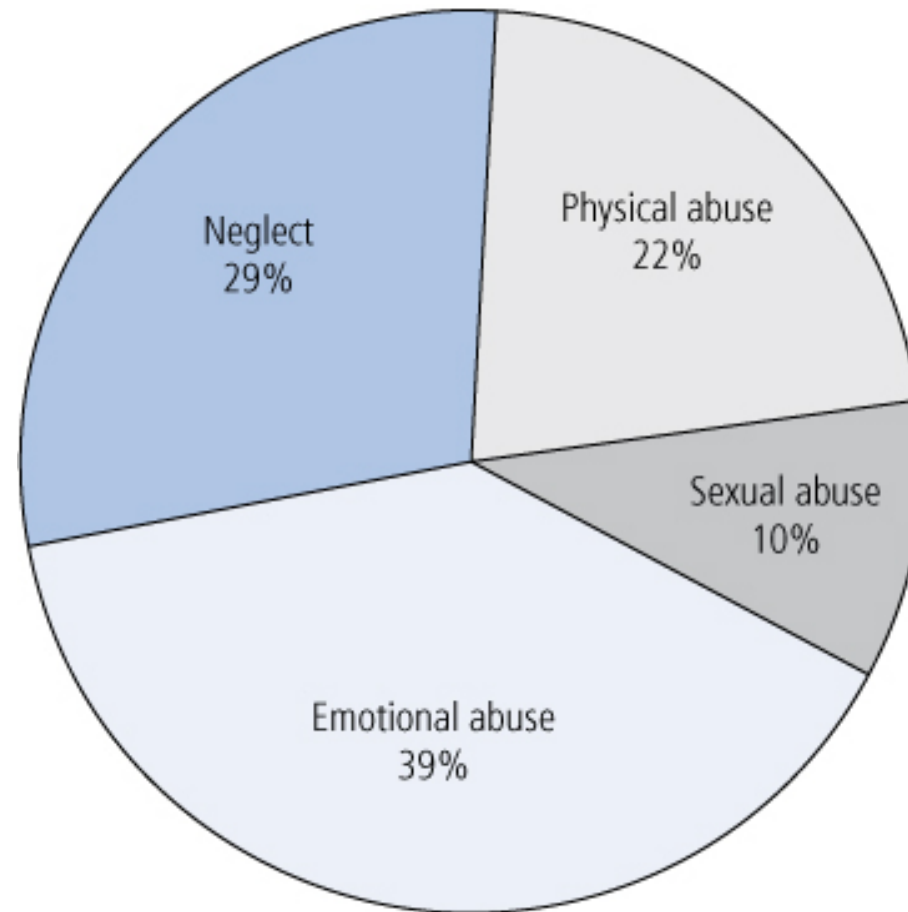


Source: AIHW (2010)

# Primary substantiated maltreatment types in Australian states and territories in 2008-09

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Australia
Emotional abuse	13,266	2,935	2,756	272	1,267	565	388	213	21,662
Neglect	10,381	518	2,174	631	802	388	341	344	15,229
Physical abuse	6,412	2,438	1,860	311	249	167	134	218	11,789
Sexual abuse	4,019	453	525	309	101	68	33	83	5,591
Total	34,078	6,344	7,315	1,523	2,419	1,188	896	858	54,621

