Language Difficulties Among Children Experiencing Neglect: A Public Health Approach Aimed at Narrowing the Gap

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Abstract

Purpose: Child neglect affects approximately 1% of children under the age of six in the United States and Canada annually. Nearly 50% of children who experience neglect present significant language difficulties before starting school. Child neglect can thus be considered a major public health issue. Child neglect is an ecological and systemic phenomenon characterized by a dual disruption: first, in the relationship between the parent and child and second, in the relationship between the family and the wider community. Empirical research has quite convincingly demonstrated that parenting behaviors constitute a malleable variable upon which it is possible to act to foster the language development of young children. However, given the multidimensional nature of child neglect, interventions aimed directly at parents are simply not enough to support the language skills of children in this context. Based on a complex family and social conception of neglect, the objective of this article is to propose a logical model illustrating public health services for children experiencing neglect. Such a logical model provides for multiple interventions at the child, family and community levels.

Conclusions: Broader efforts should be made to support the parents in overcoming the challenges of parenthood by addressing the multiple risk factors to which they are exposed. This can be achieved both by striving towards positive environmental conditions, characterized by responsive caregiving in the home and community, and by implementing multilevel interventions within an interdisciplinary and intersectoral approach. The resulting recommendations align with the Individuals with Disabilities Education Act (IDEA), a law that requires states to provide services to children in early intervention programs (Part C) and kindergartens/schools (Part B).

Keywords: Child neglect, language development, logical model, public health

Early childhood experience is a social determinant of children's health and well-being (Commission on Social Determinants of Health, 2008). Healthy early childhood development hinges on positive environmental conditions, including responsive caregiving by parents, family members and other caregivers in both the home and community settings (Bernard, Lee, & Dozier 2017; Greenwood et al., 2017). Children who experience adversity in their early caregiving environment, including those experiencing neglect, are at elevated risk for developmental language deficits (Boparai et al., 2018; McDonald, Milne, Knight, & Webster, 2013; Sylvestre, Bussières, & Bouchard, 2016). Early language difficulties can have deleterious consequences on cognitive and socioemotional development (Snow, 2013; St Clair, Pickles, Durkin, & Conti-Ramsden, 2010) and school readiness (Law, Charlton, & Asmussen, 2017; Snowling & Hulme, 2012). Language and communication skills are also crucial for brain development, parent-child attachment, expressing and understanding others, thinking and learning, social interactions, and emotional well-being (Bercow, 2018; Norrie McCain, 2020). Thus, children with a history of child neglect are especially in need of interventions supporting early language development (Bernard et al., 2017).

Current Situation

Child Neglect: An All Too Common Phenomenon

Almost 65% of reported cases of maltreatment involving children under the age of 6 pertain to neglect (Quebec Association of Youth Centers, 2019; US Department of Health & Human Services, 2020). More specifically, in 2019, in the Canadian province of Quebec, 62.6% of reported cases involving preschool aged children retained by the

directors of youth protection agencies concerned a situation of neglect. These case numbers represent 1% of all children in this age group in Quebec, a statistic that also applies in the United States (Quebec Association of Youth Centers, 2019; Statistics Canada, 2019; US Department of Health & Human Services, 2020). In fact, since neglect often goes unnoticed, it can be assumed that these already worrying figures actually underestimate the real extent of the problem (Blumenthal, 2015). Moreover, of all the forms of child maltreatment, neglect has the most profound and long-lasting consequences (Romano, Babchishin, Marquis, & Fréchette, 2015). It is also associated with the highest risk of intergenerational transmission (St-Laurent, Dubois-Comtois, Milot & Cantinotti, 2019).

