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**Introduction**

**Workshop Aim**

This webinar is organised by the [Child Protection Minimum Standards Working Group](https://alliancecpha.org/en/child-protection-hub/cpms-working-group) of the [Alliance for Child Protection in Humanitarian Action](https://alliancecpha.org/en). The purpose of this webinar is to summarise the key findings and highlight the recommendations of the recently published report: [**Child Neglect in Humanitarian Settings: Literature Review and Recommendations for Strengthening Prevention and Response**](https://cpie.info/neglect).

The hope is that by presenting a clear definition of child neglect applicable to humanitarian settings, and drawing attention to actions that may address neglect the report and this webinar will help frontline workers to be able to better

1) identify situations of neglect

2) determine risk factors for neglect and therefore

3) provide appropriate preventative and responsive services that support child resilience, and family, community, and societal level responses that enable healthy child development.

**Why a focus on neglect?**

Available data globally shows that among violence, abuse, exploitation and neglect, it is neglect that is the most common form of child maltreatment. And in fact, it’s neglect is the leading cause of death in child maltreatment cases. From many contexts globally, we know that neglect negatively impacts **every** aspects of child wellbeing and development.

Over the last year or two a number of actors working in child protection began to realise that neglect was being overlooked.

The growing evidence and increased attention globally has made humanitarians realise that the neglect may well be large scale, with severe and lifelong impacts for children, that need to be addressed and that neglect may also be exacerbated in humanitarian contexts.

**Background of the research**

The research was undertaken primarily as a first step, to assess the state of existing data and evidence on the prevalence of neglect in humanitarian settings, to identify good practice in terms of prevention, mitigation and response, to identify knowledge gaps, and to propose recommendations on how neglect could or should be included in the revised CPMS.

We began by collating and reviewing legal, academic, and grey literature and statistics that defined neglect and presented information on the nature, scale, and forms of neglect that children experience globally.

**Challenges with defining neglect**

To date there has been very little consensus about how neglect is defined and how to measure it, especially in settings with poor infrastructure, weak governments and pre-existing levels of extreme poverty and deprivation. A lot of the available data specifically on neglect came from the global north, and none came directly from humanitarian contexts. So, we relied to some extent on proxy indicators like extreme poverty, school attendance, health, nutrition, and protection.

**Definition of neglect**

Globally there are subtleties in the way that neglect is defined. Child neglect is a form of child maltreatment, and the working definition of child neglect is “the failure of a caregiver—any person, community or institution (including the State) with clear responsibility to protect a child from actual or potential harm—to fulfil that child’s right to survival, development and wellbeing”

**Clarification on caregiver definition**

It also covers those with a legal or professional responsibility to take care of the child – for example a caregiver may be a foster parent, personnel of an institution, a teacher, a workplace employer, and/or state actor.

And the other important thing about this definition is that it is child-centred – it focuses on the impacts on the child and recognises that children may be unintentionally neglected or harmed by their caregivers. However, it also recognises the severe limitations that caregivers may be under in fulfilling their caregiving obligations and avoids stigmatising them for matters beyond their control.

**Forms of neglect**

Child neglect is often divided into six categories, which may occur simultaneously, or not:

* Physical neglect—failure to protect a child from harm or to fulfil a child’s rights to basic necessities including adequate food, shelter, clothing, and basic medical care;
* Medical neglect—failure to seek timely and appropriate medical care for a serious physical or mental health problem
* Emotional neglect— which is a form we often associate with neglect, particularly in younger children - failure to provide a child with regular emotional attention, nurture and opportunities for developmental enrichment; or exposing the child to intimate partner violence, drug or alcohol abuse;
* Educational neglect—failure to secure a child’s education through attendance at school or otherwise;
* Supervisory neglect—failure to provide a safe environment with age appropriate adult supervision, thereby placing the child at risk of harm; and
* Abandonment—failure of a caregiver to maintain contact with a child or to provide reasonable support for a specified period of time.

**Impact of neglect on children**

Neglect causes immediate, gradual and cumulative negative impacts on a range of outcomes across the child’s lifespan, extending into adulthood. For example, on physical development and health; neural and cognitive development and later mental health and wellbeing,

So, examples would be - development delays, stunted growth, chronic medical issues, impaired neurological development and reduced cognitive ability. In the most severe cases, neglect can be life-threatening. Neglected children can die from injury, exposure to unsafe environments, starvation, failure of caregivers to protect from illness or malnutrition arising from neglect

The impact of neglect is dependent upon a number of factors, such as:

• The age and developmental stage of the child;

• The type of neglect;

• The intensity, frequency and duration of neglect;

• The child's own resilience and personal characteristics; and

• The wider social system within which the child functions – and the protective and risk factors that exist within that system.

