NSPCC



Too little, too late:

The multi-agency response to identifying and tackling neglect

EVERY CHILDHOOD IS WORTH FIGHTING FOR

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Acknowledgements

We are very grateful to all the social workers, healthcare workers, teachers and police who took part in this research via our national poll and focus groups, as well as those who contacted the NSPCC Helpline for advice.

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Research Headlines

Neglect is defined as not meeting a child's basic physical and psychological needs¹. It is the most common form of maltreatment reported as the initial category of abuse on child protection plans and was the top main concern for child welfare contacts in 2023/24 to the NSPCC Helpline, accounting for 27% of all child welfare contacts.

There are different types of neglect including physical, educational, emotional and medical². This form of maltreatment can happen at any age, sometimes even before a child is born – such as through substance abuse that may damage a baby's development in the womb³. Neglect can also damage a child's physical development in the first years of their life by impacting attachment, brain development, gross motor skills and physical health⁴. Later in life, children who have experienced neglect are more likely to experience mental health problems including depression, PTSD and panic disorders⁵. Neglect can also increase the risk of other forms of harm, including child criminal exploitation⁶.

A Government commissioned analysis of case reviews from 2017 to 2019 examined 235 cases, where 131 related to deaths and 104 to non-fatal serious harm. As in all previous periodic reviews, the largest proportion of incidents related to the youngest children, with 36% aged under one. Of these there

were six cases where extreme neglect had led to the death of a child (5% of the deaths), and 22 cases of non-fatal but serious harm where neglect had triggered the review (23%). As a background factor (rather than the immediate cause of the review), neglect appeared in 75% of the 166 reports, an almost identical proportion to the 2014–2017 review.⁷

The number of children who are on child protection plans where neglect is the initial category of abuse remains consistently high - along with emotional abuse neglect is the only form of maltreatment that has not declined over the last 10 years⁸. Studies have noted that professionals can struggle to identify neglect which means earlier opportunities to intervene can be missed, allowing neglect to become chronic and the cumulative impact over time more severe⁹. Local and national reviews have also highlighted individual cases where children are left suffering for protracted periods of time without an adequate response to keep them safe¹⁰.

For example, the 2021 Serious Case Review into the harm caused to 10-year-old Child B showed a failure of professionals involved with his family to address the neglect he suffered over several years. Child B was born with a disability and needed significant support from health specialists. The case review records that Child B was not brought to a significant number of health appointments (even after having a toe amputated which health practitioners felt could have been preventable had he received medical help earlier), concerns were repeatedly raised about his welfare but things were not escalated. It took more than four years before he was made subject to a child protection plan and interventions were put in place¹¹.

We must increase the research, policy and practice focus on neglect so this can change.

A new policy and practice focus on neglect is urgently needed

The phrase 'the neglect of neglect' is frequently used in academic discourse to highlight the limited evidence regarding neglect in both policy and practice¹². The relative lack of research and policy focus on the causes of neglect and how best to tackle it are likely to have contributed to its continued prevalence - and this report's finding that there is insufficient practice focus. Unlike other forms of

Neglect is the most common form of maltreatment reported as the initial category of abuse on child protection plans

maltreatment, there is no national strategy for neglect. Practice guidance rarely refers to neglect specific approaches and instead routinely refers to 'abuse and neglect' as a combined category. Where local neglect strategies are used, this research has found that professionals do not feel this effectively translates into practice.

Our research shows that professionals with safeguarding responsibilities - teachers, healthcare professionals, police officers and social workers – are

identifying and trying to support children who are experiencing neglect every day. However, the multi-agency workforce feels they are under-prepared and under-resourced to address neglect, and there are limited specialised professionals or interventions to draw on to help tackle it.

Children's services in England are under immense pressure. The number of children in care has increased and costs are spiralling. Increased spending on the care system has reduced spending on early, preventative services, which aim to prevent the need for more acute interventions (such as entering care) and keep children safely with their families¹³.

Children are experiencing neglect in the context of rising rates of poverty and a cost-of-living crisis which is making it harder and harder for many families, all the while resources to support them are at an all-

time low. This combination is disastrous for children and families at risk of neglect and means both elements of the equation need to be addressed.

Evidence shows that there is not a direct link between poverty and risk of maltreatment – not all children who experience poverty will be at an increased risk of neglect and neglect can happen in any home. However, academic research does show poverty can impact parenting capacity in material ways such as struggling to provide adequate housing and an inability to provide the basics like food and clothing, and in psychological ways such as parental stress and ill mental health 14.

All this contributes to the challenges for professionals when identifying and tackling neglect.

83%

of professionals told us there were not enough services available in their local area to provide targeted support for children and families where neglect is present.

Neglect has been normalised as poverty has risen

Professionals in focus groups told us that whilst neglect is persistently prevalent in referrals and assessments it often doesn't meet the threshold for intervention. A lack of action on neglect can then become commonplace and normalised – something professionals told us they were particularly concerned about in the context of rising rates of poverty.

Across all agencies polled – healthcare, the police, children's social care and education – over half (54%) said they'd seen an increase in neglect cases during their professional life with 90% saying they believed the rising cost of living and poverty rates was a driving factor and 76% saying a reduction in community support to parents was also a key factor in neglect increasing.

The response to neglect is inadequate and slow

The research findings show professionals are frequently desensitised to warning signs of neglect as it is so widespread. When individual incidents don't meet the Section 17 threshold of harm for intervention, which is set locally, those polled told us action is often not taken¹⁵. Referrals and assessments are made but, in the view of the professionals, they don't necessarily lead to adequate follow up. Teachers in our focus groups in particular report that they sometimes make multiple referrals to children's social care without receiving any follow up information regarding the action taken. 52% of teachers polled said children's social care usually responded slowly to neglect referrals with an initial assessment and 43% said early help interventions following assessments were also slow to be put in place. The slow pace of action are major challenges to tackling neglect.

Police were mixed in their feedback. The majority of police polled said they were confident identifying neglect (even in the context of poverty) but that they were far less confident about information being shared and follow up action to tackle the neglect once it had been noticed. Only 19% of police officers said they thought appropriate action was taken to give the child and family the necessary support to address neglect and 21% said this support was never given.

On the whole, healthcare workers were confident about making referrals and identifying neglect but like other workforces were far less confident about the service response and also about the sharing of information – with 40% saying that in general they didn't feel information was adequately shared between professionals.

All of this suggests that despite the best efforts and intentions of professionals to use tools, make referrals and signpost, the service response for neglect is simply not robust enough. The system is failing to support children and families early, at the point of need.

Neglect is complex, cumulative and professionals find it challenging to tackle

Neglect often overlaps substantially with other forms of child maltreatment and can be present where other forms of abuse are taking place too - as was the case with Arthur Labinjo Hughes' murder¹⁶.

When neglect is the primary form of maltreatment it may not necessarily present as an individual incident that meets the threshold for serious harm. Instead, it is often a patchwork of concerning lower-level reports built up over time to form a picture of cumulative harm. Neglect is a complex harm that requires a great deal of professional skill to assess its cumulative impact.

For this reason, professionals in England are tasked with deciding when omissions in care reach the threshold of 'persistent' 'serious harm'. This is difficult within a child protection system heavily skewed towards thresholds

and recording specific 'incidents' rather than patterns. Professionals wanting to respond to neglect are essentially having to do so in a system that is not designed to support a response.

A common point we heard from professionals across agencies was that the problem was less about identifying neglect, for which there are many tools, and more about providing an adequate service response to it once it had been identified, amid the challenges of local thresholds and resources.