Child Neglect: Important Consequences for Language Development

By age three, roughly one out of two of children who experience neglect show serious delays in language development (Sylvestre & Mérette, 2010). Depending on the language components assessed, this rate is five to ten times higher than that observed among same-aged children in the general population, which averages around 20% (Reilly, McKean, & Levickis, 2014; Zubrick, Taylor, Rice, & Slegers, 2007). Globally, compared to their peers, children who experience neglect understand a smaller number and lower variety of words (Eigsti & Cicchetti, 2004; Fox, Long, & Langlois, 1988; Perry, Doran, & Wells, 1983), display lower morphological and syntactic abilities (Beeghly & Cicchetti, 1994; Coster, Gersten, Beeghly, & Cicchetti, 1989; Eigsti & Cicchetti, 2004; Fox et al., 1988; Julien, Sylvestre, Bouchard, & Leblond, 2019), have weaker pragmatic skills (Coster et al., 1989; Di Sante, Sylvestre, Bouchard, & Leblond,

2019), and show delayed expressive lexical development (Beeghly & Cicchetti, 1994; Coster et al., 1989).

How and Why Child Neglect Compromises Language Development

Child neglect hinders language development because language is acquired in the context of responsive and sensitive caregiving (Golinkoff, Hoff, Rowe, Tamis-LeMonda, & Hirsh-Pasek, 2019; Hirsh-Pasek et al., 2015). Both the quantity and quality of parent-child interactions are crucial for language development (Golinkoff et al., 2019; Romeo et al., 2018). Hart and Risley (1995) showed that, at 3 years of age, children from disadvantaged backgrounds are exposed to 30 million fewer words than children from more advantageous backgrounds. Children who are economically disadvantaged present more language difficulties as compared with their peers from economically secure or advantaged backgrounds (Locke, Ginsborg, & Peers, 2002). Moreover, while the quantity of interactions is important, their quality plays an equally if not more determining role in language development. Indeed, contiguity (e.g., temporal connectedness of the adult's response to the child's utterance) and contingency (e.g., relevance of the adult's response to the child's statement and to the context of the exchange) with a child's statements are crucial for language learning (Romeo et al., 2018).

More specifically, current literature suggests that the three dimensions of responsive parenting that most strongly predict later language development are sensitivity, responsivity and reciprocity (Hirsh-Pasek et al., 2015; Hudson, Levickis, Down, Nicholls &Wake, 2015). *Sensitivity* refers to the parent's awareness and understanding of what captures the child's attention (game, activity, interests, etc.). It also includes the parent's

ability to detect the child's communication signals—including gestures (e.g., pointing) and vocalizations—and to interpret them as communication attempts (Guttentag et al., 2014; Levickis et al., 2014; Roberts & Kaiser, 2011; Warren et al., 2006). Sensitivity represents the first necessary stage of a response which can be adjusted to the developmental level of the child, that is, within his zone of proximal development (Kuusisaari, 2014). *Responsivity* refers to the consistency and relevance of the parent's responses to the child's behaviors. Relevant responses relate to the child's actions, requests and intentions, and allow the conversation or activity to continue. They include, for example, acting or commenting in relation to the child's actions or comments, repeating or rephrasing what the child says, expanding on and providing interpretations of their own comments, or acting in response to the child's direct or indirect requests. Responsivity implies paying attention to the child's interests and reacting to them in a quick and contingent manner (i.e., following the child's lead). *Reciprocity* refers to the parent's ability to engage the child or engage with the child in a collaborative and balanced exchange or activity that has a common goal and in which the parent and child participate equally. Examples of reciprocity include interacting without interrupting the child, asking open-ended questions that help maintain or pursue the interaction, creating balanced turn-taking or conversations, and successfully engaging the child in lasting interactive sequences. These parental behaviors encourage communicative exchanges during which children initiate a topic of interest and parents respond in a way that is meaningful to the child (Hudson et al., 2015). Such mutual turn-taking supports the children's understanding of the rules and structure of conversation and allows children to be highly receptive to new words and language (Smith et al., 2018). The quantity and quality of the language to which children are exposed in their very early years

constitute the active ingredients of language learning by providing them with the opportunity to hear, observe, apply and, gradually, refine their own language skills (Hirsh-Pasek et al., 2015; Romeo et al., 2018).