# Breakdown of primary substantiated maltreatment types in Australia in 2008-09

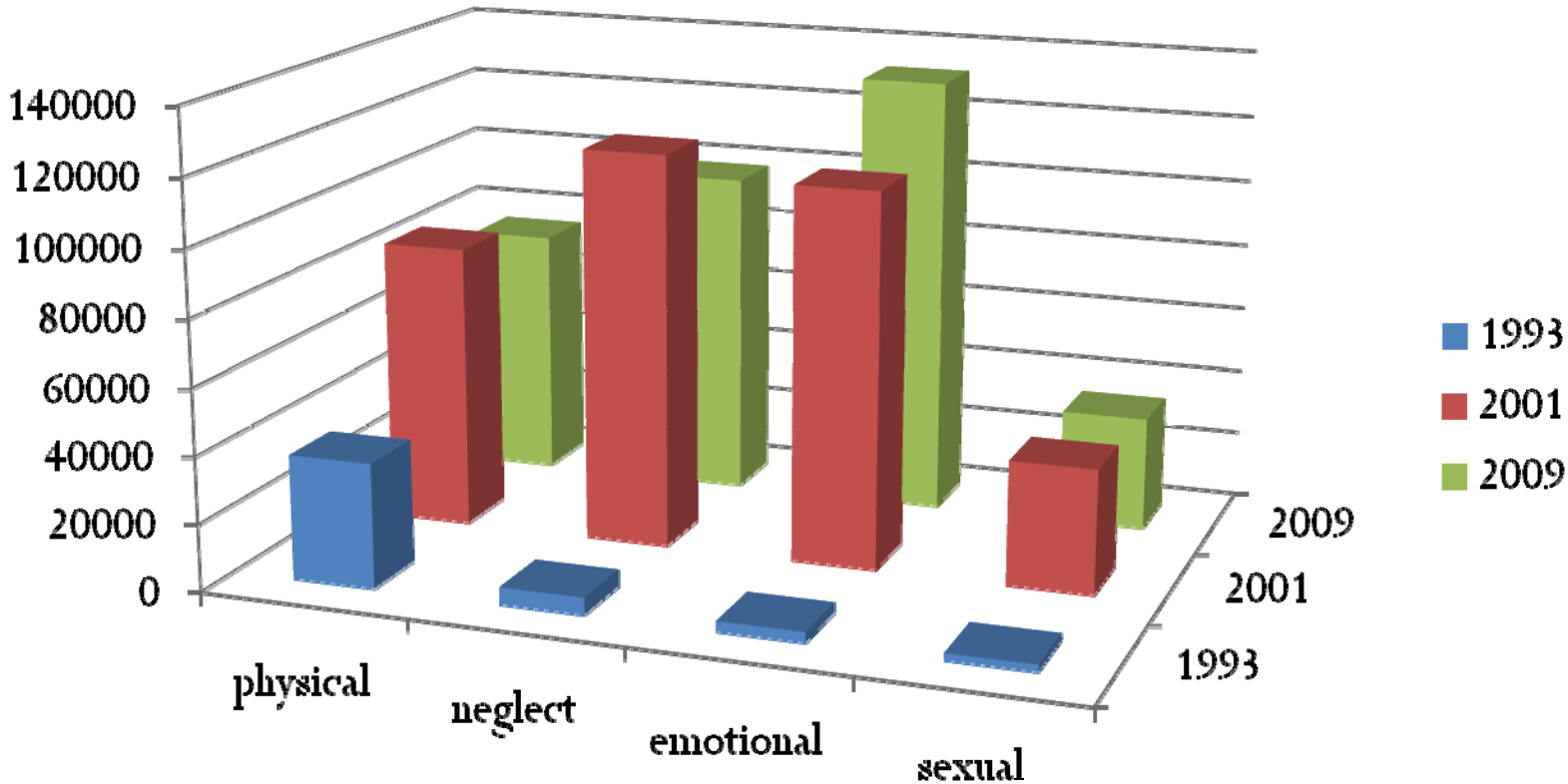


# ARACY fact sheet

- Australia-wide notifications increased 71 % and substantiations 35% between 2003 & 2009
- 54, 621 substantiations in 2009, 28% = neglect
- Associated factors
  - Domestic violence
  - Substance abuse
  - Poor parental mental health
  - Poor parenting practices (too permissive or authoritarian)
  - Poverty / poor neighbourhoods
  - Intergenerational factors (OOHC / IG transmission)

# Notifications to child protection

## Trends : 1993-2009



# State by state differences +++

- Definition
- Legislation
- Policy
- Models for intervention (philosophies)
- Programs
- Funding
- Staffing (which sector/skills), practices, monitoring, reporting, overall accountability
- Child Death Review....
- The list goes on.....

# Neglect 2008-9: Why is Victoria different?

## Notifications & substantiations

NSW	Vic	Qld	WA	SA	Tas	ACT	NT
213,686	42,851	23,408	10,159	23,221	10,345	9,595	6,189
30	8	30	40	35	35	40	38
38	10.8	37.8	49.3	35.7	26.5	36.7	43.4

