Government of South Australia
Department for Child Protection

Foundational theories and knowledge Working with concerns about neglect, hoarding and squalor Practice Paper

1. Introduction

The purpose of this practice paper is to provide DCP case workers with an understanding of neglect and the impact it has on children and young people's safety, health, development and wellbeing.

Please note that in this document, the term Aboriginal, refers to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. This term is used as the First Nations Peoples of South Australia are predominantly Aboriginal peoples and it is their preferred term. We acknowledge and respect that it is preferable to identify Aboriginal peoples, where possible, by their specific Language group or Nation.

2. Understanding neglect

Neglect is considered to be any act or omission (failure to act) that, within the bounds of cultural tradition, constitutes a failure to provide conditions essential for the healthy physical and emotional development of a child or young person.[i]

The SDM Screening and Response Priority Assessment Manual describes neglect as situations where the child or young person's basic necessities of life are unmet by their caregiver to the extent that they are not receiving the care and supervision necessary to protect them from harm, and they have suffered or are likely to suffer harm.

Neglect can be a single event or, as is most often the case, a pattern of behaviour.

Different types of neglect include:

Type	Definition	Example
Hazardous conditions in the household (hoarding and squalor)	When the living environment poses a risk to the health, safety and wellbeing of the child or young person due to hoarding and/or domestic squalor.	• Human and animal faeces, food and/or rubbish on the floors in the home • Items filling rooms and exits • Drugs or other harmful substances in the reach of children.
Physical and dental neglect	A failure to provide age appropriate physical necessities such as sufficient and/or appropriately nutritional food, appropriate clothing, hygiene and shelter.	• Severe nappy rash from unchanged nappies • Untreated and/or chronic scabies and lice

	A failure to meet the child or young person's basic oral health needs such that they have adequate function and freedom from pain and infection (where reasonable resources are available).	• Child or young person is malnourished and/or underweight • Failure to ensure the child or young person brushes their teeth leading to loss of teeth or infection.
Emotional neglect	Failure to provide adequate nurturing, affection, encouragement and support to the child or young person.	• Inadequate soothing offered when the child or young person is upset • Child or young person is confined to a space (for example, room, cot or playpen) with little attention.
Medical neglect	A failure to provide appropriate medical care through: • failure to recognise the need for and seek medical attention where a reasonable parental response would be to seek medical care • failure to attend for follow up or ongoing medical or allied health appointments and interventions including failing to follow a treatment plan • the deliberate withholding of medical care.	• Delay in seeking urgent medical care • Regular failure to attend medical appointments without reasonable explanation • Failure to provide or mismanaging prescribed medication.
Neglect of developmental needs	Where the caregiver's behaviour fails to provide the stimulation and opportunities for activity that are required to ensure appropriate development of the child or young person.	• Child is left in a cot or strapped in a pram for long periods such that it impacts their developmental milestones • Child or young person is not provided with any stimulating objects like toys, books or interactions.
Supervisory neglect	Characterised by the absence or inattention of a caregiver supervising the child or young person that can lead to harm.	• Very young child or child or young person with developmental delay or disability left at home alone • Allowing the child or young person to be absent from the home at a young age and not knowing where they are • Failing to supervise the child or young person's interactions with a person who is known to harm others.
Educational neglect	Chronic absenteeism characterised by a consistent failure to ensure the child or young person engages	• Failing to enrol the child or young person who is of school age in school

	in education without reasonable justification. Note: In South Australia, compulsory school age is 6-16 years and compulsory education age 6-17 is years. The SDM Screening and Response Priority Assessment Manual defines chronic school non-attendance as: • The child has been absent from school for six weeks, and • There has been no acceptable explanation from the parent or carer for the absence or there has been no response by the parent or carer to attempts to contact them; and • The child has not been sighted for four weeks by any adult able to provide a credible assessment of the wellbeing of the child.	• Frequently allowing the child or young person to stay home, without good reason.
No carer available/willing/able to provide care	When a caregiver leaves the child or young person alone for an unreasonable period and does not make alternative age-appropriate arrangements for their care or where the caregiver leaves the child or young person with another person and the other person is unwilling or unable to provide care.	• Caregiver leaves the child or young person in the care of someone, fails to pick them up at the agreed time and cannot be located or contacted.