33%

of social workers polled said they had been encouraged by a colleague or a manager to delay action on a neglect

Many professionals told us they feel de-skilled

and demoralised about how they can protect children experiencing neglect. They feel frustrated and ill equipped, knowing that even when they identify neglect, the situation may not meet the threshold for intervention. Even where thresholds are met, interventions may be cut short or not adequately tackle the issues present. This is evidenced by the fact less than half (44%) of professionals polled across healthcare, the police, children's social care and education said they felt it was usually within their power to directly help a child who was being neglected.

Finally, social workers revealed they sometimes have to wait until cases increase in seriousness before they can intervene at all. Social workers told us about pressures to close cases if higher thresholds have not been met, only for colleagues to pick them up with another assessment months or years later.

For children and families who need support, this isn't good enough. At worst early opportunities to identify and respond to neglect are being entirely missed and neglect is allowed to become chronic. And at best children and families find themselves in a rotating door of referrals and assessments that don't necessarily lead to the robust and longer-term support they need.

Opportunity for change

There are ways to change the current, inadequate situation – not least as the new Labour Government wants to put 'opportunity' at the heart of mission-led Government. It is vital that children are a part of that vision and delivery plan, including children whose life chances are being negatively impacted by neglect and who urgently need the children's social care system to be effective. Government inaction is not an option as outcomes for children worsen and council finances spiral.

There is an opportunity to build on the reforms which are already in train to deliver change for children and families. However, in the context of reform programmes on children's social care and wider multi-agency working, neglect must be given more careful consideration and a more prominent focus, both because it will rebalance the system and because it is the right thing for

babies, children, young people and their families. The gaps in the system must be acknowledged and neglect is one of them. By overhauling the current approach to tackling neglect in England the Government can ensure that babies, children and young people do not continue to experience support that is too little and too late. Given the harm that neglect causes to children, they deserve nothing less than urgent action on the recommendations in this report.



Recommendations for the UK Government

1. The Government should introduce a national neglect strategy and improved guidance for better tackling neglect

We must listen to professionals when they say the current response to neglect is not fit for purpose. Local authorities face unprecedented financial challenges and have had little institutional will or capacity to target resources at neglect. The UK Government must lead the way, through ambitious reforms to children's social care and the investment required to stabilise the system and allow for more resources to be spent on preventative early intervention. Neither the Independent Review of Children's Social Care nor the previous Government's strategy Stable Homes, Built on Love adequately addressed the problem of neglect. Given the previous lack of focus on neglect, the Government must now turn the page and develop a national strategy to tackle it.

This should share the latest best practice, learning and evidence about neglect as a unique harm – including its relationship to poverty as a risk factor and indicator of support needs – and its impact over time as a cumulative harm. The strategy must draw together evidence on what works in tackling neglect, both through universal services but also specialist services too. The strategy should also set out how it will improve training opportunities and the availability of tools for all safeguarding partner agencies, so that there is

consistency of understanding and shared language across the workforces who are encountering children where neglect is a concern.

The UK Government should also explore revising the definition of neglect to remove the word 'persistent'. Neglect is the only form of harm which is defined by its persistence. This provides an array of challenges for professionals to assess the point at which thresholds are met. No child should be left to experience maltreatment until it is deemed to be 'persistent' enough for intervention. The opportunity to intervene early is then missed, with devastating consequences for the child, and a need for more costly late-stage intervention. Definitions of neglect in Wales and Northern Ireland no longer include 'persistent' because of this. Whilst Scotland's definition still has the word persistent in guidance, it does state 'there can also be single instances of neglectful behaviour that can cause significant harm'¹⁷. England's guidance must also clearly recognise the impact of poverty on neglect.

2. The Government should ensure the new Family Help model is able to address neglect, through integrated, joined-up family support services delivered at the point of need via a single 'front door'

This report highlights that professionals working to safeguard children think there is not enough support services available to tackle neglect. Professionals say that even when neglect is identified, the right services simply aren't there. This reflects other recent reviews and research. The *Independent Review of Children's Social Care* in England proposed a system rebalance towards earlier, preventative support with a focus on Family Help. Testing of this model is underway through local authority Pathfinders. The new Family Help model aims to merge targeted early help and Section 17 support to form a more cohesive system where families are supported by one lead practitioner throughout. This could transform the response to neglect. Although, insights from professionals warn us that Family Help workers must have a high level of skill and expertise to respond to this complex harm, and that proper social work oversight is available to support them.

It is also vital that agencies can work together, share information and act on it. Multi-agency integrated community-based services, such as Family Hubs, where support is accessed through one 'front door' must be part of this plan. The system must be seen through the eyes of families. They do not see different agencies or different government departments. They see their local service, whether that be their local Family Hub, their local Children's Centre or their local Youth Centre. Whatever the future of community-based services, Family Help must be at the heart, driven by high quality children's social care professionals.

How Family Help services engage with, and nurture families, is vital. Their willingness to accept help and to engage constructively is key to tackling neglect. The physical space in which multi-agency services are accessed is

important, with evidence showing that a single 'front door' to services can make engagement more accessible to families.

That's why responding to neglect must be placed at the heart of a new integrated, joined-up Family Help model, that offers co-located services at the point of need. The UK Government should immediately ensure that developing an early response to neglect is part of the current local authority Pathfinders programme, alongside clear plans for designing the places and ways in which Family Help will be delivered too. A whole system approach that joins up services, is properly funded, and can nurture and build the capacity of the multi-agency workforce to ensure opportunities are not missed will be a vital tool for better tackling neglect.

The Government should be ambitious in developing this type of model, whilst also building on the infrastructure and models that already exist. Pathfinders must evaluate the extent to which Family Hubs are best placed to deliver this work. Ultimately, for children and families, what matters is the widespread availability and quality of the services offered rather than the name of these physical spaces.

3. The UK Government should ensure neglect is considered as part of plans to eradicate child poverty

The evidence is clear that neglect is a distinct form of harm that must be distinguished from poverty, but that the contributory causal link between poverty and risk of maltreatment is strongest with neglect¹⁸. Therefore, efforts to better tackle child neglect must be underpinned by coordinated work to eradicate child poverty. Evidence shows that without this, ambitions to eradicate neglect will not be fully realised.

The Government's forthcoming Child Poverty Strategy, led by the Child Poverty Ministerial Taskforce, must consider neglect. A failure to do so would be a missed chance to take a comprehensive, evidence-based look at tackling a harm that impacts some children experiencing poverty. This strategy must also be truly cross-departmental and live to existing work in other departments including children's social care reform and any future Neglect Strategy.

As this work progresses, any associated practice guidance must reference the ways in which poverty can be an indicator of support needs and a risk factor for neglect. To get this right and ensure it is effective in practice, the Government should not only consult with professionals but also children and families so their voices are included, and their valuable insights are not lost.

4. The UK Government should set out proposals for making education the fourth statutory safeguarding partner, to ensure a truly multi-agency response to neglect

To protect children from neglect, all agencies need the resources, skills and knowledge to play their part. Police officers regularly attend incidents where they encounter children who have been neglected and are living in circumstances that are harmful. Healthcare workers such as Health Visitors and Midwives visit homes for post-natal appointments. And teachers see children more regularly than any other professionals – almost every day in school.

These multiple potential contact points with children provide opportunities to build a strong safety net to catch children who are at risk of – or may be experiencing – neglect. To realise the opportunity to safeguard these children, there needs to be consistency across workforces in how neglect is identified and responded to. Information sharing must be improved, and that information must be acted upon. Professionals need to feel confident in this process.

The role of education in identifying and responding to neglect strengthens the case for making education the fourth statutory safeguarding partner. Referrals from schools account for 2 in every 10 referrals to children's social care, many of which will include concerns of neglect¹⁹. In 2022 school referral figures peaked at 129,090 and continue to be high. Schools are already a critical safeguarding partner but now need to be an empowered, active member of the statutory safeguarding partnership to help drive solutions.