TOTAL Number of notifications – Australia 2008-09

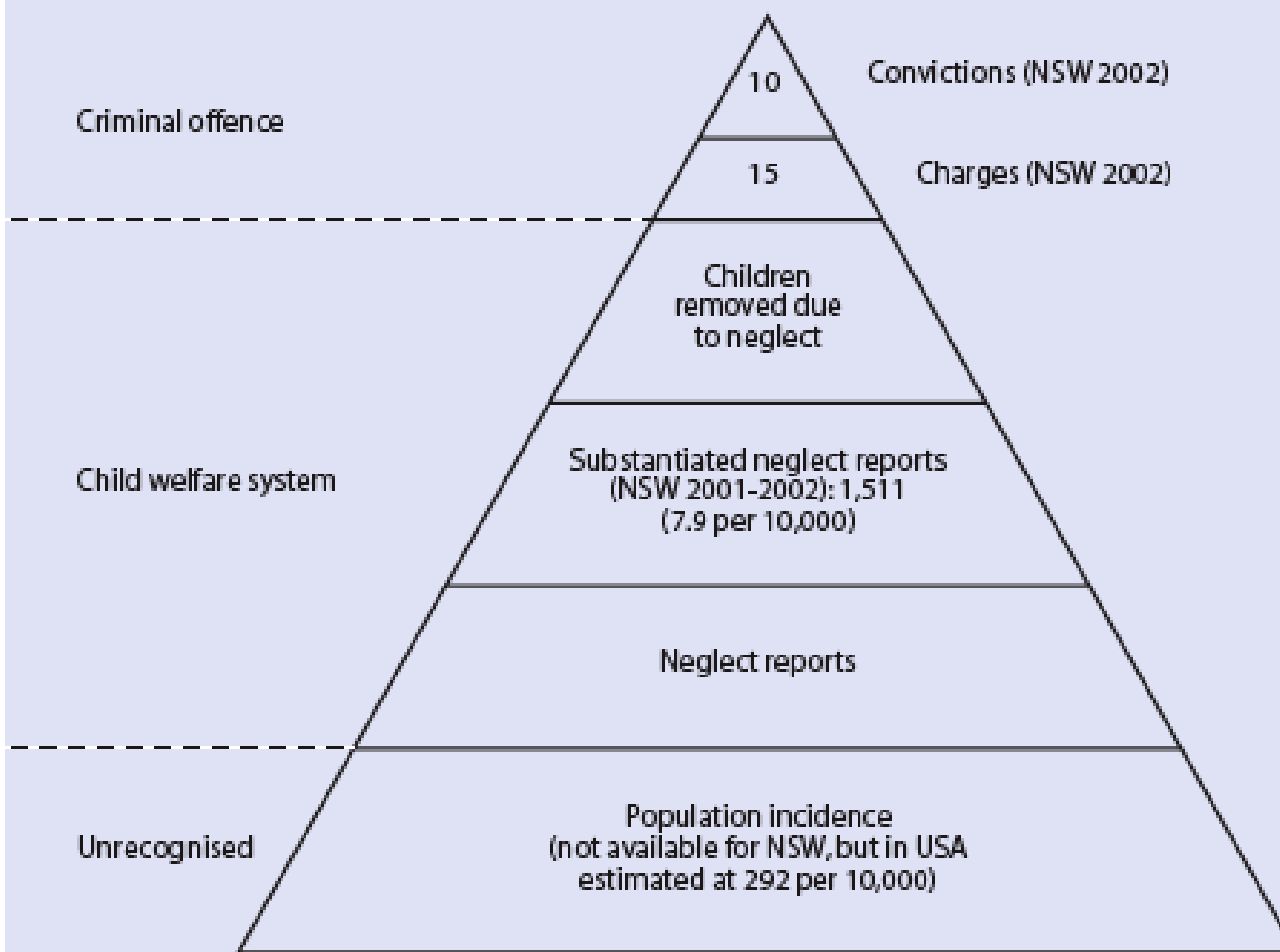
% Of all the notifications = neglect

% of all the substantiations = neglect

# NSW : criminalisation of neglect

Figure 1

Child neglect



# Victorian: “Innovations” model (welfare/support based + integrated)

Children, Youth and Families  
Act 2005

- Child Protection and Family Services
  - (includes Child FIRST)
- Children’s Court
- Youth Justice

Child Wellbeing and Safety  
Act 2005

- Principles for service provision to children and families
- Vic Children’s Council
- Vic Children’s Services Board
- Child Safety Commissioner

# Victorian model

Best interests of child principle

- Child development
  - Cumulative harm
  - Stability
  - Aboriginal children stay within culture and community
- 
- Early
  - Diversionary - to family (parent) support NOT statutory intervention
  - Aim = Reduce number of children entering OOHC

# What are “they” doing about child neglect?

## Who are “they”?

- Grass roots / communities / NGOs
- Individual and organisations - professional education and training (medical and psychosocial)
- Professional Colleges’ responsibilities
- Council / Area Health Board / State government
- Fed government policy and programmes (Nat Child Protection Framework)
- Research
- Alliances and partnerships / Advocates
- Foster parents

## What do “they” do?

- Consciousness-raising
- Fact-finding
- Education
- Surveillance
- Detection
- Response to better protect the child / minimise harm
- Monitoring
- Criminal justice response
- Child death review
- Prevention
- Therapeutic care/foster care /treatment

# What must I do about it?

- Inform myself (gain information)
- Understand
- Be alert to detect / recognise neglect and risk of neglect
- Respond to the individual child
  - Plan to intervene in the best (most effective) way
  - Evaluate
  - Recommend actions for me & others to take
  - Present a cogent and convincing argument
  - Write and speak clearly
  - Defend my opinion
- Join with others to work as one of “them”...

# How do I recognise child neglect?

- Is there something about the child I should recognise?
    - If so, what?
  - Is it all about their circumstances?
  - Is it partly about their history?
  - Are there things I should ask about?
  - Are there things I should look for?
- 
- How do I write a report?
    - An impressive one
    - One that **CHANGES** things for the better for the child

What can I do about it?