3. The impact of neglect on children and young people

Neglect has a profound impact on the health, development and wellbeing of children and young people. Not all children and young people will be affected in the same way (for example, siblings in the same household may experience different impacts).

Critical factors that influence the impact of neglect include the:

- type of neglect
- frequency and duration
- age and developmental stage of the child or young person
- quality of the relationship between the child or young person and caregiver
- the co-occurrence of other forms of harm.

Severe, prolonged neglect generally results in more significant effects and cumulative harm.[ii]

Neglect can have the following impacts on children and young people:

- physical harm (for example, injuries) and in, some circumstances, death
- attachment disruption
- brain development, cognitive and developmental delays
- poor educational outcomes
- attentional, emotional and behavioural issues including difficulties with emotional regulation and impulse control
- impaired physical development and growth
- development or exacerbation of medical issues
- internalising and externalising behaviour (for example, self-harming, aggression and violence)[iii]
- mental health issues including suicidality[iv]
- poor self-esteem.

Given that the consequences of neglect can be serious (for example, harm or death) and life-long (impacts on brain development and growth), concerns about neglect need to be carefully assessed. When undertaking assessments of neglect, it is crucial to consider both the current and future impact on the child or young person. This is important as focusing only on current harm at the time of the assessment can underestimate the harm that the child or young person will ultimately experience if the circumstances continue. For example, if the child or young person regularly goes to school with malodourous clothes and head lice and experiences bullying as a result, it is likely this will impact their self-esteem and social interactions in the future. Where it is necessary to seek Care and Protection Orders to ensure the safety of the child or young person, it is important to clearly articulate the impact of the neglect on their current and future safety and wellbeing.

4. The importance of holistic assessment

As neglect is largely an act of omission (failure to act), DCP case workers need to be alert to what is missing or lacking for children and young people in order to identify and respond to neglect. It is often more difficult to identify and describe the absence of caregiver actions or behaviours and to demonstrate this has caused or is likely to cause harm than describing harm caused by physical or sexual abuse.[v] It can be particularly difficult when the harm presents as a developmental delay or attachment difficulties. Developing a good understanding of child development is crucial for DCP case workers in making quality assessments of neglect.

The 2023 Australian Child Maltreatment Study[vi] notes that child maltreatment is rarely an isolated occurrence and often occurs multiple times, over a period of years. In addition, research demonstrates a significant proportion of children and young people are exposed to more than one type of abuse (known as multi-type maltreatment).[vii] It is important to consider that there are types of neglect that are easier to detect and describe than others. For example, school absenteeism can be easily demonstrated with school records, whereas it is more difficult to identify a toddler who is constantly hungry and has little interaction with their caregivers. Asking a caregiver about an average day in the life of their child or young person is valuable in developing an understanding of their lived experience. This information can then be considered in the context of the child or young person's developmental needs[viii] and ensuring that other types of harm are identified (if present). Hearing directly from children and young people about their experiences, wherever possible, is essential.[ix]

Undertaking a holistic assessment is also crucial to developing an understanding of the factors underpinning and contributing to neglect and determining the most appropriate intervention that will enable sustained change. Factors that could contribute to neglect include alcohol and/or other drug use, mental health difficulties, domestic and family violence, disability, or lack of parenting capacity and skill. Certain types of neglect (for example, hoarding and squalor and educational neglect) may frequently occur in families facing significant socio-economic disadvantage and poverty. It is also important to consider whether neglect is a result of a lack of knowledge and whether it is situational or enduring, as this is relevant to determining the type of intervention required to address the concerns. Whilst it is important to understand the social and environmental challenges parents and caregivers experience in meeting their child or young person's needs, it is essential to ensure that the safety of the child or young person is the paramount consideration, irrespective of the context in which neglect occurs.

5. The importance of information sharing and interagency collaboration

Interagency collaboration is a best practice approach in cases of neglect. Timely sharing of information is a critical component of effective interagency collaboration. Holding strategy discussions, including all the relevant parties, and undertaking consultation with relevant agencies is essential. Refer to the 'Hold a strategy discussion' section of the Manual of Practice for further information on when a strategy discussion is indicated.