Child Neglect: Beyond Parental Failure

Child neglect is generally defined as a deficit in meeting a child's basic needs, including the failure to provide adequate supervision and health care, among other physical and educational needs (Dubowitz et al., 2005; Milot, Grisé Bolduc, Gascon, Turgeon, & St-Laurent, 2019). It is characterized by a severe disruption in the parent-child relationship, creating an experience marked by a reduced number of interactions (Milot, St-Laurent, Ethier, & Provost, 2010; Wilson, Rack, Shi, & Norris, 2008). In addition, when parent-child interactions do occur, a significant number of them tend to be characterized by aversiveness, indifference and unpredictability (Lacharité, 2019; Wilson et al., 2008). Children who experience neglect are deprived of the responsive interactions essential for their development (Commission on Social Determinants of Health, 2008).

Child neglect refers to a failure on the part of parents who have difficulty fully exercising their role (Milot et al., 2019). The significant vulnerability of neglectful families, the vast majority of whom face multiple risk factors, may explain this failure (Pauzé, 2018). These families are most often poor, with the parents presenting a range of personal difficulties (e.g., drug addiction, psychological distress) and conjugal difficulties (e.g., marital instability, conjugal violence). These challenges increase the stresses related to the exercise of their parental role and, consequently, the quality of their child-rearing practices (Mersky, Berger, Reynolds, & Gromoske, 2009; Pauzé, 2018).

Child neglect also exposes the inability of society to support vulnerable parents in exercising this role (Milot et al., 2019). Healthy parenting does not hinge solely on the characteristics of people. It also depends on a set of resources and social relationships. Families in a context of neglect are often isolated and receive little support from those around them. Community and government services have difficulty translating into relevant and timely support for parents, who tend, rather, to feel subject to a system of surveillance, control and blame (Lacharité, 2019). Child neglect can therefore be conceptualized as the result of a double disruption. To the disruption of the parent-child relationship is added a deteriorated relationship between the family and community (Lacharité, 2014). This breakdown in the family-community relationship also reduces the normative developmental opportunities for children, including positive interactions with children and adults other than parents (Lacharité, 2019). This conceptualization of neglect suggests that the disruption in the parent-child relationship (proximal factor) is directly related to children's language development, while the breakdown in the family-community relationship (distal factor) appears to have an indirect effect through the pressures exerted on parents in the exercise of their parental role (Lacharité, 2014; Pauzé, 2018).

Child neglect is thus viewed as a complex family and social phenomenon, resulting in an inadequate response to a child's needs. Since one of the mandates of public health is to meet the needs of the most vulnerable in society (Government of Quebec, 2019), the neglect of children is certainly a major public health concern in the very sense of the law (Government of Quebec, 2020). The objective of providing a better response to the developmental needs of children can only be reached by improving the living

conditions of parents and children as well as the quality of parenting skills and family-community relationships (Tarabulsy, Poissant, Saïas, & Delawarde, 2019). It is also essential to provide for activities that allow children to catch up on their developmental delays (Lacharité, 2019). Despite their high developmental needs, only a minority of children experiencing neglect under the age of 6 receive services pertaining to support and harmonious language development (Allen, Hyde, & Leslie, 2012; Casanueva, Cross, & Ringeisen, 2008; Stahmer et al., 2005).

When, on What, and How to Intervene

When: The Importance of Early Actions

The most rapid period of human development occurs in the earliest years of life (Cummings & Berkowitz, 2014; Shonkoff & Phillips, 2000). The foundation for brain development begins to form before babies are born and is well established by age two. This is explained by the action of neurotransmitters, which is particularly high up until this age (Kolb, Whishaw, & Teskey, 2019; Norrie McCain, 2020; Romeo et al., 2018). Robust interaction among genes, early experiences and the environment shape the developing brain and construct brain architecture (Bernard et al., 2017; Garner, 2013; Greenwood et al., 2017).