# Is there evidence in the child's story?

## Eg., Antenatal neglect of fetus

- Poor maternal health (eg Indigenous)
- lack of antenatal care
  - Screening, risk of complications, late treatment
- Alcohol – FAS (growing body of lit about harms to cognition)
- Cigarettes - IUGR, VSD, lower IQ
- Narcotics - neonatal abstinence syndrome, cognitive
- Stimulants / esp cocaine and amphetamines
- Poor nutrition, exposure to toxins,
- Exposure to violence (physical and ? additional impacts mediated via ACTH / maternal anxiety...)

# What does a neglected child look like?

- Physical signs
  - Growth and nutrition
  - Evidence of neglect
- Developmental signs
  - NB patterns of delays
- Emotional wellbeing
- Interpersonal relationships
- Behaviour
  
- NB NOT all the same!

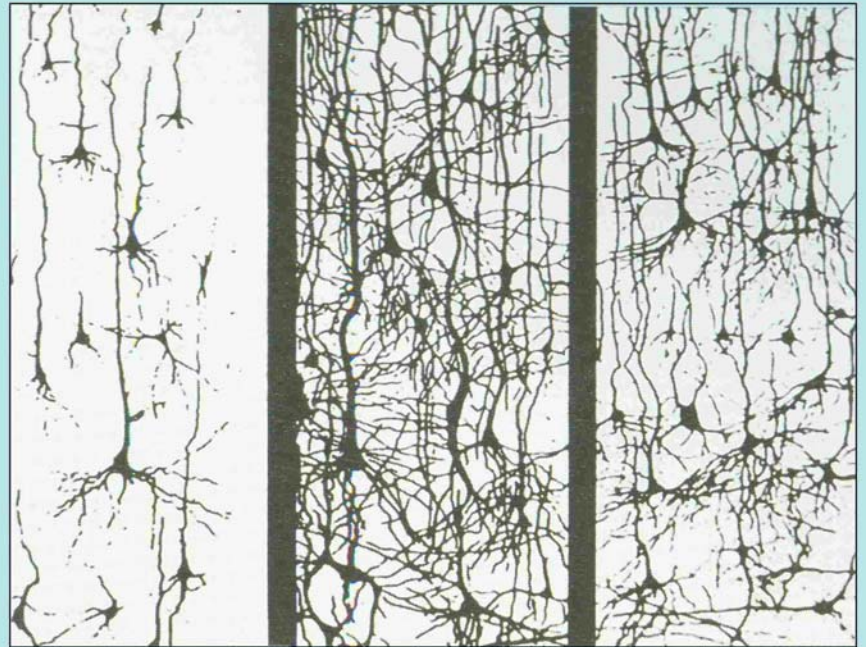


# Effects on brain development

Experience expectant  
synapses grow and there is an evolutionary expectation of regular human interaction and attachment behaviour that shape the connections.

Experience dependent  
shape of connections shaped by experiences, such as specific affective interactions (good or bad).

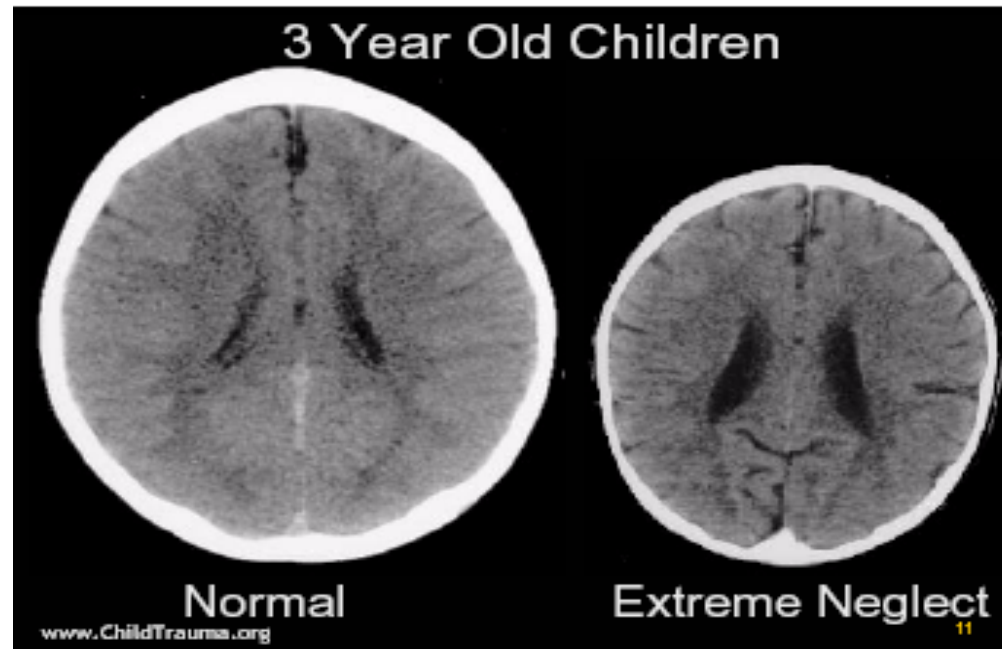
Stress also has a negative effect on the developing brain.



