

Handout

Introduction

Definitions of neglect are numerous and contested (Howarth 2007). This raises a number of issues that need to be considered in relation to assessing and understanding the needs of neglected children and young people. Different people (whether they are parents, professionals or children themselves) may have different views on what it means to be neglected. This may result in a number of difficulties in practice, including disagreements about which children might be deemed to be “in need” due to neglect and when does a practitioner have the right or duty to intervene.

Neglect has been described in England as:

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs
(HM Government 2010, p. 38.)

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One aspect shared by the majority of definitions is that neglect is an act of omission. It is a failure to do something, to act or to care adequately for a child or young person. Whoever is providing the care, chronic neglect can be viewed as the 'sustained and chronic breakdown in the relationship of care' (Tanner and Turney 2003, p.26) This is in contrast to common definitions of abuse, which can be viewed as acts of commission with a degree of intentionality. Regardless of intent, neglect is seen to occur when a child or young person's needs are not met. However, different professional definitions of neglect can affect the way that way in which it is understood and responded to, often resulting on an emphasis on physical neglect and a failure to recognise the emotional component (Taylor and Daniel 2003). Howarth (2007, p.27) offers a helpful reminder of the specific needs which are often subsumed under the banner of the failure to meet "basic needs":

- **medical neglect**
- **nutritional neglect**
- **emotional neglect**
- **educational neglect**
- **physical neglect**
- **lack of supervision and guidance.**

Children and young people who are neglected and their parents are unlikely to seek help from child welfare and protection services (Department of Children Schools and Families 2009). Although parents and children may signal neglect to professionals this may often be done indirectly and skill is required on the part of practitioners to find ways of supporting children and adults to discuss their needs and experiences. Services for neglected children and young people need to be easier for them to access. As well as requiring us to think about the way that services are delivered, this also requires us to think about the way that neglect has an impact on children and young people's ability to use the supports which are available to them.

Most people working on behalf of vulnerable children and young people would be familiar with the characteristics of physical neglect. For example, a teacher may see the same siblings again and again with infestations of head lice. A Health Visitor may see an infant with chronic nappy rash. A police officer may see a 7 year old girl out late at night to buy cigarette papers for her mother and a social worker may visit a family where the house is cluttered with poorly trained pets, broken toys and takeaway cartons. Practitioners may recognise that these children are in need but may not know how to respond effectively to these needs. In any instances, the intractable, intergenerational nature of neglect can lead to inaction. Correlations between neglect and poverty, combined with the sheer numbers of children and young people who could be classed as 'neglected', can lead to practitioners becoming overwhelmed (Graham 1998).