I think that it is important to recognize that whilst all children are vulnerable to neglect, babies and young children are particularly vulnerable to neglect. The first years of a child's life has a big impact on how their brains develop. An environment that provides stimulation as well as the consistent presence of a nurturing caregiver are critical to neural development and later wellbeing.

**Impact of neglect in humanitarian contexts**

Anecdotal evidence indicates that neglect increases children’s vulnerability to other risks – to other forms of child maltreatment and negative coping strategies. For example, disruptions to family or emotional support, insufficient supplies to meet basic needs and a lack of appropriate supervision may have secondary child protection implications or act as drivers for a child to engage in transactional sex, hazardous/ exploitative labour, early child marriage. Such children may also be easier targets for trafficking, recruitment into armed forces / groups, sexual exploitation and abuse.

What we do know, despite research and data on neglect in humanitarian settings being limited, is that risk factors for neglect tend to increase during humanitarian crises, while protective factors that act as preventative forces against neglect tend to decrease.

**Risk factors**

We typically look at risk factors (and their correlatives, protective factors), within a socio-ecological framework, starting with the individual child and fanning outward.

For children themselves, individual risk factors include characteristics such as age, sex and disability. Younger children… girls… children with disabilities or complex health needs… poor adaptive capacity. Separated and unaccompanied children—whose parents/primary caregivers may be missing, dislocated or deceased—also face greater risk of neglect, as do children living with stepparents/extended family.

Children’s vulnerability to neglect also increases where their parents or caregivers are single, living with a disability or chronic illness, lack parenting skills, are themselves survivors of child neglect or other forms of child maltreatment, or suffer alcohol or substance abuse disorders. And if we think about this in the context of a humanitarian crisis, things become that much more difficult. Caregivers who normally provide stable, nurturing care often find themselves in situations of displacement, threatened livelihoods, acute poverty and food insecurity, depriving them of both the physical resources to fulfil their children’s basic needs (e.g. adequate food, water, shelter, clothing, and medical care) and the emotional resources to engage in responsive parenting and cognitive stimulation. Additionally, caregivers may become injured, unwell, separated from their children or completely overwhelmed, and so again – be unable to meet their children’s physical, emotional and psychological needs.

**Other levels of the socio-ecological framework – what risk factors are present at community and society level that may increase the chances that a child experiences neglect?**

At the social level, the biggest risk factors are social isolation and the breakdown of traditional community structures, which are not uncommon during humanitarian crises. The disintegration of informal community groups and social networks such as religious associations, school clubs, women’s groups and extended family can leave caregivers and children without broader support to draw on.

Once we reach society-level risk factors, we’re more in the realm of development than humanitarian action, looking at issues such as poor governance, weak institutions, widespread poverty, State fragility and low levels of socio-economic development (marked by food insecurity, limited livelihood opportunities, restrictions on freedom of movement, and inadequate/absent essential services). In many instances, children will have been experiencing neglect prior to the humanitarian crisis, and the situation will exponentially worsen. Infrastructure damage, population displacement, weakened government capacity or denial of humanitarian access may prevent access to, or the functioning of, basic services and institutions that normally support children’s safety, development and wellbeing.

***How do you think child protection actors can improve the way they address neglect in humanitarian settings now?***

The four main areas of recommendations made in the report are that we need to:

1. Build the evidence-base
2. Make neglect more visible in individual and joint assessments, CPRA, PRA, CPIMS, and not only neglect, but neglect by type (emotional, physical, etc).
3. Work with all stakeholders, including other sectors, to better identify, mitigate against and prevent neglect
4. Respond more systematically when neglect is identified

Obviously, this is really broad and each of these main areas are broken down into detailed recommendations in the report:

For example, in terms of evidence-base,

* We need to build the evidence-base in terms of collect data on neglect by type
* in different types of humanitarian settings and
* at different phases of the emergency,
* as it affects different cohorts of children (girls/boys, infants/young children /older children, CWD, etc)

*We hope this discussion has given you some ideas on the specific actions that you can take now to ensure neglect is addressed – mitigated against, prevented and responded to, across all humanitarian settings**and that you will be tempted you to read the* [*full report*](https://cpie.info/neglect)*.*

Thank you, Claire and Leilani, for giving us some thoughts on ways to ensure we act on neglect in humanitarian settings.