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Children Experiencing Neglect

Definitions

Children First, the National Guidelines for the Protection and Welfare of Children¹ defines child abuse in four different categories:

- Neglect - where a child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, or medical care.
- Emotional abuse - where a child's needs for affection, approval, consistency and security are not met.
- Physical abuse - any form of non-accidental injury that causes significant harm to a child.
- Sexual abuse - when another person uses a child for his or her gratification or sexual arousal, or for that of others.

Neglect is the most common form of abuse and is the main reason the majority of children are taken into care². The interpretation of the definition of neglect is very subjective and can lead to wide variation of responses from professionals as can be seen from the recent Roscommon child protection case.

Affects of Neglect

The consequences of abuse on a child can be long lasting and varied depending on the severity, the frequency of the abuse, the age of onset and the relationship between victim and abuser. It can affect every aspect of a child's development – psychologically, physically, educationally and socially.

Neglect arises from unresponsive parenting, emotional unavailability of parents and / or inconsistent care. This can result in children developing insecure attachments, having low self esteem, and impaired social competence³. Developmental delay, particularly language development, is common due to lack of trust in their environment. It is stated children who experience neglect fare worse than those who have been physically abused⁴. The longer term effects can include depression, fear, delinquency, lower educational attainment and can impact on children's ability to form satisfying long term relationships of their own.

Early depriving experiences can set up a cycle of events that can reinforce the ill effects of those early events. It is the quality of relationships within the family that is the main determinant of how successfully a child will overcome incidences and experiences of abuse and neglect.


Scale of Reported Concerns in Ireland

¹ Department of Health and Children (1999) *Children First, National Guidelines for the Protection and Welfare of Children*, Dublin

² Ferguson, H and O'Reilly, M (2001) *Keeping Children Safe; Child Abuse, Child Protection and the Promotion of Welfare*, Dublin

³ *Understanding and Working with Neglect* (2005)

⁴ Corby, B(2005) *Child Abuse – Towards a Knowledge Base*, Open University Press, Maidenhead, UK



The overall number of reports to social work departments rose from 18,438 in 2004 to 21,040 in 2006. These are divided between Child Abuse Reports and Child Welfare Reports and are the most recent statistics available in this area. The number of Child Abuse Reports increased slightly from 8,724 in 2004 to 9,461 in 2006. After a screening process of the 9,461 child abuse reports, 6,299 went on to have an initial assessment and there were ongoing child protection concerns with 4,063 of these cases. The outcome of these 4,063 cases were 1,797 cases with confirmed abuse, 365 were confirmed non-abuse or unfounded, 1,023 had an inconclusive outcome and 878 have an assessment on-going⁵.

In 2006, there were 5,247 children in the care of the HSE. Of these, 4,595 children were in foster care and 408 were in residential care⁶. Over 38% of children in care were in care for 5 years or more, 40% were in care between one and five years and 21% were in care for less than one year. It is quite common for many of these children to have more than one previous placement⁷.

Unpublished Health Service Executive figures show that a total of just over €135 million was spent on residential placements for about 400 children in the care of the State during 2007. Of this, some €30 million was spent on just over 100 children in privately-operated facilities around the State. The cost of foster placements in 2007 was €98 million. The cost has been rising in recent years, in line with the HSE policy of prioritising foster care.

Need for Early Intervention and Prevention

Through Barnardos' work with children and families we know that State intervention in cases of familial abuse and neglect frequently occurs only when the situation has escalated or an emergency has arisen. This is largely due to lack of resources and capacity to engage with families at risk at an earlier stage. This results in children at low risk being overshadowed for children at high risk.

This crisis management approach is in contravention of much legislation and policies around child protection underpinned by the theory that supporting families is essential to supporting children. The Office of the Minister for Children and Youth Affairs' Agenda for Children's Services 2007 emphasises a partnership approach to working with children, their families and communities. It places supporting families at the centre of child protection and welfare services and places strong emphasis on assessment and evaluation to ensure the appropriate supports are in place.

