

Working with children who have experienced neglect

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Note

Please note, Chapter 2 of this book was written by Dr Julie Doughty, Senior Lecturer in Law at Cardiff University School of Law and Politics.

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Introduction

Neglect is the most common reason for a child to be placed on a child protection plan in the UK. In 2020, 26,010 children were registered under the category of neglect in England and a further 995 in Wales (NSPCC, 2021a). These figures account for 50 per cent of all child protection plans in England and 43 per cent of all child protection registrations in Wales. It is thought that around 1 in 10 children in the UK have been neglected (NSPCC, 2021a). In 2019, neglect was the most common form of harm for adolescents who were on the child protection register or subject to a child protection plan in England and Northern Ireland (and the second most common in Wales and Scotland) (NSPCC, 2020). There is also a clear intersection between neglect and emotional abuse; Gardner notes that: 'there is overlap between many forms of child maltreatment and this is especially true of neglect' (2008, p.15).

Responding effectively to child neglect and supporting children who are living with or have experienced neglect – whether in the care of their parents or family members, or in foster, adoptive or residential care – is widely acknowledged as a complex and challenging task for social workers and other practitioners. It often takes time, perseverance and the gathering of substantial information and evidence. During 2014–2017, neglect was present in nearly three-quarters of all serious case reviews into the death or serious harm of children (Brandon *et al*, 2020). Lessons from these reviews consistently offer the same messages and learning for practice, emphasising the biggest challenges for responding successfully to neglect to be productive and effective interprofessional communication, and information sharing across services (Child Safeguarding Practice Review Panel (CSPRP), 2020).

So why is the most prevalent form of child maltreatment so difficult to respond to in practice? What are the common challenges experienced by practitioners in providing the appropriate level of support to children living with neglect? How do we achieve effective practice in a timely and helpful manner that meets a child's needs and ensures they are sufficiently protected from harm? This book explores nine key themes that aim to unpick the complexity of working with child neglect in the form of an accessible good practice guide. The practice guide offers a summary of key messages for frontline practitioners in a clear and easy to digest format. It is intended to be used as a "go to" desk resource for busy practitioners and students working within a wide range of services that are responsible for safeguarding and protecting children and young people who are living with, or have experienced, neglect, and those who are in the process of receiving support for, or recovering from its impact.

STRUCTURE OF THE GUIDE

The guide begins with the early identification of neglect when children are living with their birth parents or family members, and focuses on understanding neglect as a concept, assessment, intervention, and the importance of multi-agency practice and working across services. It then moves to offering messages and guidance for how to effectively work with children who are receiving support to recover from the trauma of experiencing neglect, and who are cared for by friends, family members, foster carers, in residential care, or who have been adopted.

The guide is designed to be an applied text for a range of professionals and students in practice settings. With this in mind, it offers “real-life” case studies at the end of each chapter, which have been produced by practitioners, managers, carers, and social work students who are experienced in working with child neglect in their roles. Each chapter also includes key messages or insights that set out examples of what has worked well in practice, together with ideas and activities for use in reflective supervision. Whilst this is not an academic text, for readers who wish to access more in-depth literature, research and applied tools on the topics covered, each chapter signposts readers to additional resources and further reading that relate to the topics discussed.

NOTE ON TERMINOLOGY

There are two different types of social worker working in fostering – those who support the child (the children’s social worker), and those who support the foster carer (the fostering social worker, also known as the supervising social worker).

Chapter 1

Understanding child neglect

INTRODUCTION

In its broadest sense, child neglect can be understood as a child's basic needs not being sufficiently met. However, aside from this broad definition, neglect can also be defined more narrowly in terms of legal, policy and organisational contexts (Daniel *et al*, 2014). Whilst literature on child neglect offers some simple typologies of neglect – which include categories of medical, nutritional, emotional, educational and physical neglect, and lack of supervision and guidance (Horwath, 2007; Farmer and Lutman, 2012) – effectively describing neglect is quite problematic due to its complexity (Daniel *et al*, 2011). This chapter reflects on some of the challenges of defining neglect in practice. It considers its conceptual complexity, the changing nature of neglect over time, space and culture, and why as a form of maltreatment it is often more difficult to classify and evidence compared to other types of abuse. This can mean it is often difficult to ensure that a child receives the appropriate help they need, and that the help is provided in a timely manner.