# Effects of neglect on Infants, toddlers and preschoolers

More severe developmental lags than physically abused or non-maltreated children, with the decline showing between 9 months and 24 months.

At 24 months lacked enthusiasm in problem-solving tasks, more angry, frustrated and noncompliant.



# Effects of neglect

## At 42 months

Poor impulse control, less flexibility and creativity in problem-solving, low self-esteem, withdrew. Rated by nursery as poor in social, emotional and academic functioning.

More likely to show insecure attachment, especially disorganised attachment  
Worst delays in expressive and receptive language.

Poor psychological care or physical care associated with lower IQ and less ability to engage in age-appropriate play.

Passive and withdrawn alternating with aggression.

Demonstrate less affection and initiate less play with mothers.

Causes highest rate of fatality due to maltreatment children 0-5.

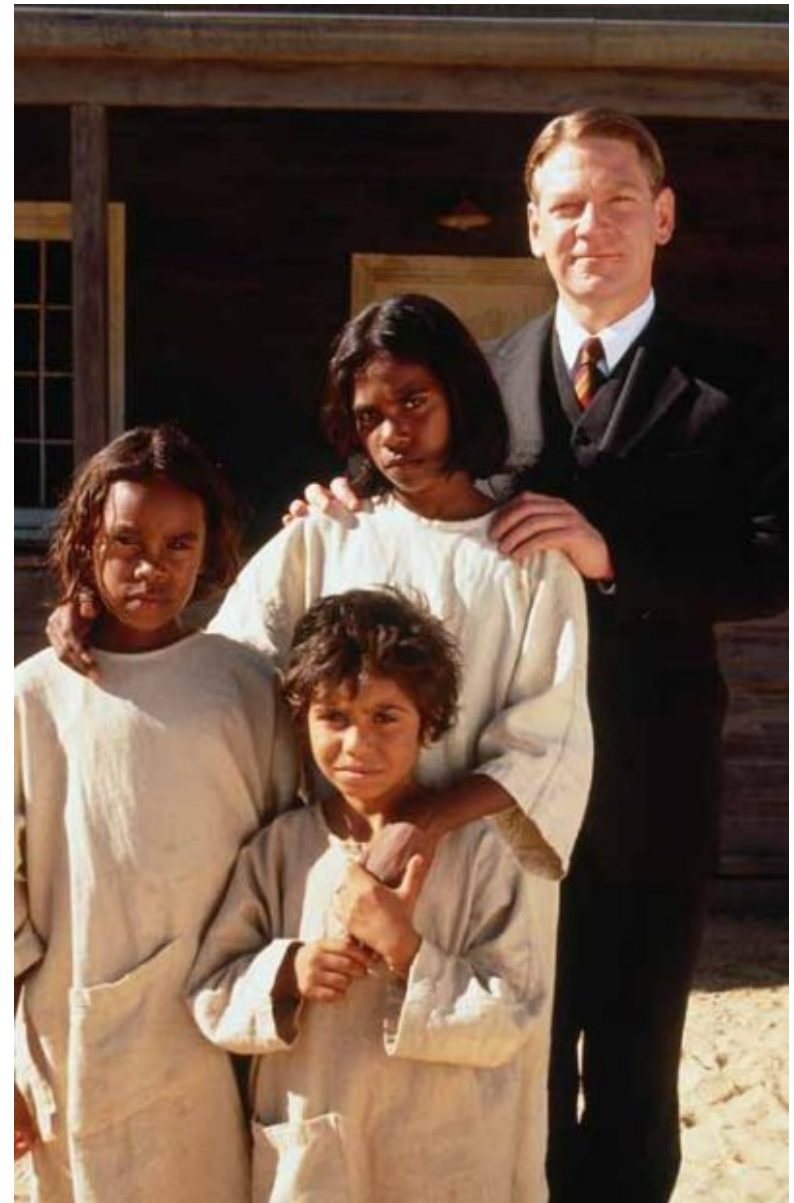


# Effects of neglect on older school age

Cognitive and academic deficits that are worse and more enduring than for other maltreatment.

Lower IQ, especially for lack of psychological care.

More school absence and rated more poorly by teachers.



# More effects of Neglect

- Weatherburn and Lind (2001) - juvenile delinquency in NSW could in part be explained by the level of child neglect.
- The consequences of neglect for the child include attachment and self-esteem problems, impaired cognitive development and impaired academic achievement (US Department of Health and Human Services 2003).
- Several large-scale longitudinal studies have shown that parental rejection of children, lack of a close emotional bond, lack of monitoring and inconsistent erratic discipline greatly increase the risk of later juvenile and adult involvement in crime
  - (Henry et al. 1993; Loeber and Southamer-Loeber 1986).