For this action to be initiated and reinforced, human and social experience, in a "serve and return" interaction between children and their parents, is essential (Friedman & Rusou, 2015; Lytle & Kuhl, 2018). Children who experience neglect are likely to miss out on the reciprocal interactions necessary for language development. If no socio-emotional supports are provided by caregivers to buffer a child’s response to repeated

negative experiences (Garner, 2013), the brain's architecture will not form as expected (Twardosz & Lutzker, 2010). As mentioned by the Center of the Developing Child (2020), "It is easier and less costly to form strong brain circuits during the early years than it is to intervene or 'fix' them later." The ability to change the brains of children decreases over time. Prevention and early intervention among children who experience neglect is compelling and urgent (Albee & Gullotta, 1997; Shonkoff & Levitt, 2010). The recognition of these risks and the benefits of early intervention, align with the Individuals with Disabilities Education Act (IDEA), a federal law in the USA that requires states to provide services to children in early intervention programs (Part C) and kindergartens/schools (Part B) (Child Welfare Information Gateway, 2018).

On What: More than Parental Behaviors

A variety of programs that address child maltreatment have been provided over the past fifty years. The Head Start program, and its Early Head Start version for families of children under three, is one example. The HighScope Perry Prechool, Carolina Abecedarian and Incredible Years programs (Tarabulsy et al., 2019) are examples for families with older children. These programs aim to redress compromising situations for children by improving parental behavior (Barth & Liggett-Creel, 2014; van Wassenaer-Leemhuis et al., 2016).

Some positive impacts of these programs on children's early language development have been documented, but their effects have proven to be modest and not always enduring (Abbott-Shim, Lambert, & McCarty, 2003; Love et al., 2005; Ludwig & Phillips, 2008). This is because these programs include very few or no direct

interventions on the children's development (Lacharité, 2019). In addition, when such interventions are included, they do not consider the social complexity in which situations of neglect take place. To help children develop harmoniously, it is important to also improve the living conditions of families and communities (Lacharité, 2019; Pauzé, 2018).

How: Child Neglect as a Public Health Issue

Public health services can be represented in a logical model illustrating the relationships between input, theoretical context, intervention targets, activities and anticipated outcomes for children and families (Law, 2019). Such a logical model provides for multiple interventions at the child, family and community levels (Fawcett, Schultz, Watson-Thompson, Fox, & Bremby, 2010). Based on the complex family and social conception of neglect presented above, a logical model comprising seven intervention targets and six types of activities can be developed (Figure 1). In the short and medium term, this set of services aims to eliminate, or at least reduce, the language difficulties presented by children experiencing neglect, while improving the full social participation of these children, promoting greater school readiness among them, and setting them on a better educational path. Over the long term, the expected benefits include better integration into employment and a reduction in the intergenerational transmission of child neglect.

General framework of interventions. Since child neglect is a multi-faceted phenomenon including personal, family and social aspects, multidimensional actions need to be promoted in an intensive, consistent and continuous manner. Part C of the

IDEA requires that early intervention services assist family members in enhancing their child's learning and development through everyday opportunities within natural environments such as the home (Child Welfare Information Gateway, 2018). However, parents' resistance to engaging in interventions is a frequent phenomenon in situations of neglect (Boulet, Éthier, & Couture, 2004). The analysis of children's needs and well-being is very often based on an approach controlled exclusively by clinicians is a part of the explanation (Lacharité, 2011). Interventions are implemented in a non-voluntary context imposed on parents (Rooney, 2009) and this legal context has an impact on their self-esteem. Parents are pressured, formally or informally, to engage in services that they have neither requested nor chosen, and that they generally see as unneeded or unnecessary (Rooney, 2009). Consequently, they perceive such interventions as a form of humiliation, resent the guilty verdict pronounced, feel powerless, and experience a loss of personal, family and social recognition (Poissant, 2014). There is often a gap between what these parents experience (helplessness, shame) and what they show (indifference, anger). This may manifest itself in a refusal to recognize and accept intervention, or as resistance and a closed attitude (Dale, 2004). With decisions being made for them and faced with multiple and extensive requests for change, parents often give up and disengage from the child.