The chapter explores the impact of individual, professional, organisational, and cultural biases in our perceptions of child neglect. It acknowledges some of the conceptual differences between children and young people's understandings about what they believe constitutes neglectful parenting and how these can vary from views held by adults. Differences in conceptual and definitional understanding of child neglect can have fundamental significance for being able to notice neglect and provide the necessary support a child needs. This is particularly the case when working with a range of practitioners from different professional remits, and understandings differ widely.

WHAT IS CHILD NEGLECT?

Defining neglect

Child neglect in its simplest form can be understood as an omission of appropriate care (Stowman and Donohue, 2005; Holland *et al*, 2013), most usually by a child's parent(s) or carer(s) who is/are not meeting the child's basic needs, either emotionally or physically. It is typically characterised by the relationship between the child and parent or carer (Glaser, 2000) in the context of the child's basic needs. Other types of abuse, such as physical or sexual abuse, can be considered acts of commission where it is possible to describe the presence of the act (e.g. a child being hit or chastised at a specific moment in time). Conversely, capturing the absence or omission of care is a more challenging task for practitioners. Acts of omission could include a failure to meet the physical needs of a child such as provision of food, clothing, shelter and warmth, or failure to meet their emotional or developmental needs by neglecting to provide cognitive stimulation, adequate health care, and failing to protect a child from harm (Horwath, 2007). It could also include the failure to protect a child from harm or danger (whether living with a parent/carer or in foster or residential care) (Beesley, 2011) or radicalisation (NSPCC, 2022a).

Having the ability to identify the presence of an adequate level of care, condition, or caring behaviour (English *et al*, 2005) over a period of time raises questions about what is deemed to be acceptable, and therefore requires an understanding of what may constitute an unacceptable level of parenting or care for children in society (Horwath, 2007; 2013).

(In)adequate care – what is “good enough”?

Consequently, defining what neglectful care is requires a social judgement about what is considered a normative standard of care for a child – at a given point in society (Rees *et al*, 2011). Because neglect is not a static phenomenon, but a social construct that moves and shifts across time through the influence of cultural and ideological values (Scourfield, 2000), what may be perceived to be neglectful or in fact “good enough” care continues to change, over space and place. Perceptions and understandings of neglect can shift, either lessening or emphasising certain characteristics dependent on norms within a given culture, community, or context (Horwath, 2013). This shift can be clearly seen in recent years with children placed on child protection plans for nutritional neglect – traditionally due to malnourishment and hunger – now increasingly linked to the problem of childhood obesity, where parents and carers are positioned as accountable in children's poor diet choices, which influence the quality and quantity of the food their child

consumes (Department of Health (DH), 2005). These shifts and changes hold particular relevance for responding to neglect with colleagues from different professional contexts, or working to support a child living with neglect within a multi-agency setting. Consider the challenges of a teaching assistant in a school, making a referral to a social worker in children's services, a decision that draws on their own personal experiences of how they were parented as a child.

In addition to personal and social norms, there is also a lack of agreement around statutory thresholds for intervention when a child is living with neglect. This lack of clarity not only exists between different professional disciplines such as education and social care (Sharley, 2019), but can also differ between local authorities, or nation states within the UK. Difference in thresholds for the provision of support services or legal intervention (Dickens, 2007) often vary widely across (and at times within!) teams in the same organisation (Beesley, 2011), and can be connected to the availability of resources and budgets in the area.