# Behaviours seen in neglected children

- Overly affectionate, keen to comply, “please love me” “I’m lovable”
- Indiscriminately affectionate
- Food hoarding and retaining food in mouth
- Vigilant
- Feral, exploratory, “uncontrollable”, “no limits”
- Self-reliant in an antisocial way (stealing, “sneaky”)
- Delinquent
- Poor interpersonal skills, lack of attachment
- Poor emotional self regulation (poor capacity to self soothe & self calm)
- Maladaptive responses to perceived threats
- Other behaviours related to exposure to harmful experiences (PTSD)

# How does neglect affect life course?

- Neurobiologic consequences
  - CRH
  - Gene-gene-environment interactions
  - Brain structure and function
- Self concept / personality style
- Psychological / psychiatric (esp PTSD, depression)
- Parenting capacity (and capacity for intimacy)
- Intergenerational transmission
- Health, substance misuse, longevity (ACE study)

# Intergenerational transmission

- Most do NOT repeat the pattern
- Some evidence to suggest style of neglect can be of a similar pattern but also seen after PA and CSA
- New York neglecting mothers – similar pattern of neglect of their offspring



Burnside Homes (orphanage) NSW

# Do I understand theories about the causes of neglect?

- Causation = lots of theories.....
- Ecological model(Bronfenbrenner)
- Confounding by poverty / adversity / disadvantage
- Does causation theory matter? (navel gazing?)
  - Does parental motivation or intent matter?
- How might it affect the paediatric assessment and recommendations?
- Is categorisation (labelling) helpful or might it deflect attention from the need for “here and now” action for THIS child?
  - Is Medical Neglect a special case for paediatricians?
  - ICD-10 Y06 Death from abandonment and neglect

# Neglect Assessment: Who is the focus?

## Child - Centred

- Harm
- Potential harm
- Physical evidence
- Other evidence
- Psychological and developmental effects

## Parent - Centred

- Care-giver behaviour
- Culturally determined
- Appropriate for child's development
- Regardless of consequences

# Framework for paediatricians

- Within a well structured medico-legal report
  - (professional & credible & authoritative)
- Chronology (child's life & current circumstances)
- What does this child need?
- What has he/she NOT obtained? (identify tangible omissions / evidence of neglect)
- What has been attempted (interventions) to meet this child's needs?
- What has been achieved? What failed?
- Why did it fail?
- What should happen now?

# 1. What does the child's story tell us?

- Chronology
- Then list
  - adverse experiences
  - adverse circumstances
  - Risks / Vulnerabilities (ecological model)
  - Protective factors (ecological model)
- Then list
  - Interventions already used – and outcomes

# Ecological framework

## Vulnerabilities (Risks)

- Child
- Parents
- Other family
- Neighbourhoods/ communities
- Local region supports (include Health and Education)
- Governments (policy&programs)

## Resilience (protective)

- Child
- Parents
- Other family
- Neighbourhoods/ communities
- Local region supports (include Health and Education)
- Governments (policy&programs)

# Other important information

## Legal intervention

- Orders (type of order, date duration, current status)
- Child Protection intervention not culminating in Court (outcomes of notification)
- Child FIRST referrals (when, to whom, why)

## Support and other intervention

- NGOs
- Health agency involvement (current status)
  - Preventive health care includes immunisation, dental care, routine MCHN visits developmental screening
- Education
  - Attendance, academic achievement, compliance with recommendations
- Councils and Government programs
- Child care and child development activities (eg early intervention playgroups, after school activities..)

## 2. What do the child's examination findings tell us?

### Physical Evidence of Neglect

- Clothing
  - dirty, smelly, needing repair
  - ill-fitting, especially shoes
  - inappropriate for the weather
- Skin
- Hair
- Nails
- Infestations (scabies etc)

- Growth, centiles
  - failure to thrive
  - psychosocial dwarfism
  - obesity (v few!)
  - growth failure with catch up growth in alternative care (FTT)
- Some instances of microcephaly



# Physical Evidence of Neglect 2 (Teeth)

- Dental caries
  - generalised
  - “milk bottle” caries
- Untreated dental injuries
  - tooth pushed into gum
  - avulsion injury
  - fractured tooth, exposed nerve
- Orthodontic



# Occasionally medical tests = informative

- Micronutrient deficiency – Fe deficiency, Ca , Vit D,
- General health assessment might identify underlying illness (population at risk of chronic ENT, Resp and GIT diseases)
- Infestation
- Exclude alternative diagnoses for findings

# Developmental Delay associated with neglect

- May affect all areas of development (global)
- May have good gross motor skills but poor FM, language and personal-social skills (“the feral intrepid explorer”)
- less adept at activities requiring teaching and practice
  - scissors
  - writing

*XXX had a vocabulary of 7 words at the age of 21 months. These words included “shit” and “fu..”.*

# Intervention

Effective intervention to remedy child neglect must be based on a comprehensive assessment of the neglectful family, with attention to the type of neglect and to the contributing causes at the individual, family, neighbourhood, and community level..

