Investigation of Child Neglect

The paediatrician’s role
VFPMS Seminar May 2016
Bindu Bali & Jo Tully
Outline

• Definitions

• Concepts

• Assessment

• NEGLECTING acronym
Neglect

- Form of maltreatment that arises when a child’s basic needs are not met
- Defined as 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 the resources being reasonably available to the carer
- High chance of causing harm to the child’s health or development.
- This includes failure to supervise and protect from harm as much as is feasible.
Neglect – WHO definition

“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.”


Consequences for child rather than parental behaviour.....

**Intention to harm** not required
Primary substantiated harm types Australia 2013-2014

- Sexual abuse: 14%
- Physical abuse: 19%
- Emotional abuse: 39%
- Neglect: 28%
Love
Warmth
Shelter & clothing
Food
Protection/safety
Education
Medical treatment
Appropriate stimulation
Play & social connection
Emotional enrichment, moral/spiritual guidance/stability

Health & Wellbeing
Inter-relationship of abuse types

Neglect

Physical/environmental
Medical
Abandonment

Supervisory
Educational/developmental

Emotional

Denying emotional responsiveness

Spurning
Terrorizing
Isolating

Emotional maltreatment

Inappropriate developmental expectations/overprotection
Exploiting/corrupting
Ecological Model of Neglect

- Child’s basic needs are not met
- Consider modifiable and non-modifiable factors at the level of the child, caregiver, family, community and society.
- Repetitive, chronic, subthreshold – greater risk of long term psychosocial, developmental and cognitive adverse effects than “critical” events.
Child and Parental characteristics

CHILD FACTORS
Age – older (PA)
Sex – girls (SA)
Race
Difficult behaviour
Disabilities
Mental health problems
LBW, prematurity

PARENTAL FACTORS
Domestic violence
Substance abuse
Mental health problems
Stress
Intellectual abilities, lack of education
Age of mother (<26 PA)
Single parent
Poverty
Corporal punishment (PA)
Poor parenting
Social isolation (neglect)
Ecological model of child neglect—the requirements

Secure attachment to consistent caregiver
Maternal physical & mental health

Crime
Overcrowding
Green spaces
Policing
Education
Family supports

Economics
Population income
Employment
Immigration
Cultural attitudes
Racism
Conflict

Income
Parenting style
Parental health
Parental education

Child

Society

Family/caregiver

Community
Ecological model of child neglect – the risk factors

Child

Family/caregiver

Society

Community

Age, prematurity
Behaviour
Disability/delay
Planned/unplanned
Chronic illness

Chronic poverty
High unemployment
Low education
Limited green spaces
High crime/drug rates

Mental/emotional state/stress
Abuse history
Etoh/drug abuse
Domestic violence
Young age
Single parent
Isolation
Low education

Cultural attitudes
Low income
High unemployment
Poor access to health
Underfunded child welfare system

Remember resilience-promoting and protective factors
Identifying extreme risk

• Household violence

• Heavy parental use of drugs and alcohol

• Serious mental illness

• Child’s vulnerability
Ways of thinking about emotional abuse – ‘Tiers of Concern’

- Harmful parental attributes - “risk factors”
- Forms of adult ill-treatment – “mediating mechanisms”
- Indicators of child impairment – “harm”
- If we can identify specifics for each category then very helpful
Ways of thinking about neglect – ‘Tiers of Concern’

Tier 3 – child’s functioning of concern

Tier 2 – harmful child-caregiver interaction

Tier 1 – caregiver risk factors

Tier 0 – social and environmental risk factors

Glaser, D Child abuse and neglect 2011
The 3 Axis

• **Types** - classification

• **Thresholds** – **degrees/severity** – continuum of harm, chronicity, urgency of intervention, type of intervention

• **Outcome** – likelihood of harm, harm already present, defining the harm

*Danya Glaser 2011*
Types of neglect/emotional maltreatment

NEGLECT
- Physical/environmental
- Medical
- Developmental/educational
- Supervisory
- Abandonment
- Emotional

EMOTIONAL MALTREATMENT
- Spurning/rejecting – persistent negative attributes
- Terrorizing (IPV)
- Isolating
- Developmentally inappropriate expectations/interactions
- Exploiting/corrupting
- Denying emotional responsiveness/emotional unavailability
The 3 Axis