Collaboration with Child Protection Services (CPS) is crucial in determining whether a forensic medical assessment is indicated. Forensic medicals are particularly relevant in cases of physical neglect, medical neglect and hoarding and squalor. These assessments are important to understanding the impact of the neglect on the child or young person and ensuring any harm is thoroughly documented.

In South Australia, omissions in care that cause a child or young person to die or suffer harm may be prosecuted pursuant to section 14 of the *Criminal Law Consolidation Act 1935.* As such, it is imperative to work in partnership with SAPOL to ensure they have the information required to make decisions about whether to pursue an investigation and/or prosecution.

Evidence gathered by both CPS and SAPOL is highly valuable in the event that Care and Protection Orders are required to ensure the safety of the child or young person. In cases of hoarding and squalor, SAPOL may conduct a site visit (with or separate to DCP) and can photograph/video record the state of the home which provides useful evidence for criminal and youth court proceedings.

It is also essential to work in partnership with other agencies including SA Health and Child and Family Health Service (particularly in cases of medical neglect or neglect of developmental needs), Department for Education (for cases of educational neglect) and Department for Human Services (where they have been or are involved with the family).

6. Assessment considerations

5.1 Risk and protective factors

The DCP Assessment framework is an essential tool to inform the assessment of neglect.

Potential risk factors for neglect include:

Child factors

- Disability, behavioural issues, externalising behaviours and high health needs (note: neglect may also cause or exacerbate disability or health issues, for example, contributing to developmental delay)
- Age (note: Age is a risk factor for harm caused by neglect, for example, a young infant is less likely to survive a lack of adequate nutrition).[x]

Parent/caregiver factors

- Adverse childhood experiences including abuse and/or neglect
- Stress, poor self-esteem, and poor ability to regulate emotions
- Poor mental health
- Alcohol and/or drug use
- Unrealistic expectations of and/or insensitivity to the needs of the child or young person
- Preoccupation with their own needs and inability/unwillingness to prioritise the child or young person's needs
- Poor quality attachment
- Young parental age
- Domestic and family violence
- Intellectual disability
- Larger family
- Sole parent status.

Environmental factors:

- Unemployment
- Lower socio-economic status
- Limited or poor social networks including isolation from formal services
- Poverty impacting on employment opportunities, housing stability and homelessness
- Inadequate or overcrowded housing.

Protective factors that reduce the risk of neglect include:

- Secure attachment
- Social support
- Caregiver knowledge of parenting and child development
- Caregiver resilience.

5.2 Cumulative harm

Neglect is most often "…experienced as repeated and persistent circumstances or events as opposed to a single acute episode", and is considered to be most harmful when it persists across developmental stages.[xi] Section 18 of the *Children and Young People (Safety) Act 2017* requires the department to consider the cumulative effects of a child or young person's child protection history when assessing harm. Understanding the child or young person and family's child protection history is essential when assessing cumulative harm. Neglect (in particular squalor) is often chronic and commonly occurs in the context of other harm, making consideration of the potential for other types of harm and the cumulative impact of

harm imperative. As neglect is most often a pattern rather than a single event, remaining focused on incident-based assessment can mean that the threshold for intervention is not reached even when the child or young person is experiencing significant cumulative harm. Refer to the DCP Assessment framework for more information.

7. Culturally safe practice

Culturally safe practice is a key practice principle of the DCP Practice Approach. It recognises the strength of culture in helping children and young people to develop a positive identity, and promoting their health, wellbeing, self-esteem and development. Culture has a significant impact on the way in which caregivers raise their children. Approaches to parenting may vary between cultural groups and for many families culture contributes positively to the safety of children and young people. It is crucial that parenting approaches are considered in a cultural context to ensure that assessments are not culturally biased. Whilst cultural differences in parenting need to be recognised and respected, DCP case workers must be clear about what is harmful to children and young people and/or poses an unacceptable risk of harm. Refer to the DCP Aboriginal Practice - Cultural considerations for assessments and DCP Assessment framework and for further information.