These differing perceptions of what is considered neglect are a manifestation of our identities, both professional and personal, and introduce a considerable challenge for practice. It is therefore not possible to agree a single definition of neglect that spans all circumstances (Horwath, 2013), because neglect is often a reflection of the cultural and community norms in which parenting and care are understood (individually, culturally, organisationally, and professionally). In addition to this, we cannot overlook the impact of individuals' values and beliefs. This extra layer is comprised of our individual experiences of being parented, and/or our own practices of caring for children ourselves. It is important to be aware of these different layers of perceptions as they are likely to inform practice-based decisions at individual, team or managerial levels, such as rationalising an assessment, instigating a child protection investigation, intervening in family life, or making the decision to allocate often scarce resources to a particular child(ren) to implement support for the household.

Basic needs

In the following table, Beesley (2011, p.35) sets out some signs that may help practitioners recognise when a child's basic needs may be unmet (sources of suggested evidence in italics).

Infants
Low birth weight, weight faltering (<i>centile charts, health and midwifery records</i>)

Withdrawal from drugs at birth; at risk from blood-borne viruses (*health records*)

Delay in physical development (*growth charts, health visitor records*)

Lack of bonding and early attachment (*observations, midwifery and health visitor records*)

Repetitive, self-soothing movements (*observations, reports from caregivers*)

Physical signs such as bruises, burns from being left in dirty nappies too long, lesions that have become infected (*observation, health records*)

Pre-school and school age

Delay in physical growth and development (*health, early years and education records*)

Delay in cognitive, speech and language development (*health and education records*)

Behavioural disturbance – excessive aggression, withdrawal, non-compliance, control (*observations, caregiver reports, reports from school*)

Anxious, insecure attachments to primary caregivers (*observations, attachment checklists, caregiver reports, child reports*)

Health problems, including hearing and sight difficulties (*school health*)

Wetting and soiling (*school health reports*)

Poor hygiene, smelly and dirty (*observation, reports from school, neighbours, family members*)

Inappropriate and unsuitable clothing (*observation, reports from school and others*)

Excessive appetite (*reports from school, caregivers, and others*)

Self-harm (*reports from school, health, caregiver, child observation, self*)

Poor or non-school attendance or attending school without proper equipment and clothing (*education records*)

Parents do not attend school events (*school records*)

Poor academic progress (*school reports*)

Lack of evidence of toys (*observation and questioning*)

Child not allowed to play outdoors (*child and caregiver reports*)

Difficulty in forming and keeping relationships with peers (*observation, reports from caregivers, school, child*)

Adolescents – those signs above plus those below

Anti-social behaviour (*reports from school, community, police*)

Drug and alcohol use (*observation, reports from caregivers, school, police and others*)

Being described as “beyond control” (*reports from caregivers, school and others*)

Going missing, running away (*reports from school, police, caregivers, young person*)

PERSONAL AND PROFESSIONAL INFLUENCES

There is no doubt that our individual experiences of childhood mould who we are and the way in which we approach our own parenting or caring roles. A person’s experiences of how they have been parented and how they parent themselves will be unique: some will have grown up in loving and stable homes, whilst others may have suffered trauma, neglect or abuse in various forms (Beesley, 2011). It is important to acknowledge that as individuals, and therefore as individual practitioners, some people will not have experienced going without material goods at all, having had all their basic needs met in full, whilst others may have grown up in significant poverty or hardship and had to live with hunger or inadequate care. These experiences shape our understanding of how we perceive parenting and may impact on what we perceive to be “good enough” care for a child. This point is illustrated in the quote below from a member of school staff who refers to using her personal experiences of parenting to guide her perceptions of child maltreatment in a professional environment:

Yes, I had a good awareness of abuse and neglect...I felt prepared for the role – being a mum makes a big difference.

(School administrator, primary school)

As a social worker, I reflect on my own experiences of living in a neglectful home. Now knowing that this [childhood neglect] was the case, I have to be mindful of how this impacts upon my own practice. When we enter homes which have similarity to experiences in our own upbringings, this can influence how we judge the risk presented to the child – I could think, 'Well, after all, this was my experience, and I'm OK!' It can also take the other turn, of an overtly increased threshold decision, where potentially I make risk-adverse decisions. It is critical to be mindful of our own experiences when we are out on the frontline supporting children, we need to have the space to reflect to understand the impact of our own identities, for ourselves and how this may influence our practice with children.