• **Types** - classification

• **Thresholds** - degrees/severity – continuum of harm, chronicity, urgency of intervention, type of intervention

• **Outcome** – likelihood of harm, harm already present, defining the harm

*Danya Glaser 2011*
Continuum of child/caregiver interaction

Satisfactory ("good enough") ➔ Undesirable ➔ Harmful

Thresholds
The 3 Axis

• **Types** - classification

• **Thresholds** – **degrees/severity** – continuum of harm, chronicity, urgency of intervention, type of intervention

• **Outcome** – likelihood of harm, harm already present, defining the harm

_Danya Glaser 2011_
Outcomes

• No current or future harm likely – undesirable behaviours/interactions...

• No current harm, future harm likely

• Current harm but no future harm – single adverse act...

• Current and future harm
Persistent and Harmful
<table>
<thead>
<tr>
<th>Harmful parental attributes - “risk factors”</th>
<th>Forms of adult ill-treatment – “mediating mechanisms”</th>
<th>Indicators of impairment – “harm”</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental illness</strong> (including attempted suicide)</td>
<td>Denying emotional responsiveness “neglect”</td>
<td><strong>Behaviour</strong> – attention seeking, oppositional, anti-social, age-inappropriate responsibility</td>
</tr>
<tr>
<td><strong>Family violence</strong></td>
<td>Negative attributes - Spurning/rejection/denigration/interacting with hostility/blame</td>
<td><strong>Emotional state</strong> – unhappy, low self esteem, frightened, anxious</td>
</tr>
<tr>
<td><strong>Alcohol abuse</strong></td>
<td>Terrorizing (including witnessing IPV)</td>
<td><strong>Peer relationships</strong> – withdrawn, isolated, aggressive</td>
</tr>
<tr>
<td><strong>Drug abuse</strong></td>
<td>Isolating/failure to promote socialization/exploiting/corrupting</td>
<td><strong>Developmental/educational attainment</strong> - underachievment</td>
</tr>
<tr>
<td></td>
<td><strong>Unreliable/inconsistent parenting</strong></td>
<td><strong>Physical state</strong> – poor growth</td>
</tr>
<tr>
<td></td>
<td>Developmentally inappropriate interactions/expectations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Failure to recognize boundaries (including fabricated illness)</td>
<td></td>
</tr>
</tbody>
</table>
# Forms of ill-treatment

Glaser 2015

<table>
<thead>
<tr>
<th>Forms of adult ill-treatment</th>
<th>% of children in sample affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmentally inappropriate interactions (inability to control, inappropriate impositions and exposures, overprotection)</td>
<td>42%</td>
</tr>
<tr>
<td>Denigration or rejection</td>
<td>36%</td>
</tr>
<tr>
<td>Emotionally unavailability/neglect</td>
<td>31%</td>
</tr>
<tr>
<td>Using child for adult’s emotional needs</td>
<td>8%</td>
</tr>
<tr>
<td>Mis-socialisation (exploiting/corrupting behaviours)</td>
<td>1%</td>
</tr>
</tbody>
</table>
# Indicators of impairment

**Glaser 2015**

<table>
<thead>
<tr>
<th>Indicator of impairment in development - HARM</th>
<th>% of children showing concern in each domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional state</td>
<td></td>
</tr>
<tr>
<td>Unhappiness/low self esteem 38%</td>
<td>63%</td>
</tr>
<tr>
<td>Behaviour</td>
<td></td>
</tr>
<tr>
<td>Oppositional 26%</td>
<td>49%</td>
</tr>
<tr>
<td>Developmental/educational attainment</td>
<td></td>
</tr>
<tr>
<td>Underachievement 34%</td>
<td>47%</td>
</tr>
<tr>
<td>Peer relationships</td>
<td></td>
</tr>
<tr>
<td>Withdrawn/isolated 18%</td>
<td>35%</td>
</tr>
<tr>
<td>Aggressive 18%</td>
<td></td>
</tr>
<tr>
<td>Physical state</td>
<td></td>
</tr>
<tr>
<td>*physically neglected/unkempt 18%</td>
<td>35%</td>
</tr>
<tr>
<td>Other (sexualized behaviour)</td>
<td>9%</td>
</tr>
</tbody>
</table>