As they develop the provisions to be included in the forthcoming Children's Wellbeing Bill, and as part of wider plans to strengthen multi-agency working, the Government should set out and consult on proposals for how education could become a fourth statutory safeguarding partner. Accompanying guidance should set out the strategic role of education as a vital partner in improving the identification and tackling of neglect as part of a national strategy.



Introduction

The existing evidence base on neglect highlights major challenges for professionals in both the identification and response to neglect. The nature in which neglect often manifests – as accumulative harm over time – inevitably means that the child protection system may need to piece together information gathered from multiple professionals to understand the reality of a child's life²⁰.

As neglect can exist alongside other forms of harm and associated risks include societal factors such as poverty, it can make it more difficult for professionals to assess and decide what the most appropriate service offer response should be. At times, the help a family needs may feel overwhelming and beyond the practitioner's control (such as a more compassionate benefits system), or other times external factors such as poverty may blind professionals from being able to assess the real drivers of neglect (such as insecure parental attachment).

We know from research that the long-term impacts of neglect on child outcomes such as mental health are comparable to all other forms of maltreatment yet there is a long standing pervasive, albeit altogether false idea, that neglect is somehow less harmful than other forms of maltreatment,

this likely impacts the impetus of researchers, practitioners and policy experts to focus on neglect²¹.

However, for the babies, children and young people who are suffering neglect, it is vital there is a concerted focus on the issues from researchers and the development and implementation of policy and practice solutions. Tackling neglect will involve both tackling poverty - which can be a key risk factor - but also recognising neglect as a unique harm that is distinguishable from poverty and that requires a unique targeted response.

The aim of this policy research

Given the relative lack of academic research, policy and practice focus on neglect, this research aims to set out the perspectives of professionals on the challenges they have faced in identifying and responding to neglect. Before developing effective solutions, we must properly define the problem. We must also acknowledge there are major evidence gaps in research and practice in England when it comes to neglect – especially in relation to the voice of the child – that this research cannot begin to address. We have focused on the multi-agency workforce and the barriers and challenges they face when identifying and tackling neglect. This is an area that we felt was highlighted in the academic evidence, but that was under-developed.

We would welcome further academic research that builds on some of the work set out in this report. Primarily, we want this report to clearly demonstrate to Government and policy makers that there is a need for an ambitious policy vision for tackling neglect and set our recommendations for what this vision should consider.

Tackling Child Poverty

Underpinning any work to tackle neglect must be urgent action to tackle child poverty – a crisis affecting children and families up and down the UK. More than 4.3 million children are growing up in poverty²². Given that poverty is a risk factor for neglect, without urgent action to tackle poverty, any ambitions to eradicate neglect will not be fully realised. The Government's commitment to tackle child poverty is welcome, including the Child Poverty Ministerial Taskforce which will kickstart work on a Child Poverty Strategy.

A comprehensive, evidence-based approach to tackling poverty will be essential, and consideration of the link with neglect must be central to this. The first step in this journey must be reducing child poverty numbers overall by removing the two-child limit, which would immediately lift 250,00 children out of poverty²³. It is also vital the Government develops a strategic policy response to neglect that goes beyond its strategy for tackling child poverty too. As this report demonstrates, neglect is a unique and complex form of maltreatment that has a nuanced relationship with poverty but also must be distinguished from it. This is vital for a number of reasons. First, not all

children living in poverty are experiencing neglect and not all neglected children are living in poverty. Many parents make astonishing sacrifices to ensure that their children are not adversely impacted by material hardship²⁴.

Second, evidence shows that even when neglect happens in the context of poverty, the impact of neglect is distinct from the impact of poverty alone. A US study investigated the outcomes for young people growing up in poverty and subject to child protection intervention on the grounds of neglect, comparing them with the outcomes for children who had 'only' lived in poverty. It revealed that the young people with backgrounds of neglect had substantially worse outcomes, such as lower rates of high school graduation and regular employment, and higher rates of teenage parenthood and imprisonment, than the young people who didn't experience neglect but who were exposed to similar lengths and depths of poverty²⁵.

The need for a distinct policy and practice focus on neglect

A national policy focus on neglect is vital. Definitions and guidance are underdeveloped and out of date in terms of recognising the latest evidence and research, as well as contextual societal factors such as poverty. The Government has an opportunity to better serve children who are at risk of neglect by setting out a plan to support families early before the situation becomes worse. To do this they must take a strategic approach to tackling neglect alongside wider reforms to early Family Help. As the Independent Review of Children's Social Care outlined, funding constraints affecting children's social care services have forced local authorities to prioritise fulfilling their statutory duties²⁶. This creates a cycle of ever more concentrated spending on costly late-stage complex interventions and less and less available money for early preventative work. Spending on preventative children's services has reduced by 45% over the last 12 years²⁷. This means the system is buckling under huge pressure and children and families often receive support too late or the support they do get often doesn't meet their needs, despite the best efforts of frontline practitioners. This needs to change.

A multi-agency response

Alongside targeted action to reduce child poverty and an increased policy focus on neglect, any strategic approach to improving the response to neglect must be multi-agency. As a result, the recommendations around strengthening the role education as a safeguarding partner, and coordinating the delivery of integrated community family support are also vital.

No individual professional or agency holds the key to tackling neglect, but instead they need to be resourced to be able to work together to better support children and families. That's why we should listen to what professionals are telling us about what the barriers to effective action on neglect are, and how they think practice could improve.



Context and evidence

How is neglect defined?

As a broad definition neglect can be defined as not meeting a child's basic physical and psychological needs. Neglect has often been seen as a lesser form of maltreatment, lacking the urgency of physical and child sexual abuse²⁸, however we know from evidence neglect can have equally long-lasting impacts on a child's life, and if left to become chronic can cause serious harm and even death, although this is rare.²⁹

The definition of neglect that professionals in England will look to is included in Working Together to Safeguard Children where it is defines as:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. protect a child from physical and emotional harm or danger
- c. ensure adequate supervision (including the use of inadequate caregivers)
- d. ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

(HM Government, 2018, 2023)

The definition encompasses very different forms of behaviour, ranging from pre-birth drug and alcohol misuse to not ensuring medical attention for a child's illness or injuries, dressing a child in clothes that are dirty or unsuitable, poor diet, and not responding with care when they are hurt or unhappy³⁰.

The inclusion of 'persistent' in the definition highlights that unlike other forms of abuse, neglect rarely manifests as a specific incident that demands immediate action but is cumulative over time. So while we know serious immediate harm can result from child neglect, longer-term effects of chronic neglect are more prevalent, even if less visible.

In considering the adequacy of the current definition there is debate about whether the focus should move away from only parental omissions towards the unmet needs of children – in other words, the cause or the effect³¹. Sometimes it can be hard for professionals to confidently identify neglect as it does not usually involve an abusive act, but instead omissions in care.

A child focused approach enables us to better focus on ensuring children's safety, health and development, regardless of the cause. Child-focused definitions are also less blaming so as not to create a barrier between families and professionals and to draw attention to other potential contributors beyond parental control, such as poverty³².

What is the scale of the problem: how many children are experiencing neglect?

It is unclear exactly how many children in England experience neglect as there are no up to date prevalence studies to draw on. The best available data on prevalence of neglect dates back to 2011, which found that neglect was the most common form of child maltreatment reported in the family. 13.3% of 11 to 17-year-olds reported experiencing some form of neglect by a parent or guardian in their life; and 16% of 18 to 24-year-olds reported neglect in childhood. It also found that boys and girls report relatively equal rates of neglect³³.