In this non-voluntary context, it is particularly crucial that the speech language pathologist (SLP) and all other clinicians involved with the child and family take the time needed to establish a quality therapeutic alliance with parents. The therapeutic alliance can be conceived of as the organizing principle guiding the relationship between the clinician and parents in the clinical-relational process. It involves a therapeutic relationship of trust

(affective bond) that fosters shared decision making. The aim is for the clinician and parents to develop a common view of the problem to be resolved, the goals of the intervention, and the explicit tasks and intervention intensity required to meet these goals (Sylvestre & Gobeil, accepted). Making decisions together helps the parents find their own answers, experience a sense of internal control, and evolve towards new perspectives and the confidence that they can care for themselves and their children (Riley, 2002). It encourages adherence to the treatment and helps retain neglectful families within the services (Selp, Bougatsos, Blazina, & Nelson, 2013; Serbati, Gioga, & Milani, 2012).

Home-visit sessions are considered the best approach for establishing such a therapeutic alliance (Tosh, Arnott, & Scarinci, 2017). Offering in-home services to parents who are socially isolated or impoverished increases their sense of control and comfort, resulting in their greater openness to the relationship with the clinician (Peacock, Konrad, Watson, Nickel, & Muhajarine, 2013). Research suggests that home visits are the most likely to reach very vulnerable families and lead to positive changes at the parental and child development levels, particularly with regard to language development (Avelar & Supplee, 2013; Selph et al., 2013; Serbati et al., 2012). Home interventions promote the generalization of acquired knowledge (Brunk, Henggeler, & Whelan, 1987). They also appear to be the most effective way to avoid the recurrence of child neglect (DePanfilis, 2006).

To effectively provide community and home-based services, there is also a need to foster intersectoral collaboration between the institutional and community resources supporting adults, families and those working to protect children (DePanfilis, 2006; Jancarik, 2012; Menear et al., 2020). The objective of such collaboration is to optimize

the environmental structures that influence individual behavior, with a focus on the synergy of multilevel interventions rather than any particular intervention in isolation (Biglan, Flay, Embry, & Sandler, 2012). The success of this collaboration depends on the capacity of the various stakeholders concerned—those providing special instruction, family training, occupational or physical therapy, psychological services, speech-language pathology—to work as a team, forming an alliance, not only with each other, but also with the parents. Seeing parents as an integral part of the team promotes the development of their sense of competence. Their participation in decision making about needs and services reinforces their adherence to intervention (Fragasso, Pomey, & Careau, 2018). However, the challenges linked to the implementation of such initiatives—within institutional frameworks based on the organizing principle of delivering services in silos and defining these services around individuals who present difficulties (children and parents) rather than around families and communities (Honta, 2019)—are considerable. This points to the important role of a service coordinator who can help the families and clinicians navigate the intervention process and ensure that the needed services are provided (Child Welfare Information Gateway, 2018)

Best practices with regard to child neglect also provide for the presence of a pivotal clinician, a significant figure with whom the family can especially develop this high quality therapeutic alliance. This ensures the transfer of learning, consistency in the actions of the stakeholders, and continuity in the interventions carried out with the family. This clinician must act as a guide and avoid fueling the family's dependence on protective services. He/She builds on the strengths and development of family

empowerment, helping to enable families to solve their own problems and manage their stresses (DePanfilis, 2006).