[Image of Indicators of impairment]
Break Slide
NEGLECTING Acronym

• An checklist to help us get through the information

• Could be used to help structure information gathering or presentation

- Nurture
- Emotional needs
- Growth and nutrition
- Learning and development
- Environment at home
- Clothing
- Teeth
- Immunisations, infections, infestations
- Normal social activity
- General health
For all areas

• Assessment

• Potential Detrimental Outcomes

• Recommendations
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Assessment</th>
<th>Detrimental outcomes</th>
<th>Recommendations to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURTURE</td>
<td>Security of attachment Relationship with carers Child's wellbeing made a priority Child left alone/abandoned</td>
<td>Poor/insecure attachment Over-familiarity with strangers Attention-seeking behaviours Separation anxiety</td>
<td>Child and family psychology/therapy Family supports Parenting education/support</td>
</tr>
<tr>
<td>EMOTIONAL NEGLIGENCE</td>
<td>Ask about exposure to; Family violence Parental drug/alcohol abuse Parental mental illness Ask child about feelings of worth, safety, love, discipline, role at home Moral guidance to encourage good citizenship given/absent</td>
<td>Emotional -low self-esteem, anxiety, depression, unhappiness, emotional instability Behavioural -oppositional, angry, poor impulse control, substance abuse, delinquency, eating disorders Interpersonal relationships - difficulty forming/maintaining relationships, insecure attachment, social isolation Learning/developmental -low IQ, decreased educational achievement, developmental delay Physical health poor growth, soiling, non-organic pain</td>
<td>Parental drug/alcohol rehab programs – successfully completed Men’s behaviour change programs Parental mental health assessment Be aware of the concept of cumulative harm and comment on it – trial of capacity to change - if limited capacity to change and evidence of harm or likely harm then alternative placement might be considered</td>
</tr>
<tr>
<td>GROWTH &amp; NUTRITION</td>
<td>Overweight or underweight? Diet – balanced, healthy? Growth parameters and history - plot Adolescents – body image Clinical evidence nutritional deficiencies? Consider nutritional bloods</td>
<td>Poor growth - Delayed puberty, social effects/low bone density, long-term fracture risk/dentition Obesity - Social isolation, low self-esteem, bullying school, fatty liver, type 2 DM, long term CV effects Poor growth– appropriate medical Ix plus paediatric F/U 3 monthly, dietitian referral</td>
<td>Vaccine preventable infections and long-term effects of these S&amp;L delay (ear infections) Organise vaccination catch-up (RCH or MMC) Treatment and effectiveness/compliance with to be monitored Audiology r/v</td>
</tr>
<tr>
<td>LEARNING &amp; DEVELOPMENT</td>
<td>Engagement or similar Contact kinder staff/school teachers and ask about Attendance Homework Reaching learning potential? Attention/behaviour Peer relationships Assess after OOHIC and compare</td>
<td>Educational underachievement and associated social disadvantage Poor behaviour and social isolation Developmental review Consider further multidisciplinary assessment (eg ASD, ADHD) or Ix for genetic/metabolic causes of DD Enrol in childcare Educational psychology assessment</td>
<td>Developmental delay Poor social relationships and isolation Enrol in childcare</td>
</tr>
<tr>
<td>ENVIRONMENT AT HOME</td>
<td>Stability/Transience Number of schools/homes Evidence of environmental neglect – contact CP/family supports/workers for information Exposure to hazards/safety in the home – needles, vermin, unhygienic substances Supervision in the home (left alone/unsupervised)</td>
<td>Inability to form/maintain community relationships/supports and to be monitored (“slipping through the net”) Risk of injury Risk of vermin bites GI and other infections Risk of fire/flood/structural damage to property Risk of injury/death from poor supervision – accidents (esp. burns), ingestions Housing recommendations/support Enrol in childcare Removal of children from home until cleaned up Ongoing commitment to improving environment at home</td>
<td>Poor educational achievement (light and hearing missed schooling) ‘Medication’ effects Vision and hearing check Prescribe re attendance at scheduled OP’s Refer for regular paed/d/a if required Register with local GP</td>