Estimating the scale of neglect is made more complex because adults in the child's life may not recognise a child is neglected and the child may not know they are being neglected or may be too young, too scared or too ashamed to tell anyone what is happening to them. Many cases of neglect therefore likely to go unreported. However, we do know that neglect is the most common form of maltreatment recorded in around half of child protection cases across the country³⁴.

The most recent data shows of the 50,780 children in England on child protection plans in 2023, 49% recorded neglect as the initial category of abuse³⁵. Department for Education data also shows us that the number of children who are on child protection plans where neglect is the initial category of abuse remains consistently high and, along with emotional abuse, it is the

only form of maltreatment that has not declined over the last 10 years. In contrast, physical abuse, child sexual abuse and the category of 'multiple' forms of abuse have all declined over this period.

Although only a minority of serious incidents (where a child is known to be experiencing abuse or neglect dies or is seriously harmed) and case reviews name neglect as their primary concern, research suggests it is present as a 'contributing factor' in nearly 75% of serious case reviews³⁶. The Child Safeguarding Practice Review Panel reported high levels of neglect in more than 50% of rapid reviews where incidents occurred between April 2022 and March 2023³⁷. Over half of rapid reviews (53%) noted that the child had experienced neglect prior to the incident.



Neglect is also the most mentioned form of harm reported to the NSPCC Helpline, which takes contacts from professionals and members of the public with concerns about a child. In 2023/24, 27% of all child welfare contacts for Helpline listed neglect as the main concern. Of the total number of contacts to Helpline (for any concern) during this period, 34% ended in a referral or a referral update to a local agency (37% of these referrals had the main concern of neglect), which is a substantial jump from the average from 2018/19 of 23% ending in a referral. This suggests that more and more

neglect concerns are reaching referral levels.

Neglect often overlaps substantially with other forms of child maltreatment³⁸. Of nearly 1,000 neglected children, 68% had experienced one or more additional forms of maltreatment³⁹. This may be explained as different forms of maltreatment share common risk factors (for example, parental substance misuse can contribute to neglect, emotional and physical abuse), but in some cases neglect provides opportunities for further abuse – such as increased risk of exploitation⁴⁰. Evidence shows neglect can also act as a 'smokescreen' for other forms of abuse⁴¹. A 2022 review of Serious Case Reviews showed that disclosures of sexual abuse were less likely to be investigated when a focus remained on other complex, demanding and persistent issues such as neglect. Professionals must remain professionally curious in their practice, looking at the child's full lived experience rather than focusing on individual incidents⁴².

What do we know about the risk factors for neglect?

Individual risk factors

Evidence indicates significant crossover with the risk factors for all other forms of maltreatment, but that some children are more vulnerable to neglect⁴³. This

includes babies and infants, children who live with siblings or other children, and children with disabilities. The reasons for these increased vulnerabilities are complex but include these families often facing increased financial, practical and emotional strain which can impact parental capacity. There is also evidence that older teenagers (aged 16-17) are at a higher risk of neglect because their neglect is more likely to be overlooked⁴⁴. This 'adultification' of older children, especially those who may present with challenging behaviour means professionals may underestimate their need for parental care or perceive them to be less vulnerable. 'Adultification' can also exist as a form of racial bias, with black teenage boys being the most common group to be adultified⁴⁵.

Structural risk factors

The likelihood of neglect increases when parental problems happen within the context of societal risk factors such as poverty, which are beyond the parent's control and reflect failures in economic, social, health and education systems. Professor Bywaters, who has led research into the links between poverty and child abuse and neglect, calls for a reframing of child welfare inequalities in ways that parallel well-established health inequalities and which acknowledges societal impacts on health outcomes. This suggests a need for realignment of child protection practices away from a narrow focus on individual parental risk to the ways that governments, societies, communities and families can provide environments where harm is minimised, and children can flourish⁴⁶.

However, the relationship between poverty and neglect is both nuanced and sensitive. Many parents living in poverty make astonishing sacrifices to ensure that their children are not adversely impacted by material hardship⁴⁷. Children living in affluent families can also suffer neglect, and in fact are often off the radar of social services as they have the material and social resources to hide emotional or supervisory neglect or challenge professional decisions and interventions. Families from the poorest neighbourhoods are 14 times more likely to be referred to children's social care than those from the richest areas⁴⁸. Serious Case Reviews also highlight the increasing number of cases where poverty is identified as a background feature of neglect, rising from 35% in 2014-2017 to 50% in 2017-2019⁴⁹. This reflects increasing rates of inequality and child poverty in the UK, rising to 31% of children in 2019/20, the highest figure for 25 years⁵⁰.

Poverty can therefore become a complex contributory causal risk factor of neglect – it interacts with psychological and social factors, acting directly through material hardship and indirectly through things like parental stress, stigma and social isolation. Research shows that parents with a low income, or living in poorer neighbourhoods, are more likely to feel chronically stressed than other parents⁵¹. Positively, one study of multi-systemic therapy found that when parental stress is reduced, child neglect is also reduced, which offers an indication of the types of intervention policymakers could consider to tackle neglect⁵².

What is the impact of neglect on babies, children and young people?

A recent best evidence meta-analysis study mapped the association between types of maltreatment and various mental health difficulties⁵³. The study found that child neglect led to the same comparable associated risk factors for mental health difficulties (including PTDS) as other forms of maltreatment, such as physical or child sexual abuse. Observing the serious case review reports in England also shows the substantial impact neglect can have. One case involved a 3-year old girl who was admitted to hospital with a life threatening illness⁵⁴. The girl was found to be severely malnourished, in poor physical health and developmentally delayed. Although there had been a safeguarding referral from midwifery services to children's social care in the antenatal period, the opportunity for a pre-birth assessment of parenting capacity was missed.

Despite having seen a number of professionals in her first two years, all appointments were task focused (weight, hip-dysplasia, inflection etc) rather than looking more comprehensively at her lived experience or development. She missed a number of developmental milestones like not walking by 20 months but there was no recording of the Ages and Stages Questionnaire being undertaken at any of the health visitor reviews (which would have been expected). Her parents missed appointments and resisted parenting interventions that were offered whilst the neglect continued. As a result of the serious neglect, the girl will need specialist care for the rest of her life.

While the impact of neglect can be particularly damaging in the first years of life, harm is also understood to be cumulative. Dramatic decline in measures of development have been observed over time with continued exposure to neglect. There is even challenging evidence that children who experience neglect on its own may have worse outcomes than children who experience neglect alongside other forms of maltreatment⁵⁵.



Research Methods

This research focuses on the multi- agency workforce (police, education, health and children's social care) and their response to identifying and tackling neglect, to better understand the status of neglect resourcing and practices across the country.

Research aims

We wanted to:

- Assess the different levels of confidence across professionals within agencies with safeguarding responsibility to both identify neglect, and in the service response to tackle it
- Understand the barriers and enablers to successful multi-agency partnership working to tackle neglect.

Research methods

1. National poll of multi-agency safeguarding professionals by YouGov

100 social workers, 200 police, 200 frontline healthcare professionals and 200 teachers were asked 17 questions on their confidence and perspective on the identification and multi-agency service response to neglect. Poll respondents

were presented with a range of multiple choice and open text response questions, which sought to understand:

- How confident professionals were at identifying neglect, including in the context of poverty
- How confident professionals were in the follow up service response offered to families following the identification of neglect, including in the quickness of the response to neglect compared to other forms of maltreatment when identified as the primary need
- How confident professionals were that information was recorded and shared between agencies with safeguarding responsibility to enable effective joined up working

2. Series of semi-structured online focus groups with multi-agency professionals

15 professionals were involved from a range of roles and seniority across police, children's social care, education and health. The questions mirrored the polling questions but the method allowed for deeper discussion and explanation. The focus groups allowed participants to give qualitative insight compared to the polling questions, and discuss their practice approach, including successes and challenges. Anonymised quotes from these focus groups are included throughout this report.