Unconscious and cultural bias

Each of us has a cultural lens based on our background and experiences. Given the wide variation of parenting practices in our community, it is essential to critically reflect on the influence of unconscious and cultural bias on assessments of parenting practices and living environments. It is often helpful to consider whether a cultural parenting practice is simply unfamiliar or not well understood, or whether the practice is causing harm to the child or young person and/or placing them at risk of harm. When regularly working with cases of neglect it is also important to be aware that DCP case workers can become desensitised (particularly in regards to hoarding and squalor) and it is essential to always consider how the child or young person is being impacted. Refer to the Bias in Child Protection Practice Paper.

Cultural considerations for Aboriginal families

Consistent with implementation of the Aboriginal Child Placement Principle (ACPP), it is imperative to preserve and strengthen Aboriginal families and ensure active efforts are made to maintain the child or young person at home wherever it is safe to do so. To enable this, it is essential that extended family are included in assessments and family led decision making. Culturally responsive practice recognises and respects that Aboriginal parenting practices may differ from non-Aboriginal parenting practices and is also mindful that each Aboriginal family is unique in their structure and the way they care for their children and young people.

To exemplify the importance of considering culture, in Aboriginal families it is culturally appropriate for there to be multiple caregivers to supervise children and young people (including older siblings and other children and young people) and they are encouraged to be independent and given opportunities to explore at an early age. It is important that these cultural norms are understood and acknowledged to ensure that these practices are not misinterpreted as neglect. To support understanding and culturally appropriate assessments, consultation with a Principal Aboriginal Consultant is encouraged.

For further information, refer to the Aboriginal Practice Directorate intranet page.

Cultural considerations for families from a culturally and linguistically diverse (CALD) background

When working with a family who are from a CALD background it is important to develop an understanding of the particular cultural norms associated with their culture. It is necessary to ensure that diversity in parenting practices is understood and respected. When working with families from a CALD background it may be helpful to separate the intent from the action. For example, a parent from a CALD background may seek to use natural or alternative remedies rather than western medicines. This could be perceived as failing to seek medical treatment when their intent is to help the child or young person heal. By understanding the intent of the behaviour, DCP case workers may be able to offer alternate parenting strategies that meet the intent without causing harm. It is recommended that cultural advice is sought from DCP Multicultural Services to ascertain whether the parenting practice is considered a typical cultural practice. Refer to the Working with cultural diversity Practice Paper.

8. Practice considerations for specific neglect types

Hazardous conditions in the household (hoarding and squalor)

It is acknowledged that there is wide variation in the community with respect to how people accumulate possessions and maintain their homes and most often this is does not amount to a concern for the safety, health, development or wellbeing of the child or young person. However, there are situations where concerns emerge that the state of a home (due to hoarding and/or squalor) is causing harm or posing a risk of harm to the child or young person.

Hoarding is described as:

- the acquisition of and failure to discard a large number of possessions that appear to be useless or of limited value
- the home having living spaces that are so cluttered that they cannot be used for the purpose for which they are designed
- the presence of significant impairment to functioning due to the hoarding.[xii]

A central feature is the accumulation of possessions due to distress at the idea of discarding them, rather than not being motivated or aware that they need to be thrown away. Hoarding is considered a disorder under the Diagnostic Statistical Manual, 5th edition (DSM-5; American Psychiatric Association, 2013). A subset of hoarding that may be seen in child protection practice is animal hoarding, which can lead to severe domestic squalor with the accumulation of animal faeces inside the home.

Severe domestic squalor (herein referred to as squalor) refers to "…households that are extremely cluttered, in a filthy condition and where accumulation of items such as personal possessions, rubbish, excrement and decomposing food creates an environment that jeopardises the health and wellbeing of occupants".[xiii] Where squalor is present, activities within the home are often limited or not possible including bathing, cooking and sleeping safely in beds and bedrooms. Squalor does not refer to properties that are simply untidy or cluttered, the state of the home has to pose a risk to the health and safety of occupants to be considered squalid. Individuals living in squalor often refuse intervention, withdraw socially

and lack insight into their living conditions.[xiv] Research has demonstrated that a significant proportion of adults living in squalor have either a mood or anxiety disorder.[xv]

It is important to be aware that not all hoarding turns into squalor.[xvi] A home can have a large amount of items but still be sufficiently clean to not pose a risk to the health or wellbeing of the occupants. However, if daily activities of the home such as cooking, bathing and sleeping are impacted, or the state of the home poses a fire hazard, it will be necessary to intervene. Sometimes the concerns for safety, health, development and wellbeing will be obvious and irrefutable and other times it will require more rigorous assessment to determine the impact on the child or young person. If caregivers deny DCP case workers or interagency partners access to the home or do not allow children or young people to be sighted, this is cause for significant concern.