Gaudin 1993

Direct intervention with children can be the most effective form of intervention...

Therapeutic day care services proved to be the most effective service for both the neglected and physically abused children....

# What does a child need? – a checklist

- Nurture & attachment (positive relationships that build ego strengths, capacity for intimacy & emotional self regulation)
- Stability
- Stimulation
- Physical care (shelter, warmth, food, clothing)
- Safety (avoidance of hazards – physical and psychological)
  - Protection from trauma and adversity
  - Action to rectify problems when they arise
- Moral / spiritual / values guidance
- Health
- Education
- Friendships and activities to foster social connectedness
- .....+ more

# What PROOF exists that this parent has been /currently is INCAPABLE of meeting all of this child's needs?

THIS concept can help you make USEFUL lists

- 1. In the past, she /he did not provide... failed to.....
- 2. Currently appears to be incapable of providing adequate...
- 3. Reiterate : Child's unmet needs are therefore...

WHY seek so much detail? Because you need to identify the ingredients that must be supplied IN ORDER FOR this child to have their needs met, X, Y and Z need to occur. (This forms the basis for your recommendations)

# Why bother seeking the “contributors”?

- All forms of neglect are NOT equally harmful.
- The process helps identify risk of potential serious harm
- In identifying the contributing factors, we are starting to develop a (targeted) plan for intervention.
- All interventions are NOT equally successful

How do we know that neglect is bad for children?  
You could reference the National Child Protection Framework statements about the harmful effects on children of exposure to parental mental illhealth, drug and alcohol use, violence...



# Strategies for intervention

- Evaluate risks, needs, strengths
- Increase social networks and supports
- Individual work with parents
- Child focused interventions
- Monitoring and reappraisal
- Modify interventions according to need
- Tolerate dependency on support systems while increasing parental capacity and independence (it's a journey)
  
- EARLY = PRENATAL and Mother-baby/Father-baby and family focused interventions that BUILD capabilities and strengthen attachment

# What outcomes might be anticipated if no action is taken?

This is the list of Potential harms

- If ... then ...

Examples

- If this child remains unimmunised then she remains at risk for contracting serious childhood infectious illnesses and she will be excluded from school (further jeopardising her learning and peer relationships) in the event of an outbreak of infection such as measles.
- If

# How do I put it together?

This child needs

- A
- B
- C
- D
- E
- F

This child obtained

- A
- D

This child did not obtain/does not have

- B
- C
- E
- F

State tangible evidence of neglect

# Who, how and why?

This child obtained

- A because .....
- D because .....

This child did not  
obtain/does not have

- B because ...
- C because .....
- E because .....
- F because .....

Because =

- Who provided it?
- Is/was it barely adequate or excellent? (Is there room for improvement?)
- Who helped?

# Recommendations

- THIS IS THE MOST IMPORTANT PART OF YOUR REPORT
- The list of recommendations should flow from the logic used to identify the actions needed to meet the child's needs.
- Be explicit
- Be firm and clear Eg., “I recommend that ....”
- Use lots of verbs
- Avoid “soft” “fuzzy” generalisations
- Give expected time frames. Eg., “within the next 6 weeks ...”
- Suggest review by someone who can successfully monitor progress

# Examples

- 1. Catch up immunisations. Dr XXX at VVVV clinic (telephone number) is able to provide this. I recommend that an appointment is made with Dr XXXX within the next two weeks.
- 2. Repeated exposure to violence within the home can have significant and long lasting negative effects on children's development and psychological wellbeing. I recommend that (Father) is referred to men's group at the BBB Community Health Centre (telephone) to improve his anger management skills, that (Mother) is referred to CCC Counselling service and that both parents are referred to (Relationships Australia, telephone) in order to address problems associated with communication and conflict resolution.
- He has lived in 5 "placements" within the last 3 years. I recommend that Child Protection consider this child's urgent need for stability of placement.
- DO NOT overstep the line to usurp the role of the Children's Court.

# A “special case”: Medical Neglect

Definition of Medical Neglect Dubowitz 1999

Actual and potential harm  
to a child  
due to lack of health care,  
whatever the reason

# Types of medical neglect

- Failure to prevent illness
- Failure of health screening
- Failure of health surveillance
- Failure to seek medical care
- Failure to investigate illness
- Failure to treat illness
- Failure to identify and treat psychological illness
- Dental neglect (pain, infection)

# Medical Neglect 1.

## Illness misinterpreted

- Not recognised
- Recognised but thought child only had minor problem - no treatment
- Recognised but response inadequate
- Recognised seriousness but optimistic, thought child would get better

## Refusal of medical treatment

- Mistrust, adversarial attitude
- Disbelief re illness severity
- Religious expectation of miraculous healing



Dubowitz 1999

# Medical Neglect 2.

Non-adherence to medical recommendations

- Only if actual or probable harm
- Only if significant benefit from treatment is probable
- Even if a single or rare event
- Even if an excuse exists