The importance of evaluation. The needs of the child and family must be assessed in a comprehensive manner, incorporating knowledge on child neglect and its multidimensional nature. All members of the clinical team will assess the full range of the family's unmet needs and challenges (employment opportunities, education, substance abuse, etc.) as well as the type of neglect involved and its chronic or circumstantial nature (DePanfilis, 2006; Hearn, 2010). Risk and protective factors must be identified, the latter acting as a buffer between the risk factors and the child's development. Each clinician, according to his/her specialized expertise, should participate in assessing the child's development. The SLP will thoroughly assess the child's strengths and developmental needs in the language sphere. He/She will also observe the parental behaviors directly related to language development—in particular, the parents' sensitivity, responsivity and reciprocity—and determine their level of adjustment to the developmental needs of the child.

These actions will give rise to (1) an Individual Education Program (IEP: https://ectacenter.org/topics/iep/iep.asp) for the child and (2) an Individualized Family Service Plan (IFSP: https://ectacenter.org/topics/ifsp/ifsppprocess.asp) for the family. These plans must reflect a common vision, a consensus within the clinical team about the child's developmental needs, the parents' capacities to meet them, and the resources and obstacles present in their environment. This shared vision will allow the different professionals to clarify the messages communicated among themselves and with the family (Serbati et al., 2012), share responsibilities with regard to the child, and

collaborate to ensure the latter's well-being and optimal development (Lacharité, 2019). Outcomes must also be identified and should describe the context (family routines or activities that will provide the opportunity to work on outcomes) and the "end point" (the measurable or observable skills and behaviors that mark successful completion; Child Welfare Information Gateway, 2018).

This assessment must also be continuous, in terms of analyzing both the child's developmental needs and the ability of his/her parents, family and different environments to respond to them adequately. This is necessary in order to adapt the intervention to the progress made, and the progress that remains to be made, and thus ensure follow-up that will lead to change (DePanfilis, 2006).

Specific intervention targets to be prioritized based on evaluation results.

Intervention strategies must focus on both the child, aiming to ensure the child's safety while promoting his/her development (DePanfilis, 2006), and the parents, helping to enable them to meet the needs of their family (DePanfilis, 2006; Jancarik, 2012). Interventions aimed at promoting the language development of children who experience neglect should foster the emergence of parental behaviors that are favorable to the child's development, while promoting the parents' sensitivity, responsivity and reciprocity and strengthening their sense of parental competence. Children's language stimulation can be improved by an intensive approach at home, based on modeling and coaching (Gershater-Molko, Lutzker, & Sherman, 2002). Specifically, the SLP can model the parental behaviors by interacting with the child in the presence of the parent (Pinard, Savard, & Côté, 2018). It is important to help parents improve their knowledge of child development and develop realistic expectations for their child (St-Laurent et al., 2008).

Addressing some key questions will give meaning to the new skills. For example, why is this parental behavior favorable to the development of language? How does the child react to it? How does this modify the child's language productions? This information will also help to stabilize the use of the new skills. Video feedback can be used, as it is a proven method to promote parental awareness and encourage the adoption of desired behaviors (Moss et al., 2014).

The SLP can provide constructive feedback to the parents, indicating and guiding them towards what is expected. This will enable parents to deepen their knowledge and skills (van de Ridder, Stokking, Mcgaghie, & Ten cate, 2008). By commenting on what is positive and what needs to be improved, the SLP can encourage change. Feedback can be given during or following direct observations, or focus on a topic by synthesizing multiple observations (Weinstein, 2015). Following constructive feedback, parents should know where they stand in relation to a given behavior, where they should be and how to go about getting there (Ramani, 2015).

Jancarik (2012) also suggests that the clinical team offer group interventions that address psychological needs, sensitivity to the child, and the problem-solving skills employed in parenting. This will promote healthy family functioning and a better definition of family roles (Lacharité, Fafard, & Bourassa, 2005). It is also very important to consider the family's social and environmental network, which can act as a support system for positive parenting (Serbati et al., 2012). Such groups can be made the responsibility of the SLP, thus focusing the content on behaviors that are favorable to language development. The SLP can also participate on an ad hoc basis in a group of parents led by another member of the clinical team, acting as a coach for other

stakeholders. The nature and extent of the involvement will be decided by the clinical team so as to meet priority needs as set out in the intervention plans.