When going into family homes, it is common to find poor housing conditions, poverty, children experiencing barriers to education or non-attendance at school, poor parental mental health and/or drug misuse. I have met many children in these environments and every time I am mindful of needing to ensure that my personal and professional boundaries are not blurred. When I am asked why I do the role I do, it is in part due to my own experiences: I want to support families with these challenges to see things can change. But to do this it must be with my professional lens. That is not to disregard my personal experiences – these enable me to bring a humanistic aspect to the way in which I practice, with empathy and understanding.

(Juanita Scallan, independent social worker)

In addition to our personal influences, professional knowledge frameworks and organisational cultures can also contribute to the way we conceptualise whether care is considered "good enough" or not. For example, the perceptions and views of colleagues or managers and the operational categories used by your organisation to define child neglect will significantly impact on your perspectives. The narrower operational category for neglect will be used as a threshold for intervention and the provision of support services and access to resources. Members of the same team or organisation, or multi-agency group, may not agree on what necessitates adequate care, placing emphasis on different elements of care and parenting (Horwath, 2013).

The potential for becoming desensitised to neglect is also important to consider. For practitioners who frequently come into contact with children or families where chronic neglect is present, it may mean that it becomes more difficult to see poor or inadequate standards of parenting as neglectful – when all of the families living in the neighbourhood, and/or all of the children on their caseloads are living in or experiencing similar environments (Beesley, 2011).

It is therefore important to reflect on your experiences of your own caregiving and receiving – to inform your understandings for practice. Beesley (2011) poses the following set of questions to help practitioners to consider this. This activity can be undertaken individually, in supervision, or with a colleague to explore your feelings, perceptions and uncertainties.

- What does “parenting capacity” mean to me?
- Does it mean the same to my colleagues?
- Where does my understanding of “good enough” parenting come from?
- What is my understanding of what children need from family life?
- What does the term “child neglect” mean to me?
- How will I know neglect when I see it?

(Beesley, 2011, p.6)

DIVERSITY AND CULTURE

In addition to the factors mentioned above, your own ethnicity, culture, class, (dis)ability and gender can all contribute to your relationships with families, and the beliefs, values and prejudices that you may hold about different societal groups. These beliefs may influence conceptions of child neglect and what you perceive to be “good enough” parenting in a range of different contexts. Although children from black and minority ethnic backgrounds in the UK are disproportionately represented in the child protection system (Turney, 2016), this does not mean that black and minority ethnic parents or carers maltreat their children more, or that they have more disciplinary parenting approaches.

Whilst there is a lack of research exploring black families’ experiences within the child protection system where neglect is a concern, being from a black or minority ethnic group is associated with experiencing high levels of poverty, unemployment, inadequate housing (Beesley, 2011) and experiences of social injustice, oppression or inequalities, as recently highlighted by the Covid-19 pandemic in 2020/21 (Suleman *et al*, 2021). The interrelated relationship between neglect and poverty is considered in more detail in Chapter 4. Turney (2016) suggests the intersectionality of these issues can make black families more vulnerable as well as increasingly visible to statutory involvement in family life. It is important to be sensitive to cultural or class differences

when supporting children and families. However, it is essential that the worry of imposing your own values and beliefs does not inadvertently blur your vision to the signs or indicators of neglect that may be presented. Finding ways to understand and identify neglectful parenting and care within your assessments, and doing so in a considered and culturally appropriate way that understands cultural dynamics and influences, should be central to practice (Turney, 2016).

The following questions, adapted from Dalzell and Sawyer's "cultural review" exercise, may be useful in helping you to reflect on your own knowledge and prejudices.

1. What do I know about individuals and families with this particular cultural background or life experience?
2. Where does my knowledge come from?
3. What prejudices [or assumptions] may I hold [positive or negative]?
4. What might surprise me about this family and why would it be a surprise?
5. How might this parent/child/family perceive me?
6. What impact might my preconceptions have on the family's life?
7. What individual or organisational norms do I take with me?