Dubowitz 1999

Nonorganic failure to thrive

- Inadequate growth where the primary contributors are psychosocial not medical or genetic

# Medical Neglect 3.

- Blends into other forms of neglect?
- Inadequate nutrition and stimulation
- Inadequate preventative health care
- Exposure to noxious/harmful toxins that damage the child's health and growth (failure to prevent exposure to toxins)
- Inadequate medical investigation and treatment

## Prevalence?

- Not separated from “neglect” total
- USA child abuse fatalities (total) in 2001
- 36% = neglect (+22% = PA + neglect)
- 41% < 1 year old, 44% 1- 4 years
- no agreed definition of medical neglect
- ? notifications

# Possible “Causes” of Medical Neglect

- Care-giver
  - values, temperament
  - ignorance
  - ill will towards child
  - mental illness, depression
  - drug use, ill health
  - lack of resources
- Child has additional needs
- Societal factors



Hobart free kindergarten 1911

# “Causes” of Medical Neglect

## Care-giver's Values

- Parents do not have high regard for conventional medicine
  - Conscientious objection (eg vaccination)
- Parents have higher regard for alternatives
  - Belief in alternative therapies
  - power of prayer
- Parents wary of harm from medical care
  - Jehovah's Witnesses

## Care-giver ignorance

- lack of knowledge of child development
- lack of knowledge of normal child behaviour
- lack of knowledge of safe equipment and standards of care to prevent accidental childhood trauma
- lack of knowledge of community resources
- (NB intellectually disabled parents)

# “Causes” of Medical Neglect

Care-giver’s ill-will towards child

- child rejected, scapegoated, despised
- child intentionally deprived of basic needs
- child = too costly, not worth it
- “depraved indifference” to child’s suffering
- sadistic
- NB POOR PROGNOSIS

Care-giver’s mental illness (Depression)

- parent less capable of empathy
- less energy to attend to child’s physical and emotional needs
- parent feels detached from child (and world)
- “black” view of the future, including the child’s future “why bother?”

# “Causes” of Medical Neglect

## Drug-use or care-giver’s ill health

- parent rendered less able to respond to child’s needs
  - less empathy with child, own needs = priority
  - less energy to meet child’s needs
  - less time
  - less money?

## Lack of Resources

- personality of parents = less capable
  - lack empathy
  - self centred
  - isolated from family and friends
- financial (poverty)
- social isolation (lack support)
- lack of community support and assistance

# “Causes” of Medical Neglect

Child has additional needs

- physical disability (cerebral palsy)
- intellectual disability
- attentional difficulty (ADD)
- behavioural difficulty (ODD)
- attachment / social difficulty (autism)
- child's ill health
- unattractive appearance / other factors

NOT the care-giver's fault

- Lack of access to medical services
  - geography (transport)
  - language
  - culture
- Dr unclear re advice, talks “medicalese”
- Costs for medical services prohibit access to the poor (part payment / co-payments)

# Failure to Prevent Ill Health

- No antenatal care
- No vaccination - prevents some infections
- No surveillance of child's development
  - minimise developmental delay
- No surveillance of health and growth
- No early intervention re behavioural problems
- Failure to avoid toxins and dangerous behaviours

# Failure to Immunize

- Conscientious objection
  - Aware of pros and cons
- Alternative beliefs
  - Homeopathic “immunisation”
  - Religious beliefs – the power of prayer
- Ignorance
- Not a priority
  - Didn't get around to it

# Failure to attend for developmental surveillance

- Squint / Vision
  - Not evaluated (could be retinoblastoma)
  - Not treated (could lead to amblyopia)
  - Glasses not worn (child not seeing well)
- Hearing
  - Not evaluated (sensorineural deafness)
  - Not treated (cholesteatoma, meningitis)
  - Aid not worn (hearing deteriorate?)

# Failure to attend for developmental surveillance

- Developmental screening
  - MCHN
- Not evaluated by paediatrician
  - Familial factors not identified, sibs born
- Not investigated
  - Hypothyroidism not treated
- No early intervention
  - Delay increased?

# Dental Neglect

- Incidence - 49% of USA 4 year olds had caries
- Fluoride significantly reduces incidence of dental caries
- “Milk bottle caries” or “fruit juice caries” seen in toddlers put to bed with a bottle.
- Decay spreads
- Dental caries can be PAINFUL!

# Failure to attend to child's psychological needs = “psychological neglect”

- IDEALLY

- Child feels valued
- Child feels heard
- Child is connected to others, has sense of belonging
- Child has +ve self worth, self esteem
- Child is capable of coping when things go wrong, displays self control
- Child has strategies to “fix problems”

# Proforma

- See [www.vfpms.org.au](http://www.vfpms.org.au)
- The “Neglect proforma” might provide a useful structure for recording information and formulating an opinion.
- See also psychosocial assessments: clinical practice guidelines