3. Quantitative and qualitative insights gathered from NSPCC Helpline data

The NSPCC Helpline is a free, anonymous phone and online helpline service which professionals and members of the public can contact for safeguarding and referral advice. Qualitative snapshot insights were gathered from April 2023 and March 2024 to show some of the themes and concerns that professionals reported in relation to neglect. There were 20,518 contacts to the Helpline regarding neglect.

Anonymised snapshot quotes from professionals who contacted the Helpline are included throughout this report. It should be noted that snapshots are based on real Helpline contacts but are not necessarily direct quotes. All names and potentially identifying details have been changed to protect the identity of the child and/or adult involved.

Additionally, some comparative quantitative data on the number of contacts and subsequent referrals has been included looking at the 5-year period 2018/19 – 2023/24. We have selected this timeframe to look at pre-pandemic contacts, given the pandemic fundamentally changed the nature of child protection and the contacts we received. There was a drop in Helpline contacts in 2021/22 and 2022/23 as the Helpline phonelines and webform active hours were managed as the service built staff resource back up to pre-pandemic levels. The Helpline email remained open during this time, allowing the public

and professionals to continue contacting Helpline at any time of the day. Despite this anomaly, the Helpline data paints a helpful picture of professional's concerns regarding neglect over the past five years.

Research approach

In designing this research, we drew upon existing evidence. We began the scoping phase with a series of informal discussions with key stakeholders including individuals with expertise in neglect, government policy officials, social workers and researchers. We also commissioned the NSPCC Research and Evidence Team to produce a rapid evidence review of the existing literature. These exercises enabled us to refine the thematic areas of focus and develop the research methods.

The thematic areas we used to filter through Helpline insights and that informed the YouGov poll and multi-agency focus groups included:

- The Prioritisation, approach, and culture within local areas for how to identify and respond to neglect
- Current practice on neglect including strategies, tools and training and services used by professionals and local agencies
- Perceptions of multi-agency working including its effectiveness and things that could be improved
- Areas identified for practice improvement

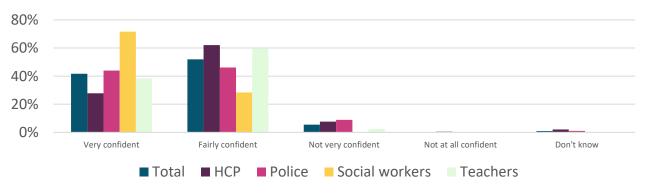


Research Insights

Confidence in identifying cases of neglect is high

The research shows that across the board, professionals report high levels of confidence in noticing the signs of neglect. Professionals were asked on a likert scale from very confident to not at all confident. Over 90% of all professionals polled across children's social care, education, healthcare and the police told us they feel broadly confident in identifying the signs of child neglect^A. It should be noted that confidence in identifying is not the same as effectiveness in identifying. In focus groups,





^A Net confident figure of 94% combines all those that selected they were 'very confident' and 'fairly confident'

professionals referenced frameworks, tools and training that have increased practitioner confidence.

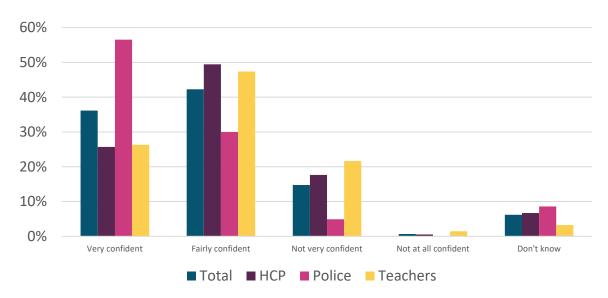
Police reported that training programs like *Child Matters* has worked to increase officer confidence around neglect, by centring the voice of the child and encouraging professional curiosity. A Freedom of Information request made by NSPCC to police forces in England found there were 29,405 offences recorded for child cruelty between April 2022 and March 2023 – a 106% increase in recorded offences in the last five years⁵⁶. Despite recorded offences increasing, the evidence suggests a downward trend in the number of people found guilty of the criminal offence of child cruelty neglect⁵⁷. Only a small number of offences result in a criminal conviction, with most cases of neglect falling below the threshold for criminal intervention⁵⁸. Despite this, the increase in recorded offences may indicate that police are noticing more neglect cases. Nearly half of the police who responded to the poll (46%) said they'd seen an increase in neglect cases in their professional life. This may reflect increased police confidence through improved training.

Both healthcare workers and teachers also said they were confident in identifying the signs of neglect, with over 98% of teachers saying this and 90% of healthcare workers. When asked about identifying neglect when it was happening in the context of poverty, these numbers dipped slightly to 76% (healthcare) and 91% (teachers) but remained high. 100% of social workers said they were confident identifying neglect.

Identifying neglect doesn't necessarily lead to change, leaving some professionals feeling powerless

Whilst confidence in identifying neglect may be high, confidence steadily reduces as a case progresses through the child protection system. Professionals are less confident about deciding when concerns about neglect should be referred to children's social care. Around 1 in 5 polled healthcare workers (18%) and teachers (22%) told us they were not very confident in making this decision.

How confident, if at all, would you feel deciding at what point concerns about neglect should be referred to children's social care?



This may reflect the wider challenge professionals are facing in deciding when omissions in care reach the threshold deemed 'persistent' as set out in the *Working Together* guidance. Reviews of child death and serious harm show how challenging this is and that too often professionals take 'episodic' approaches to address concerns, so all the evidence is not examined holistically.

Analysis of NSPCC Helpline data also demonstrates this professional challenge. Neglect was the top concern for child welfare contacts in 2023/24. 47% of those contacts led to a referral/referral update being sent to a local authority agency. While many contacts remain anonymous, analysis revealed that at least 686 contacts about neglect were made by professionals who encounter children as part of their role, with 43% ending in a referral/referral update. This is higher than the total for all child welfare contacts in 23/24, where 34% ended in a referral or referral update. All organisations that encounter children should have safeguarding procedures available to staff, but this data suggests a particular need for support around next steps for neglect concerns – hence reaching out to Helpline.

When referrals are made within a context of strained resources, professionals can encounter local thresholds for intervention which are set arbitrarily high to 'ration services'⁵⁹. This can cause an inconsistent social care response to neglect, with different thresholds for intervention across local areas or individual professionals, dependent on workloads and availability of resources⁶⁰. Social workers are sometimes told they need to wait until cases increase in seriousness before they can intervene. 33% of social workers who responded to the poll said they have been encouraged by a manager or colleague within their organisation to cease or delay

acting on a neglect case, and instead take a 'wait and see' approach. In comparison, only 21% of social workers reported being encouraged to take this approach with other forms of child maltreatment^B.

This culture of delayed intervention for neglect means social workers, the very professionals who have the ultimate responsibility for child protection, are often left feeling powerless to help children and families even when neglect has been identified. 18% of social workers who responded to the poll said they felt it was not usually within their power to directly help a child they believed was being neglected.

"Professionals can be left feeling quite deskilled and helpless and also quite demoralised. And I do wonder sometimes if that leads to people just saying, 'well, we've tried,' and I think obviously in social care we have this threshold of good enough. And I think that's where neglect often sits on that really unclear, very badly defined line of what is good enough" - **Social Worker**

Across police, health and education professionals are similarly frustrated and ill equipped, knowing that even if they identify neglect early, the situation may not meet the threshold for intervention and if it does, the response will be slow and inadequate. Around 1 in 4 teachers (24%) 1 in 5 police (21%) felt that following a referral to children's social care, the appropriate action was never or rarely taken to provide the necessary support for children and families.