Barnardos welcomes this development as it links with our belief that most families can solve many of their own problems if the appropriate and adequate supports are given. Support to families should operate along a conceptual continuum of child welfare, child protection, juvenile justice and mental health. A method of engaging with families at risk at an early stage is the Differential Response Model (DRM) that is operational in parts of the USA, New Zealand and Canada. A similar approach is being undertaken in the Western Health and Social Services Board in Northern Ireland⁸. This type of preventative family support contributes to supporting parents and promoting their confidence and competence in parenting. It focuses on the assessment of needs and follow-up family support provision whilst in tandem continuing to retain traditional investigation processes into more serious cases of child abuse.


Within the DRM model interventions need to be flexible and available. In essence a co-ordinated response from statutory and non-statutory agencies working together with families is central to its success. Emphasising family strengths rather than focusing on limitations and problems is


⁵ Health Service Executive (2008) Review of Adequacy of Services for Children and Young People

⁶ Department of Health and Children (2008) Child Care Interim Minimum Dataset 2006

⁷ Health Information and Quality Authority (2007) The Placement of Children aged 12 and under in Residential Care in Ireland, Department of Health and Children, Dublin

⁸ Deirdre McMahon, presentation on 'The Experience of the Western Health and Social Services Board', made to Children's Acts Advisory Board seminar on 22nd May 2008





important⁹. Families are more likely to accept help and address root causes of neglect if no investigative measures are taking place into allegations of abuse. All early intervention and preventative work with families should also include direct work with children. They are best placed to help professionals understand their situation; it also provides an opportunity for professionals to monitor children's progress in relation to the work with parents¹⁰.

Such a model of working with families requires sustained increased statutory funding to ensure availability of interventions when required, sufficient number of trained professionals to assess and determine the level of need within the family and widespread co-operation at an interagency level for delivery of interventions. However, the capacity to investigate fully any child protection concerns that arise must not be compromised.

Shortcomings of Current Statutory Interventions

While this commitment to an enhanced partnership approach is present at policy level, the reality for many families and children needing assistance can be very different. While it is recognised that there are multiple causes of abuse and neglect, often the interventions and supports offered are reactive and aimed at resolving the immediate safety concerns rather than addressing the underlying issues.

Issues of inadequate assessments of need, lengthy delays, unavailability of services in certain geographic areas and staff shortages all have a negative impact on children trying to cope or overcome incidences of abuse and neglect.

At a practitioner level, it has been identified that there are difficulties and variations in relation to the implementation of the Children's First guidelines arising from local variation and infrastructural issues. There is also a lack of clarity about responsibilities in relation to reporting concerns¹¹. These issues leave vulnerable children with inconsistent and varied levels of support and intervention.

Within the HSE the absence of a 24 hours social work services means that supports are not always there for children when needed, especially in response to an emergency situation. Children are potentially left in further danger because of the lack of appropriate emergency supports.

The consequences of staff shortages at both hospital and community level means children at risk of abuse and neglect are left waiting for services and possibly placed in increased danger. For this already very vulnerable group of children the failure to provide sufficient and adequate supports has a negative impact on their development as these cases demonstrate:

- In inner-city Dublin, more than 200 vulnerable children don't have assigned social workers because of a lack of staff¹²
- 13% of children in foster care have no dedicated social worker, which is in breach of national standards for foster care. In some parts of the country about half of children do not have an allocated social worker - Louth (58%), Sligo/Leitrim (49%) and Wicklow (43%)¹³.
- Children are staying in residential care for much longer than necessary due to a lack of active ongoing care planning or searching for alternatives such as fostering or reunification with family or siblings¹⁴.

⁹ Dubowitz, H (2007)

¹⁰ Understanding and working with neglect (2005)

¹¹ Office of the Minister for Children and Youth Affairs (2008) National Review of Compliance with Children's First: National Guidelines for the Protection and Welfare of Children

¹² Irish Association of Social Care Workers – annual conference

¹³ HSE statistic quoted in Irish Times 13th January 2009



- Children in care are regularly being inappropriately placed in hospital beds because of a lack of suitable care beds in areas such as Donegal, Longford and Westmeath¹⁵.
- Children who have experienced abuse are more likely to suffer from a mental illness, yet over 3,600 children are on waiting lists for a psychiatric assessment with 1,000 waiting more than a year¹⁶. Almost 200 children were placed in adult psychiatric hospital wards, some as young as 14 years, as no child appropriate settings were available.