</tr>
<tr>
<td>TEETH</td>
<td>Good dental hygiene Routine teeth cleaning (owns a toothbrush?) No caries, healthy gums and oral soft tissues Diet for healthy teeth?</td>
<td>Malocclusion, low self-esteem, dental abscess and seedling, poor appetite and nutrition, risk of long term CV disease Dental review</td>
<td></td>
</tr>
<tr>
<td>Think about</td>
<td>Assess</td>
<td>Recommend</td>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>
| **NURTURE** | Security of attachment (warmth and love)  
(relatedly responsive)  
Is child’s wellbeing a priority?  
Is child left alone/abandoned  
Changes of primary caregiver? Stable placement? | Early parenting centre (mother-baby unit)  
Infant mental health /parenting supports  
Child and family psychology/therapy  
Extended family support  
Parenting education / support groups  
Supportive MCHN & GP & NGOs |
| **EMOTIONAL NEEDS** | Ask about exposure to;  
- Parental drug/alcohol use  
- Parental mental illness  
- Violence in the home  
Ask child about feelings of worth, safety, love, discipline, role at home  
Moral guidance to encourage good citizenship | Parental drug/alcohol rehab programs  
Men’s behaviour change programs  
Parental mental health assessment  
Be aware of the concept of cumulative harm and comment on it – trial of capacity to change.  
Alternative placement might be considered |
| **GROWTH & NUTRITION** | Stature, overweight or underweight?  
Diet – balanced, healthy?  
Growth parameters and history - plot  
Adolescents – body image  
Clinical evidence nutritional deficiencies?  
Consider blood tests for nutritional/vitamin abnormalities (including NAFLD) | Poor growth – appropriate medical tx plus  
paediatric F/U 3 monthly, dietician referral  
Obesity – Dietician, weight clinic, bloods for fatty liver and lipid profile, realistic exercise plan |
| **LEARNING & DEVELOPMENT** | Screen for delay using Brigance, ASQ or similar  
Contact kinder staff/school teachers and ask about;  
- Attendance  
- Achievement  
- Homework  
- Learning potential  
- Attention/behaviour  
- Peer relationships  
Comprehensive assessments before and during/after period of OOH may be useful | Developmental skills assessment  
Consider further multidisciplinary assessment of medical conditions that affect learning (eg ASD, ADHD) or tx for genetic/metabolic causes of Devel Delay  
Enrol in childcare  
Educational psychology assessment  
Test vision and hearing  
Cognitive tests  
Speech and language processing tests |
| **ENVIRONMENT AT HOME** | Stability/Transience/quality of residence  
Number of schools/homes /rate of change  
Evidence of environmental neglect – contact CP/family supports/workers for information  
Exposure to hazards/safety in the home – needles, vermin, unhygienic substances  
Supervision in the home (left alone/unsupervised) | Housing recommendations/support  
Enrol in childcare  
Removal of children from home until cleaned up  
Ongoing commitment to improving environment at home  
Provide safe sleeping and play spaces  
Protect from hazards |
| **CLOTHING** | Clean? Malodorous? In need of repair?  
Well-fitting footwear and clothing?  
Appropriate for weather? | Dental assessment and treatment  
Diet for healthy teeth |
| **TEETH** | Good dental hygiene  
Routine teeth cleaning (owns a toothbrush?)  
No caries, healthy gums and oral soft tissues | Organise vaccination catch-up (RCH or MMC)  
Treat infestations & infections |
| **VACCINATIONS, INFESTATIONS & INFLECTION** | Up to date? – check ACIR  
Lice, scabies, worms  
GIT, ear, skin infections | Enrol in childcare /school  
Encourage out school activities for pleasure and social connectedness  
Consider spiritual /cultural needs |
| **NORMAL SOCIAL ACTIVITY** | Time to play and people to play with  
Suitable toys  
Engages with peers (d/w school/kinder)  
Caregivers promote spiritual and cultural identity and sense of belonging | |
| **GENERAL HEALTH** | Vision and hearing  
Hospital/healthcare attendances and FTA’s  
Number of different Dr’s consulted  
Sexual health  
Mental health (adolescents, suicide risk etc)  
Consider factitious illness by proxy | Vision and hearing checks  
Provide clear advice re healthcare  
Refer for regular paed f/u if required  
Register with local GP. Plan for preventive healthcare and surveillance/monitoring of health and growth |
Think about