Living in squalid environments has a significant impact on the safety, health, development and wellbeing of children and young people. Consideration needs to be given to vulnerability factors for children and young people such as very young age, health issues and disability which may increase the risk of harm. DCP case workers need to be alert to other forms of neglect in these environments such as insufficient food, clothing, poor hygiene and other forms of harm (for example, emotional and physical abuse).

Children and young people living in squalid environments, in addition to the other impacts of neglect outlined earlier, may experience:

- injuries
- risk of house fire due to increased fuel load and obstructed exits
- sleep disturbance and/or unsafe sleeping for infants
- high levels of emotional distress
- social isolation
- malnutrition
- bullying
- medical issues related to the environment including respiratory issues and skin issues (for example, scabies, lice, skin infections), gastrointestinal infections from ingestion of contaminated food and other materials
- insecure tenancy and homelessness.

The Severe Domestic Squalor Scale is a valuable tool to assist in identifying the level of squalor present in a home. A score of 12 or more on this scale indicates moderate to severe domestic squalor. For further information on squalor refer to A Foot in the Door - Stepping towards solutions to resolve incidents of severe domestic squalor in South Australia.

Consideration must also be given to a strategy discussion and/or consultation and assessment (where appropriate) with Child Protection Services to identify and document health and developmental impacts. This is important to not only identify the needs of children and young people, but also to gather evidence in the event that it is necessary to make an application for Care and Protection Orders to ensure safety. Child Protection Services can conduct forensic neglect assessments of children and provide reports based on squalor assessments and photo documentation of the state of the home. Refer to the 'Hold a strategy discussion' section of the Manual of Practice for further information on when a strategy discussion is indicated.

When determining the most appropriate intervention, it is essential this is informed by a holistic assessment that identifies the issues underlying hoarding and squalor. These issues may include mental health, disability, alcohol and/or other drug use or lack of knowledge in how to maintain a home in a habitable manner. Arranging for a house to be cleaned or providing a "skip bin" as the sole intervention is unlikely to result in sustained change. If the home relapses into squalor, children and young people are at risk of cumulative harm.

Working in partnership and collaboration with other agencies such as SA Health, SAPOL, SA Housing Authority, community housing bodies, local councils, disability service providers and mental health services is essential to implementing a plan to effectively address hoarding and squalor.

Physical neglect

Physical neglect can have serious health and developmental consequences for children and young people. In particular a lack of adequately nutritional food, over an extended period of time, can lead to serious illness and potentially death. It is important to be aware that physical neglect is often found in conjunction with hoarding and/or squalor and medical neglect and that, in some families, only some children and young people in the home may be subjected to physical neglect (particularly lack of adequately nutritional food).

Infants are particularly vulnerable to physical neglect given their absolute reliance on their caregivers to meet their physical needs. Concerns about low weight, insufficient weight gain and failure to thrive in infants must be taken seriously and carefully assessed. Children and young people with chronic illnesses and/or high health needs may also be highly vulnerable to physical neglect.

As physical neglect may lead to significant impacts on the child or young person's safety, growth and development, a strategy discussion and/or consultation with Child Protection Services must be considered to identify whether a forensic medical assessment is required. Refer to the 'Hold a strategy discussion' section of the Manual of Practice for further information on when a strategy discussion is indicated. It is imperative that children and young people subject of physical neglect concerns are regularly sighted. Where a caregiver advises that the child or young person has been medically reviewed or is receiving treatment for health issues, corroborative information should be sought from medical professionals. Where the child or young person has not been seen by a health professional it is imperative that this be arranged as a priority.

Dental neglect is defined as a failure by a caregiver to meet the child or young person's basic oral health needs such that the child or young person enjoys adequate function of their teeth and freedom from pain and infection.