Recommendations:

- Adopt the Differential Response Model to the Irish situation, with full commitment of resources and personnel to enable effective preventative work to be carried out in partnership with agencies and families.
- Establishment of a 24hr nationwide social work service as a matter of urgency
- Full implementation of the stated national child care policy on the placement of children aged 12 and under with families or in foster care rather than in residential care.
- Increase the usage of the Family Welfare Conference approach in all appropriate child protection and child welfare cases. This method allows families to devise their own support plans, greatly increasing the likelihood of success.
- Buildings used for residential care should be appropriately equipped to meet the needs of the children.

Barnardos Childhood Poll 2007

To address the absence of what parents think constitutes child abuse and neglect. Barnardos commissioned an independent Childhood Poll in 2007, part of which asked parents about child abuse and neglect. The Childhood Poll sampled 400 parents and 200 young people and looked at a number of issues affecting childhood today. This qualitative and quantitative study was conducted across the country and respondents varied in ages, gender and social class to reflect the known demographics of the population.

One aspect covered by the Poll was the theme of child abuse and neglect. Parents were asked what they considered to be child abuse and neglect from a list of options. The list mirrored some of the criteria used by professionals to determine whether a child is exposed to neglect within its family. The list included:

1. Leaving a child with nowhere to sleep
2. Leaving a child go hungry
3. Exposing a child to physically violent adult arguments
4. Leaving a child cold / not properly clothed
5. Exposing a child to loud adult arguments
6. Leaving a child under 12 unsupervised at night for 30 minutes or more
7. Leaving a child under 12 unsupervised during the day for 30 minutes or more


Between 95% and 99% of parents considered options 1 to 4 to be child abuse and neglect. This was common regardless of the parent's age, social class, gender or region. The remaining replies were:

- 66% of parents considered exposing a child to physically violent adult arguments to be a form of child abuse and neglect.

¹⁴ Health Information and Quality Authority (2007) The Placement of Children aged 12 and under in Residential Care in Ireland, Department of Health and Children, Dublin

¹⁵ Unpublished 'Section 8' reports to HSE quoted in Irish Times 2nd February 2009

¹⁶ HSE statistics quoted in Irish Times 24th July 2008

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- 57% of parents felt leaving a child under 12 unsupervised at night for 30 minutes or more constituted child abuse and neglect
 - 30% of parents considered leaving a child under 12 unsupervised during the day for 30 minutes or more a form of abuse and neglect. For these 30% of parents, there was very little differences across the age, gender and social class, only parents in Dublin were more of the view (45%) that leaving a child unsupervised during the day for 30 minutes or more was child abuse and neglect than their Connaught / Ulster (20%) counterparts.

Using the same list of criteria parents were then asked whether they would report the abuse and neglect. The responses were:

- 83% would report if a child was going hungry or had nowhere to sleep
- 68% would report if a child was being exposed to physically violent adult arguments
- 74% would report if a child was left cold or not properly clothed
- 27% would report if a child under 12 years was left unsupervised for 30 minutes or more at night
- 12% would report if a child under 12 years was left unsupervised for 30 minutes or more during the day

Again there was little variation in responses when examining parental age, gender, social class and geographic region.

Overall in terms of reporting incidences of neglect or abuse, 62% said they would report it to the Gardaí and 33% stated they would approach the HSE. Other individuals that the respondents would report the incidences to were doctors, teachers and parents.

When asked who is responsible for preventing child abuse and neglect, the majority of respondents (53%) said the responsibility lay with parents, 29% said society / everyone, 28% said the HSE and 25% said the Gardaí.

For further information regarding the other findings within the Childhood Poll please click on the link below or go directly to www.barnardos.ie

http://www.barnardos.ie/policies_and_campaigns/barnardos-2007-poll.html