- What does the child need?
- What has the child not obtained?
- What interventions have been tried?
- What has achieved / failed?
- What needs to be supplied to meet the child's needs
## Nurture

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Detrimental Outcomes</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security of attachment to primary caregiver/s</td>
<td>Poor/insecure attachment</td>
<td>Child and family psychology/therapy</td>
</tr>
<tr>
<td>Relationship with carers</td>
<td>Over-familiarity with strangers, attention-seeking behaviours</td>
<td>Family supports (eg CHILD FIRST)</td>
</tr>
<tr>
<td>Child’s wellbeing made a priority by caregivers</td>
<td>Separation anxiety</td>
<td>Parental education/support</td>
</tr>
<tr>
<td>Indicators of emotional neglect or unresponsiveness</td>
<td>Controlling behaviours – hostility, ODD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Later psychopathology – depression, anxiety, disordered perception of self, dissociation</td>
<td></td>
</tr>
</tbody>
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*The Royal Children’s Hospital Melbourne*
## Emotional Maltreatment

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Detrimental Outcomes</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>As about exposure to Family violence, parental drug / alcohol abuse, parental mental illness. Ask child about feelings of worth, safety, love, discipline, role at home. Moral guidance to encourage god citizenship given / absent. Categorise emotionally abusive behaviours (1-6)</td>
<td>Emotional – low self esteem, anxiety, depression, emotional instability Behavioural – oppositional, angry, poor impulse control, substance abuse, delinquency, eating disorders Interpersonal relationships, Learning or Developmental delays, poor physical health</td>
<td>Parental drug/alcohol rehabilitation programs. Men’s behaviour change programs. Parental mental health assessment. Individualised child psychology/therapy. Parenting programs. Be aware of concept of cumulative harm and comment on it – if there is limited capacity to change, alternative placement maybe necessary</td>
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</tbody>
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# Growth and Nutrition

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<thead>
<tr>
<th>Assessment</th>
<th>Detrimental Outcomes</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet – suitability, regular provision of food, food provided at school? Growth parameters and history Adolescents – body image Clinical evidence nutritional deficiencies Consider nutritional bloods</td>
<td>FTT; Delayed puberty/low bone density/dentition problems/decreased growth potential Obesity; Social isolation, low self-esteem, bullying HT, Fatty liver, type 2 DM, long term CV effects</td>
<td>FTT – medical Ix as/if required plus paediatric F/U 3 monthly, dietician. Obesity –Dietician, weight clinic, bloods for fatty liver and lipid profile, exercise advice.</td>
</tr>
</tbody>
</table>
## Learning and Development

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Detrimental Outcomes</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brigance assessment</td>
<td>Educational underachievement and all associated social disadvantage of this Poor behaviour and social isolation</td>
<td>Developmental F/U Consider further multi-disciplinary assessment (eg ASD, ADHD) or Ix/review for genetic, metabolic causes of DD Enrol in F/T childcare (beneficial for disadvantaged children) Educational psychology assessment if required</td>
</tr>
<tr>
<td>D/W kinder or school teachers regarding; Attendance and punctuality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achieving learning potential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention/behaviour at school/kinder</td>
<td></td>
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<tr>
<td>Parental engagement/cooperation</td>
<td></td>
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</tbody>
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**Melbourne Children's Hospital Foundation**

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Excellence in clinical care, research and education
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# Environment at Home