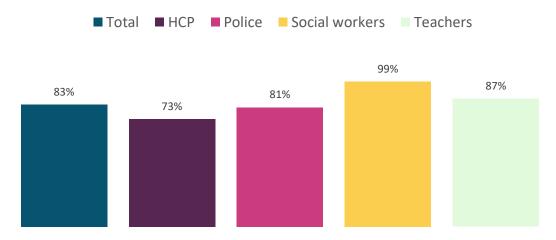
Less than 5% of teachers and police said they felt that appropriate action following a neglect referral was always taken Social workers also highlight the lack of specialised interventions for neglect compared to other forms of maltreatment. It's commonplace to have a specialist response to domestic abuse, mental health, child criminal exploitation or child sexual abuse, but that level of expertise for neglect is absent. Perhaps the prevalence and normalisation of neglect means it is overlooked in both policy and practice. Much like poverty, it has become the 'wallpaper

of practice'61. There are very few neglect specific interventions (and non that are evidenced and widely used across England).

^B Please note the total sample size for the social work cohort was 100, which is smaller than the sample size for police, education and health care workers which were 200 respectively

"In our area we are lucky to have lots of specialist teams that we can consult. We have that for domestic abuse, for child criminal exploitation and mental health. We don't have that for neglect" - **Social Work Manager**

Percentage of professionals who believe there are not enough services available in their local area to provide targeted support for children and families where neglect is present



Professionals outside children's social care are broadly understanding of the huge pressures faced by children's social care teams in terms of workloads and resources. Whilst there is frustration at the inadequate response to neglect, there is also cross agency understanding that demand is outstripping supply.

"We understand the pressure all agencies are under. It comes down to the fact that demand outstrips the resources... we can make all the referrals we want but those neglect concerns have to go somewhere" – **Police Officer**

"A while ago, we applied for a grant to get her some household items, but we haven't heard back, and when trying to access other support for her we were told the family didn't meet the threshold to receive anything else" - **Professional contacting NSPCC Helpline**

The unmet needs of children and families are placing significant pressures on all workforces. In focus groups, teachers described how they are very often bearing the brunt of the inadequate response. They may see a vulnerable child experiencing neglect in their classroom every day. If a referral is made but not progressed, or if assessments don't lead to interventions, then the problems remain and continue to present in schools.

"In our school we just feel like the response is not fit for purpose....We're flagging safeguarding concerns about neglect and, whether it be an early help response or a response from children's social care, it is frequently just not meeting the family's needs. From a school perspective we feel like we're left 'holding the baby' but we've got no resource" - Teacher and Designated Safeguarding Lead

The link between poverty and neglect

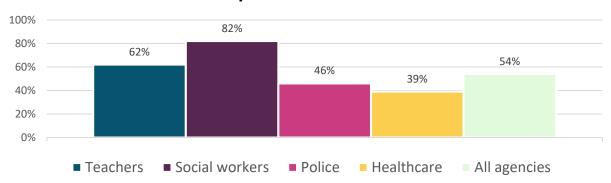
It's been long acknowledged by both professionals and researchers that complex parental factors such as substance abuse, mental health pressures and depression are risk factors for neglect⁶². What has only recently been acknowledged however is that societal level factors such as poverty and financial instability are substantial risk factors for neglect too⁶³. Evidence shows the likelihood of neglect increases when parental problems occur within the context of societal risk factors such as poverty, sometimes which are beyond the parent's control and reflect failures in economic, social, health and education systems. Neglect often occurs where there are poor or unsafe physical living conditions, such as unsuitable housing, instability and frequent moves or homelessness⁶⁴. In these instances though, it can be hard for professionals to judge whether to escalate concerns or not and at times may delay action due to worries about stigmatising families⁶⁵.

Children who experience these types of societal risks can be viewed as experiencing forms of societal neglect - a concept which is gaining traction in Scotland where the national definition of neglect references the ways 'poverty can be an indicator of support needs' – something that is not accounted for in the Working Together guidance definition for England⁶⁶.

Across all agencies polled – police, education, health and children's social care – over half (54%) said they'd seen an increase in neglect cases during their professional life with 90% saying they believed the rising cost of living and poverty rates was a driving factor and 76% saying a reduction in

community support to parents was also a key factor in neglect increasing.

Percentage of each professional group that said they've seen an increase in neglect in their professional life



Whether poverty contributes to neglect is not widely disputed; what remains contentious is how to distinguish between the two in practice⁶⁷. Professionals responding to the poll were asked about their confidence in identifying the signs of child neglect when poverty or financial difficulties are present for a family. 87% of professionals felt confident identifying neglect when poverty was present, compared to 94% when poverty was not present. The relationship between poverty and neglect is both nuanced and sensitive. While we must be clear that not all children living in poverty experience neglect, nor does neglect only happen in families living in poverty, emerging evidence does draw out the link between poverty and all forms of harm. The link is most prevalent between poverty and neglect, and this can complicate how practitioners assess and respond to neglect⁶⁸.

"I think their Dad means well but he's stressed and overwhelmed. He isn't coping managing on the money they do get and has given up trying to get extra help through the system. He can't provide for everyone, he's caring for his elderly mother as well as the kids, and one of them has additional needs. He maintains appearances when I do see the children, keeping them mostly clean and dressed, but they are missing out"- **Education Professional, calling NSPCC Helpline**

Social workers who are presented with cases of neglect where poverty is part of the context are having to grapple with the reality that for some parents, material omissions of care are hard to prevent if household resources are just not sufficient.

"Physical abuse can be clearer to measure. There's a clear train I'll follow. But with neglect it can be more nuanced, and I think for me, the difficulty around neglect is, at

"I see children living in absolute chronic poverty, who are hungry at times, whose clothes aren't clean and housing situation is dire. But that's not because of lack of information or education on the parents part, it's that they're doing their very best with very limited resources" - **Teacher**

Poverty clearly poses significant challenges to both the identification and tackling of neglect. This burden is particularly placed on social workers who must make the ultimate judgement to distinguish between poverty and neglect when neglect concerns present in the context of poverty. A government commissioned analysis of Serious Case Reviews showed that poverty can actually inhibit professionals from being assertive in their interactions with parents, meaning they may not respond to clear risks presented by children⁶⁹. One significant consequence of the 'normalisation' of poverty and neglect in areas of high deprivation may be that social workers focus on providing practical support, such as help with budgeting, rehousing applications etc, all of which are important, but may also mask the indicators of neglect itself. As one case review put it "professionals lost sight of the domestic abuse and violence that had been reported and became focused on the housing application, the thought being that once the housing became secure 'everything would be alright' "70. There is a risk that professionals sometimes may confuse the signs of neglect with poverty and take less action to specifically tackle neglect if they choose to focus their activity on tackling material poverty alone.

"We have to be really careful around poverty and neglect. Sometimes I think we think that if the resources are made available then the children won't be neglected. But actually what tends to happen is there's a little bit of both – parents might be living on the poverty line, but actually they may still not be doing what is needed for those children. So that then becomes more difficult in terms of assessment"- **Principle Social Worker**

The challenges of assessing neglect in the context of poverty, alongside potential disagreements over the extent to which 'persistence' should be a feature of neglect mean that a high proportion of neglect referrals may be referred to early help and not reach the section 17 threshold. These are non-statutory universal or sometimes targeted services. That means family engagement with services is voluntary and professionals told us this sometimes leads to major barriers in take up.

Teachers in particular expressed concern that a lack of parental consent to service intervention at an early help level means some families are out of reach. Services being delivered in an integrated way, such as through Family Hubs or other integrated front door models, may make them more accessible and also reduce stigma which can improve engagement.