Severe untreated dental disease can result in:

- Toothache
- Disturbed sleep
- Difficulty eating or change in food preferences
- Absence from school, interference with play and socialisation
- Teasing due to poor appearance of teeth (for example, all teeth are rotten)
- Requirement for repeated antibiotics
- Repeated exposure to general anaesthetics

- Severe acute infection which can cause life threatening systemic illness.

There is growing evidence that untreated tooth decay in preschool children is associated with lower body weight, growth and quality of life. Children and young people under 18 years of age in South Australia are eligible to attend SA dental clinics.

Emotional neglect

Emotional neglect, characterised by an absence of nurturing and affection, can be difficult to identify and quantify. [xvii] By contrast, certain types of emotional abuse (for example, belittling, name calling, humiliating) are more noticeable to others which makes it easier to identify. Hearing from the child or young person about their experiences within their family (where developmentally possible) is an important aspect of holistic assessment where there are concerns about emotional neglect. It is also important to be aware that the way in which caregivers demonstrate love and affection towards their children is closely connected to cultural and familial norms and there will be variances both across and within cultures and families. Families where emotional neglect is present may not experience social or economic disadvantage and this may enable them to more effectively avoid detection[xviii].

Medical neglect

Determining whether medical neglect has occurred is often highly complex. To make such assessments it is necessary to gather detailed information from all medical and allied health professionals involved with the child or young person, including requesting reports. To support conceptualisation of the short-term and long-term impacts of medical neglect, consideration must be given to undertaking a strategy discussion and/or consultation with Child Protection Services. Refer to the 'Hold a strategy discussion' section of the Manual of Practice for further information on when a strategy discussion is indicated. It is recommended that concerns regarding caregiver failure to comply with recommended treatment of life threatening and life limiting chronic medical conditions such as asthma, diabetes, cystic fibrosis, metabolic and neurological conditions are discussed with Child Protection Services paediatricians. Child Protection Services' paediatricians can assist by developing detailed forensic medical reports referencing all relevant material to form an opinion as to whether medical neglect has occurred or not.

Where there is failure to attend appointments and/or implement interventions, the assessment needs to consider potential barriers to attendance which may include:

- Lack of transport (for example, living in rural and remote areas, insufficient money for petrol, parking or a bus ticket)
- Caregiver and/or child illness
- Insufficient finances to fund appointments
- Lack of understanding of the treatment plan or the importance of adherence to the plan.

It is important to consider these factors and remain focused on the impact on the health, development and wellbeing of the child or young person.

Medical neglect can also occur due to caregiver's alternative health/dietary ideologies or rejection of conventional medicine, particularly where these views are inflexible. Often these families will not have the same risk factors for neglect which may mean the risk of harm is underestimated. The risk to the child or young person can be amplified when they have a chronic and/or serious medical condition.

Neglect of developmental needs

Neglect of developmental needs will often be present where there are other safety concerns or risk factors such as mental health difficulties, disability, domestic and family violence and alcohol and/or other drug use. It can be difficult to determine whether developmental delay is caused by a disability that would be present even with the most optimal caregiving. Having a detailed discussion of routines with the caregiver, including their daily interactions with their child or young person, is important in eliciting the information required to make these assessments. In addition, obtaining information from other sources such as general practitioners, Paediatricians, National Disability Insurance Scheme (NDIS) providers, allied health providers, child care and school can assist in determining whether concerns about development have been raised with the caregiver and whether they were responded to appropriately.

Supervisory neglect

Supervisory neglect can be challenging to assess as it can be difficult to define. Changing societal norms and culture impact the age at which children and young people are considered able to exercise independence. Cultures vary greatly in what experiences are considered developmentally appropriate or dangerous for children resulting in very different childhood experiences based on culture. [xix] Whilst all assessments must consider culture, given the influence of culture on attitudes to the independence of children and young people, it is particularly important when assessing supervisory neglect. Irrespective of cultural and familial attitudes to independence, the safety of the child or young person must always be the paramount consideration.