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Detrimental Outcomes</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stability/Transience</td>
<td>Inability to form/maintain community relationships/supports and to be monitored (&quot;slipping through the net&quot;)</td>
<td>Housing recommendations/support</td>
</tr>
<tr>
<td>Contact CP / family workers / supports for more information</td>
<td>Risk of injury</td>
<td>Enrol in childcare</td>
</tr>
<tr>
<td>Evidence of environmental neglect</td>
<td>Risk of vermin bites</td>
<td>Removal from home until cleaned up</td>
</tr>
<tr>
<td>Exposure to hazards/safety in the home</td>
<td>GI and other infections</td>
<td>Ongoing commitment to improving environment necessary</td>
</tr>
<tr>
<td>Supervision in the home (left alone/unsupervised)</td>
<td>Risk of fire/flood/structural damage to property</td>
<td>Parental mental health assessments - hoarding</td>
</tr>
</tbody>
</table>
## Clothing

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Detrimental Outcomes</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean</td>
<td>Low self esteem</td>
<td>Parenting education/supplement</td>
</tr>
<tr>
<td>Well-fitting</td>
<td>Social isolation, bullying</td>
<td>Accessing financial supports in place</td>
</tr>
<tr>
<td>Appropriate for weather</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Teeth

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Detrimental Outcomes</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good dental hygiene</td>
<td>Halitosis, low self-esteem, dental abscess formation and seeding, poor appetite and nutrition, risk of long term CV disease</td>
<td>Dental review</td>
</tr>
<tr>
<td>Routine teeth cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(owns a toothbrush)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No caries, healthy gums and oral soft tissues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Immunisation, Infestations and Infections

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Detrimental Outcomes</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| Immunisations up to date – check ACIR  
Lice, scabies, worms  
GIT, ear, skin infections | Vaccine preventable infections and long-term effects of these  
Poor sleep and behaviour (itching)  
Social isolation and bullying  
S&L delay | Organise vaccination catch-up (RCH or MMC immunisation clinics)  
Treatment and effectiveness/compliance with  
Audiology r/v |
## Normal Social Opportunities

<table>
<thead>
<tr>
<th>Assessment</th>
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<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to play/screen time appropriate</td>
<td>Developmental delay</td>
<td>Increase time in childcare</td>
</tr>
<tr>
<td>Suitable toys provided</td>
<td>Poor social relationships and isolation</td>
<td>Parenting education/support</td>
</tr>
<tr>
<td>Engages with peers (d/w school/kinder)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregivers promote spiritual and cultural identity and sense of belonging</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## General Health

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<thead>
<tr>
<th>Assessment</th>
<th>Detrimental Outcomes</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision and hearing</td>
<td>Poor educational achievement (sight and hearing, missed</td>
<td>Vision and hearing checks</td>
</tr>
<tr>
<td>Hospital OPA’s and FTA’s</td>
<td>schooling)</td>
<td>Proscribe re attendance at scheduled OPA’s</td>
</tr>
<tr>
<td>Number of different Dr’s consulted</td>
<td>‘Medicalisation’ effects</td>
<td>Refer for regular paed f/u</td>
</tr>
<tr>
<td>Sexual health</td>
<td></td>
<td>if required</td>
</tr>
<tr>
<td>Mental health</td>
<td></td>
<td>Register with local GP</td>
</tr>
<tr>
<td>(adolescents, suicide risk etc)</td>
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<tr>
<td>Consider factitious illness by proxy</td>
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The Royal Children's Hospital Melbourne
Putting it all together

• Unbiased reporting

• Opinion

• Framework for medical reports

• What would the realistic ideal care be?
Presentation of Opinion

Summary

Risk Factors
Can discuss child / caregiver vulnerabilities and strengths?

DEFINITIONS of Neglect / Harm
Evidence under each heading
Recomendations

• What can be done to improve this child’s life.....
Presentation of Recommendations

• As detailed as possible

• Consider what follow-up you can offer

• Consider how CP could enforce any if this?
Presentation in Court

• Unbiased

• Not an advocate – an observer with an opinion about childrens’ wellbeing

• Calm and collected
References & resources

- Emotional abuse and emotional neglect: antecedents, operational definitions and consequences; Glaser D et al 2015
- Understanding the effects of maltreatment on brain development; Child Welfare Information Gateway April 2015
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- The neuroendocrinological sequelae of stress during brain development: the impact of child abuse and neglect; Panzer; African Journal of Psychiatry Feb 2008

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References

• Challenges in the Evaluation of Child Neglect – APSAC 2008
• Danya Galser
• Anne Smith and Jo Tully
• www.aihw.org.au
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