

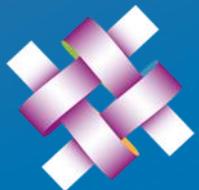


# Neglect

## a health care perspective

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# Neglect – Outcomes for children

We know that children who are neglected have some of the poorest emotional and cognitive outcomes, are at high risk of accidents and are vulnerable to sexual abuse.

‘The possibility that in a very small minority of cases neglect will be fatal, or cause grave harm, should be part of a practitioner’s mind-set. This is not to be alarmist, nor to suggest predicting or presuming that where neglect is found the child is at risk of death. Rather, practitioners, managers, policy makers and decision makers should be discouraged from minimizing or downgrading the harm that can come from neglect and discouraged from allowing neglect cases to drift.’ (Neglect and Serious Case Reviews; Brandon et al 2013)

# The Health Economy in Suffolk



School Nurse



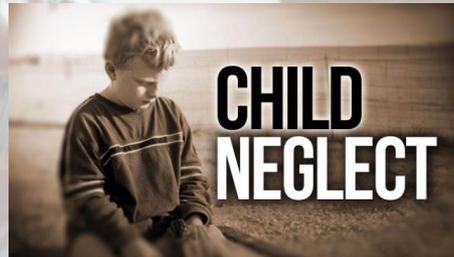
Health Visitor



Family Nurse Partnership



Sexual health services



Hospitals & Community Paediatrics



Primary Care



Allied Health



Midwife



Mental health & wellbeing services

# **Neglect – reflections from health care**

- Maternity Services
- Family Nurse Partnership
- Hospitals
- Health Visiting and School Nursing

Sub-areas	1 Child priority	2 Child first	3 Child & care equal	4 Child second	5 Child not considered
<b>5. Health</b>	Compliance = accepting professional advice at any venue and carrying out advice given.				
<b>a. Opinion sought</b> 	Not only on illnesses but also other genuine health matters thought about in advance and with sincerity.	From professionals/ experienced adults on matters of genuine and immediate concern about child health.	On illness of any severity. Or frequent unnecessary consultation and/ or medication.	Only when illness becomes moderately severe (delayed consultation).	When illness becomes critical (emergencies).
<b>b. Follow up</b> 	All appointments kept. Rearranges if problems.	Fails one in two appointments due usefulness or due to pressing practical constraints.	Fails one in two appointments even if it of clear benefit for reasons of personal inconvenience	Attends third time after reminder. Doubts its usefulness even if it is of clear benefit to the child	Fails to keep appointments despite reminders. Misleading/ inconsistent explanations for not attending.
<b>c. Health checks and immunisation</b> 	Visits in addition to the scheduled health checks, up to date with immunisation unless genuine reservations.	Up to date with scheduled health checks and immunisation unless exceptional or practical problems. Plans in place to address this.	Omission for reasons of personal inconvenience, takes up if persuaded.	Omissions because of carelessness, accepts if accessed at home.	Clear disregard of child's welfare. Blocks home visits.
<b>d. Disability/ chronic illness</b> (3 months after diagnosis) 	Compliance excellent, any lack of compliance is due to pressing practical reason. Compassion for child's needs.	Any lack of compliance is due to difference of opinion, or pressing practical reason. Compassion for child's needs.	Compliance is lacking from time to time for no pressing reason (excuses). Shows some compassion for child's needs.	Compliance frequently lacking for trivial reasons, very little affection, if at all. shows little compassion for child's needs.	Serious non-compliance, medication not given. Can lie, inexplicable deterioration. Shows no compassion for child's needs. 5

# Noticing the neglected child

- Neglected children rarely ask for help on their own behalf
- The experience of neglect is likely to erode the capacity to seek help
- Children who are neglected may have little experience upon which to gauge what more effective parenting would feel like

# Recognising parents' need for help

- Parents often find it difficult to ask directly for help
- Parents who misuse substances often have low self-efficacy
- They are likely to be fearful of losing their children
- They may be experiencing domestic violence

# What prevents practitioners from acting?

- Neglect is often hard to evidence than other forms of abuse
- Parenting can be inconsistent – neglectful at times and not at others. This give practitioners hope that support can make a difference so it is provided for longer and can prevent issues being properly addressed
- It can take time for practitioners to build a picture of the impact of neglect on the child
- Practitioners often find it hard to know when to say “enough is enough”
- Concerns about being judgemental and imposing personal values on poor families
- Concerns about damaging relationship with parents

# We all have a role

- Professional curiosity
- What is it like for this child in this family?
- Respectful challenge
- Keep the child at the centre
- Avoid the 'start again' syndrome
- Ensure attention to the issues affecting parental capacity
- Ensure attention to a child's unmet needs
- Monitor whether the child's life improves