When undertaking assessment of concerns about supervisory neglect, consideration should be given to:

- the child or young person's age, development and capabilities
- the ability of the child or young person to exercise appropriate decision making
- the accessibility of a caregiver or safe person (for example, how far away is someone who could assist them in a crisis)
- what the child or young person was doing while unsupervised
- whether or not the child or young person was comfortable with the arrangement
- the length of time and time of day they were unsupervised
- caregiver reasoning for the situation
- caregiver response (for example, failure to look for a missing child or young person, lack of capacity to reflect on the potential risk)
- the potential danger to the child in an environmental context
- previous neglect or abuse.[xx]

Another important consideration is the chronicity of this issue, whether there is a pattern of behaviour that exposes the child or young person to risk of harm and what the impact is on the child or young person. It is important to consider that competing demands for caregiver attention may mean that it is not always possible to supervise the child or young person all of the time and that they can still be injured whilst being supervised. However, DCP case workers should be alert to the possibility of supervisory neglect where children and young people present with multiple injuries.[xxi]

Educational neglect

The neglect of the child or young person's education can have a significant impact on their development.[xxii] Regular attendance at educational facilities, particularly for children and young people who are socially disadvantaged, can provide them with significant resources to enhance their wellbeing. Educational neglect is often present in conjunction with other neglect including hoarding and squalor, neglect of developmental needs and medical neglect. Educational neglect is present where the child or young person of compulsory school age is not enrolled or has been persistently absent from school without an acceptable explanation and there is a likelihood that they will be harmed (refer to the SDM Screening and Response Priority Assessment for further information). Where the child or young person is not accessing or regularly attending childcare, kindergarten or school, it can be difficult to monitor their safety and wellbeing. In addition, children and young people may be kept home from educational facilities to conceal issues that would raise concern about their welfare such as injuries, medical issues that are untreated (for example, scabies, lice), lack of sufficient food or being required to care for younger siblings. Where there is a history of concerns about physical abuse, suspicious injuries, previous disclosures of abuse or concerns about the child or young person's health, absences from school should prompt a priority response and the response should ensure the child or young person is sighted.

Working in partnership with Department for Education staff in responding to concerns about educational neglect is essential. The Interagency Processes for High Risk Children: Chronic School Non-Attendance MOAA provides guidance on roles and responsibilities. Consideration must be given to holding a strategy discussion including Department for Education staff (refer to the Hold a strategy discussion section of the Manual of Practice for further information on when a strategy discussion is indicated).

No caregiver available/willing/able to provide care

There are a number of circumstances whereby a caregiver may be considered not available/willing/able to care, including where the caregiver:

- is affected by alcohol and/or other drugs to the extent that they cannot provide safe care
- has left the child or young person with another caregiver, has not returned to resume care or cannot be contacted, and the person can no longer provide care or is not considered safe to do so
- is either deceased, in custody, incarcerated, hospitalised or detained under the *Mental Health Act 2009* and an appropriate alternative care arrangement has not been identified
- has expressed being unable to care for the child or young person or is uncontactable (this may occur in the context of refusing to discharge the child or young person from hospital, bringing the child or young person to a DCP office or leaving the child or young person at respite).

Where a caregiver has indicated they can no longer provide care for the child or young person who has a developmental delay or disability, consultation must occur with the Regional Disability Consultant.

9. Reflective practice

DCP case workers are better able to develop skills when they engage in reflective practice. DCP case workers are encouraged to seek feedback about their practice in relation to neglect.

During supervision or team meetings, consider the following questions in relation to one of your cases:

- How long has the neglect been present for? Has the child or young person been impacted across different developmental stages?
- What is the impact on the child or young person currently and the potential long-term impact if their circumstances do not change?
- What factors are underlying/contributing to the neglect? For family preservation or reunification cases, does the case plan include actions to address these issues?
- Has the possibility of other forms of harm (for example, physical, psychological, emotional and sexual abuse) been considered?
- Has there been consultation and collaboration with relevant agencies?

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[vi] The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study 2023
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[xi] Parkinson, S. et al. p.4
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	Minor	Unlikely	Low

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Approval Date	**Version**	**Revision description**
4 August 2023	1.0	New practice paper.
11 October 2023	1.1	Minor amendments regarding educational neglect and persistent absenteeism.