Another way that the children can be exposed to normative learning situations is by attending high quality early childhood care and education programs. Here, it is not enough to provide daycare spaces to guarantee that the children will receive various types of stimulation that tend to be limited within their families. It is also necessary to ensure that the early childhood educators who care for them understand the specific developmental needs of children who experience neglect in order to provide them with an enriching childcare experience (Lacharité, 2019). In this context, the SLP can play a key role by making educators aware of the importance of the adult-child interaction in the child's language development and providing language stimulation strategies tailored to the child's developmental needs. In order to support the adoption of these behaviors, the SLP can also offer guidance to educators, similar to that provided to parents. Finally, of course, direct language therapy interventions with the children deemed to need them, based on the clinical evaluation by a SLP, is essential.

Dosage needed to reach the objectives. To support improvements in the family's current living situation and remedy the wounds of the past, interventions, adapted to their needs, must be of significant intensity and sufficiently long from 18 to 24 months on average. Some researchers found that the interventions that produced the best results were those that included at least 12 home visits and lasted more than six months (Carr, 2014; Macleod & Nelson 2000). The intensity at the beginning of interventions, whether with the child or the parents, has been found to be particularly important (Pauzé, 2018).

The implementation of this logical model requires reviewing the organization of services with a view to maximizing intersectoral collaboration by mobilizing diversified actors in government and community services. This also requires the SLP to provide flexible and diverse interventions that serve many functions: coaching parents, early childhood care and education (ECCE) educators, teachers, and other members of the clinical team; leading and facilitating parent groups; and providing interventions in the community. The SLP must also diversify the contexts of intervention: at home, in community organizations, in educational childcare services, and at school, wherever the child and/or parents are. The SLP must pay particular attention to establishing a therapeutic alliance with these often wary and unwilling families, in acting as a role model for parents, giving them constructive feedback and supporting the development of their parenting skills. Finally, it is absolutely crucial to provide children with the intervention services they need to develop language. It is not enough to wait until the parents acquire skills. Children cannot afford to wait. Despite the challenges associated with this type of practice, it is the duty of the SLP and other stakeholdeers to fully commit to supporting the development of children experiencing neglect.

Conclusion

The theory of change behind this logical model is ecological, providing multiple interventions at the population, community and child levels designed to facilitate changes in policies, programs and practices within and across the settings in which children live, learn and play (Fawcett et al., 2010). At the heart of this approach is the creation of a richer language environment in the child's life by enhancing conversational interactions

between parents or caregivers and children, at home, in childcare settings and out in the community.

Defining child neglect in terms of the unmet needs of the child greatly reduces the burden generally placed on parents and thus invites us, as a society, to question how we support parents (Lacharité, 2014; Proctor & Dubowitz, 2014). We must recognize that child neglect is a major concern and engage in a constant struggle against it and its considerable consequences for children's language development. Being able to communicate effectively must also be recognized as a basic need of children. We must make this a national public health issue. Such a commitment will oblige us to drastically increase proximity prevention services for the most vulnerable families. This is where we can make a real difference. To respond to the urgent need to better protect the health, development and security of all children, governments must commit to adequately supporting the efforts of public health agencies and the stakeholders mobilized in programs and services with proven preventive effectiveness. Governments must also ensure that workers have adequate working conditions and access to the tools they need to fulfill their mandate.

The urgency to intervene early to promote the development of children who experience neglect could not be clearer. All must be involved, resolutely engaged in a merciless fight against child neglect. SLPs, given their in-depth expertise in children's language development and in parental behaviors that are favorable to language development, can make a major difference for these children and their communities. SLPs are called upon to use diverse activities as part of the multidimensional intervention

necessary to meet the many needs of families experiencing neglect. Our profession must mobilize now.

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Figure 1. Logic model for a public health approach towards supporting the language development of children experiencing neglect