However, nationally there is huge variety in the delivery and availability of these services, not all local areas have Family Hubs and those that do currently face uncertainly about the future of early support service provision as the Best Start for Life funding comes to an end.

"The biggest barriers I think we see are engagement issues. So we get these referrals in but if the parents don't want to work with the agency, it's consent led, it just gets dropped and comes back to us in school" - **Designated Safeguarding Lead, Primary School**

Neglect is complex and requires a high level of knowledge and expertise

Whilst the identification of neglect must be the responsibility of all agencies with safeguarding duties (as well as the general public and anyone who interacts with children), the specialist response should be led by skilled children's services professionals. Professionals across agencies with safeguarding responsibility told us how there is sometimes a lack of expertise on neglect, especially within early help teams despite the need to identify and respond early.

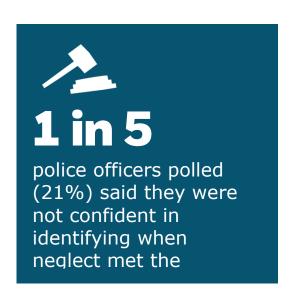
"There isn't a senior, informed workforce for neglect in the way there is for other forms of maltreatment like child criminal exploitation or child sexual abuse. This is absent for neglect and what we're actually talking about is early help. Early help practitioners who are experienced are worth their weight in gold but often they can be quite inexperienced and low grade and so may not be helpful at all" - Clinical Phycologist and Named Doctor in Safeguarding Partnership

"I've worked with many early help practitioners and many of them are very good, but sometimes they don't have the skills to pick up on the more nuanced approach and they don't seem to have the expertise" - **Designated Safeguarding Lead, Primary**

Focus group discussions suggested that early help expertise on neglect could be strengthened. Early help was sometimes seen as distinct from children's social care, with not enough communication or collaboration between them and a lack of social work oversight within early help. For example, early help and youth support teams may not use the same language as child protection teams when encountering neglect. Early Help teams also vary in their structure and focus. Whilst some local authorities have early help services that are

focused solely on early parental support services, some may also incorporate targeted youth services focussed on managing child behavioural issues and community safety. For neglect, work with parents early on is vital.

"The term neglect maybe isn't at the forefront of our mind because we're thinking maybe more along the lines of behavioural and sort of community safety by the time the young person gets to us. But the reality is if there's neglect it's sort of deep rooted by that point" - **Deputy Team Manager, Targeted Youth Support service**



Dealing with possible neglect as a youth justice issue is particularly evident in the adolescent cohort where research shows that adultification can lead to neglect sometimes either being missed or treated as something else, for example behavioural issues or youth justice⁷¹.

Specialist knowledge is also required by the police, in deciding whether neglect meets a criminal threshold. They must assess 'wilfulness', which is highly complex unless admitted by a parent or carer, which is rare⁷².

We asked how many professionals feel very confident in identifying the neglect

criminal threshold and only 33% of police and 14% of social workers said they were. Even in the most serious cases which could result in a criminal conviction, there is a lack of confidence from professionals.

Opportunities to intervene early are too often missed, allowing neglect to become chronic

Professionals working across agencies with safeguarding responsibilities describe challenges in taking timely action against neglect. Published case reviews also cite how neglect is frequently left to become chronic before intervention, with earlier opportunities often missed⁷³. Disagreements about how to define neglect likely contributes to the slow response. The inclusion of 'persistence' in the definition of neglect requires professional judgement about when neglect will 'seriously impair' development. Child protection work will always rely on professional judgement, but the definition of neglect is particularly tricky. Professionals must evidence that the threshold has been met. A high percentage of professionals polled said they feel confident identifying neglect in the first instance (94%) but less feel confident knowing when this concern should lead to a referral (78%).

Researchers emphasize the importance of multi-agency working to develop the

picture of what is going on for a child without the need to wait for 'enough' evidence⁷⁴.

There is also debate on whether neglect should be solely understood as omissions of care or whether it needs to consider punitive responses, something that children and young people often cite when asked how they define neglect⁷⁵. The role of assessing parenting responsibly and intentionality behind neglect is a live and contentious issue, both for researchers but also for professionals – and featured heavily in the focus groups.

"Neglect is more difficult to measure...the impact of neglect is a slower burn. So for example, in my role, if I have a child who's been subject to, say, physical abuse, and they come in with a black eye, it's very clear, it's very measurable. It's different with neglect" – **Teacher**

This uncertain landscape may likely contribute to professionals feeling like the response to neglect is slow. There is also a difference between perception of response speed when the case is assessed as requiring an early help response

versus a child protection response, 44% of both police and teachers polled said that children's social care was quick to respond to neglect when neglect was assessed as needing a child protection response. This drops to only 28% (police) and 29% (teachers) when the response needed was an early help response. This suggests the response to neglect is slower when identified early, despite evidence showing that interventions focused on earlier family support and support during pregnancy reduce neglect⁷⁶. However, the challenging fiscal environment faced by local councils has led to a reduction in early intervention with more families at risk of reaching crisis point⁷⁷.

Over

3 in 5

police officers (62%) and half of teachers (52%) polled said they thought children's social care responded slowly to a neglect referral with the appropriate assessment

Multi-agency early family help services are unable to address neglect

Early family help services should play a pivotal role in responding to neglect early. However, as local authorities face unprecedented financial challenges this response isn't always available⁷⁸. The former Government's Stable Homes, Built on Love strategy proposes bringing together targeted early help services and services for children identified as in need under Section 17 into one Family Help service. These multi-disciplinary Family Help teams will coordinate support for families led by one lead practitioner who support the family

regardless of fluctuations in the level of support required – unless a child protection intervention threshold is met. Despite its prevalence, neglect was missing from this new vision.

In focus groups, education and health professionals felt that early help does not currently meet the needs of children and families where neglect is the primary concern. It was suggested this may be due to a lack of resource and expertise, and the inability to move up and down the continuum of support seamlessly.

"It seems to me it's very difficult to escalate if a family don't want to engage in a child in need plan" - **Teacher, Primary**

"When I worked in health visiting years ago, we worked really closely with children's centres where they offered a wide range of community support services to families, including material support such as clothes and food. They would check in on families regularly and the difference they made was amazing. We're not able to offer anything like that now which has had a huge impact on families" -Safeguarding Midwife

As this non statutory support is voluntary, families need to be engaged with and nurtured in the right way. The place in which support is delivered is important, whether through Family Hubs or an alternative place-based model. There will be evidence on the positive impact of Sure Start to consider as part of this. Physical spaces that can house integrated community-based services have a vital role to play in being the 'front door' for children and family services⁷⁹.

For this new vision of Family Help to work, perennial challenges of multiagency working such as poor information sharing must be resolved. Over half (56%) of healthcare professionals, police and teachers polled said they are never or rarely informed of follow up action after a neglect referral is made. This not only leads to professionals feeling demoralised and unsure if their referral has led to any action, but it also suggests a lack of communication and information sharing.

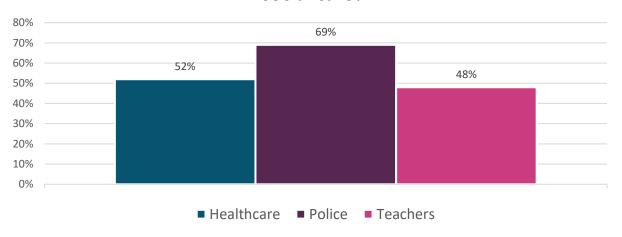
"In terms of the outcomes of referrals and things like that, we don't always get told, so frequently we do sort of have to chase the outcomes" - **Health Visitor**

"We routinely request responses from our referrals. So they are meant to come in 72 hours. They don't. We have to ask for them and we get them eventually"- **Midwife**

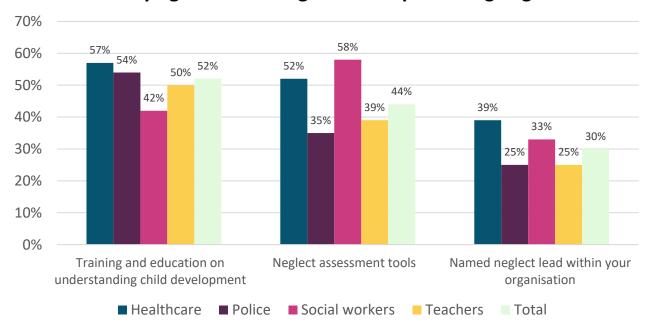
For tackling neglect, better join up of services is also an important opportunity to ensure different professionals are working together to identify and respond early. This includes capacity and confidence building alongside consistency of understanding and high levels of expertise. **57% of healthcare workers and**

54% of police polled said they wanted improved training and education on child development to improve their identification of neglect, and 52% of healthcare and 58% of social workers said more assessment tools would improve their confidence. This suggests that shared multidisciplinary training opportunities, shared frameworks and risk assessments could improve practice.

How often are you informed about the follow up action taken to assess and/or address neglect following a referral you make to children's social care?



What, if anything, would help you feel more confident in identifying children living with or experiencing neglect?



The system isn't set up to respond to the unique way neglect manifests

Professionals across agencies with safeguarding responsibilities told us clearly that the child protection system is simply not set up to respond to the unique way in which neglect manifests.

Unlike other forms of abuse, neglect rarely manifests as a crisis requiring immediate action. It is cumulative over time and the longer the exposure, the greater the harm⁸⁰. Longer-term effects of chronic neglect are more prevalent than immediate severe harm, though these are less visible. This makes it challenging to identify as practitioners must consider the severity, frequency, developmental timing and duration of neglectful behaviour, to address whether it reaches the threshold for intervention.

There is a risk that practitioners stop noticing the severity or chronicity of neglect when it is so widespread amongst families they work with⁸¹. A government-commissioned analysis of Serious Case Reviews in England notes a 'normalisation and desensitisation to the warning signs of neglect, such as poor physical care, smelly and dirty clothes, or poor dental care⁸². Children may suffer prolonged neglect before intervention. Assessment of need and risk tends to take account of abusive 'incidents' rather than detailing and measuring 'cumulative harm'. Cases may be 'logged' administratively but there is a failure to look at the full picture of incidents and appreciate the depth and scale of neglect experienced by a child and address it with robust action.

The challenges of mapping the accumulation of harm over longer periods, alongside the lack of research and evidence, may affect the service response. In focus groups professionals described how even when local safeguarding partnerships prioritise neglect through a local neglect strategy, this doesn't always translate to the service response.

"In my area I think there have been three different neglect strategies in recent years. There's quite a lot of effort which goes into that but in my experience the actual practical tackling of neglect has not mirrored that. So people sort of produce checklists and things like that but in terms of intervention neglect is always the poor partner, probably because of uncertainties, a lack of evidence-based interventions and because it happens over time" - Named Doctor on Safeguarding Partnership

With neglect I feel like we sometimes fit into the system, rather than the system fitting around what children, families and workers need and I think that's what causes a feeling of being stuck with social workers often saying 'where do I go with this, I've tried that, I'm not reaching the threshold" - Social Worker

Families do not receive support for long enough to tackle neglect effectively

Professionals described how the system needs to conceptualise things differently to be able to provide low level support for longer, rather than closing cases early when they don't meet a high threshold.

"I have often done an assessment on a family that three other social workers in the team had assessed over many years, and the pattern had been 'assess and close' because the current immediate risk was never high enough. But that cumulative harm had built up over time and was really serious. It can take a high level of experience and professional confidence to say that neglect is serious" - Social Worker

There seems to be variation in how long early help services may be provided to families, with some local authorities capping early help for 3 to 6 months. Given the complex nature of neglect as a cumulative harm, and the fact it's a risk factor for a range of other harms, support being withdrawn too early could be detrimental.

"I think there are some families that just require long term, maybe low-level support. Sometimes I think it's seen as some sort of a failure when cases are staying open too long and there's a presumption that they're drifting, but actually that's not always the case. Actually, some families just need those longer-term relational offers"

Social Work Team Manager

"There doesn't seem to be institutional will to say we should have some longer-term cases, especially neglect cases. People often want to shut them down as soon as possible and it's very weird because sometimes it's because parents don't want to engage in a child protection plan, not because the situation has gotten better"

Clinical Psychologist

The cumulative nature of neglect means that without the necessary support, the impact can build up slowly over time, little by little. There may be a presumption that this situation isn't escalating, but the impact on brain development is happening steadily and risk can change quickly⁸³. Rather than limiting support, children's services need the resources to support families for longer to prevent chronic neglect.

"It's not uncommon to see something that has met the criminal threshold for neglect, that's got so bad it's almost gone to prosecution but then when you see the chronology of what's happened you can see it started as a Section 17 then the family disengaged and there was no robust plan in place and then the case was closed. But nothing changed, in fact things got worse" - **Detective Inspector**

"Sometimes we're pushed for a 'trigger' incident, whereas actually we need to be confident in saying: 'this is it'. The cumulative harm of this chronic neglect means that we know that the child's brain will develop really differently. We know the trauma response to that. It will affect attachment. It will affect everything" - Principle Social Worker



Conclusion

This research highlights that a new policy and practice focus on neglect is desperately needed. The lack of focus on neglect means professionals are left unprepared and under-resourced to tackle it and feel a sense of powerlessness to help children and families.

What are the implications for the future of neglect policy and practice?

This research highlights that a new policy and practice focus on neglect is desperately needed. The lack of focus on neglect means professionals are left unprepared and under-resourced to tackle it and feel a sense of powerlessness to help children and families.

Amid significant pressures on children's social care and a reduction in early help services, too often the response to neglect is slow and/or inadequate. These findings show that professionals across different agencies are deeply concerned by the current response to neglect – it is too little, too late. Children and families are being left behind and forgotten, allowing situations to drag on without improvement, or worse to spiral and reach the point of crisis or chronicity.

Even when neglect is identified, this doesn't necessarily lead to a response. Despite the best efforts and intentions of professionals to make referrals and undertake assessments, the follow up service response for neglect is simply not robust enough. Under immense strain, the children's social care system is struggling to support families at the point of need earlier in the system.

This contributes to a culture where neglect is both everywhere and nowhere⁸⁴. It is so commonplace that, like poverty, it becomes the 'wallpaper of practice', leading to a further desensitisation of the warning signs and further delays the response. These findings suggest the system itself is not set up to respond to the complex and cumulative way that neglect often manifests - requiring the piecing together of low-level reports over time to reveal serious cumulative harm.

Neglect must be recognised as an urgent, national crisis and there is a real opportunity to change this unacceptable situation for children and families. First, by introducing a national neglect strategy and improved guidance for better tackling neglect, considered alongside plans to eradicate child poverty. Improved guidance should include an updated definition looks to remove the word 'persistent' as it prolongs maltreatment.

The Government should also ensure the new Family Help model addresses neglect, through integrated, joined-up family support services delivered at the point of need via a single 'front door'. Only by improving the service offer for families in this way can we ensure that when a professional identifies neglect, there is a robust response on offer. The future of Family Hubs should be considered alongside plans for increased Family Help services and a strategy for tackling neglect.

Finally, to ensure a truly multi-agency response to neglect, the Government should consult on how to make education the fourth statutory safeguarding partner to ensure it is best placed to play its part in tackling neglect.

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