(Adapted from Dalzell and Sawyer, 2016, p. 37)

WHY IS NEGLECT SO CHALLENGING FOR PRACTICE?

Neglect is a chronic and pervasive public health issue, with 1 in 10 children aged 11–17 having experienced neglect at some point in their lives (NSPCC, 2021a). Neglect remains the most prevalent form of maltreatment, being identified for half of all children on child protection plans or on the child protection register in the UK (NSPCC, 2022a). However, neglect as a form of child maltreatment can be said to have lacked attention compared to other forms of abuse. This could be because it continues to be considered less serious than other forms of maltreatment (Allnock, 2016), is often cumulative and not always immediately observable in all its forms (Sharley, 2018). Because neglect is rarely based on a specific incident and has no single cause (Holland *et al*, 2013; NSPCC, 2015a and b), it is not uncommon for professionals to wait for a trigger event (such as an instance of physical abuse) to provide evidence that adds weight to a referral to statutory services

where neglect has in fact been a longstanding concern (Sharley, 2018). This is a substantial issue for practice, which leaves children exposed to the impact of ongoing neglect that will have significant and varied consequences throughout the individual's lifespan (Allnock, 2016).

For most practitioners, **physical neglect** is probably the most familiar type of neglect (Horwath, 2007). Its visible nature means that the effects of physical neglect can be easier for professionals to see (Sharley, 2019). Physical neglect can be observed in the child's appearance and seen in the manifestation of an unhygienic or inadequate living environment. It may appear as dirty clothing or tidemarks on a child's skin, the smell of body odour, dirt and faeces due to poor hygiene, and poor-fitting or insufficient clothing for the child's age or climate. Staff in schools may observe the absence of food in packed-lunch boxes, or children who are hungry. Home conditions (perhaps less immediately detectable for practitioners who do not undertake home visits), may include damp or unheated houses, the absence of electricity, water, heating, food or toiletries, and inadequate safety guards for home appliances, fires or stairs (Sharley, 2018).

In addition to physical neglect, there are a number of different types of neglect acknowledged within the literature (Horwath, 2007; Daniel *et al*, 2011; Farmer and Lutman, 2012); these include:

- medical neglect;
- nutritional neglect;
- emotional neglect;
- educational neglect; and
- lack of appropriate supervision or guidance.

Medical neglect can refer to denying or diminishing a child's illness or health needs, including dental and optical care, speech and language therapy, and failing to seek necessary medical attention or treatments (Erterm *et al*, 2002). Children with complex needs are increasingly vulnerable to medical neglect as they can require frequent or intensive support from their parent or carer for a wide range of health needs (Sullivan and Knutson, 2000).

Nutritional neglect can occur when a child or young person is not provided with adequate food or nutrition for growth (Hobbs and Wynne, 2002) or, on the contrary, can relate to obesity due to unhealthy diet and lack of exercise.

Emotional neglect is associated with either hostile or indifferent parent or carer behaviours that damage a child's emotional wellbeing, value or self-worth. Emotional neglect often takes the form of a lack of parental interaction, stimulation and the absence of emotional warmth and care.

This in turn, can fail to allow a child to develop a sense of belonging and positive self-identity (Horwath, 2007).

Aside from the school's duties and responsibilities as educators, **educational neglect** can also take place when a parent or carer fails to ensure that a child has access to an appropriate education. Aside from persistent lateness to or absences from school, educational neglect can also more broadly include aspects of carers not supporting the child's learning and development, not providing sufficient stimulation, not taking an interest in the child's education, not identifying their educational or learning needs, and not engaging with their child's learning through parents' consultation evenings and events.

These types of neglect are more difficult to evidence compared to *seeing* the physical indicators mentioned earlier in this chapter. They may also be a result of specific timing, or a parent's or carer's intention, or lack of intention, in terms of how they are experienced by a child (Beesley, 2011). For example, a child may not be taken to the GP when they are in need of medical care, or a parent or carer may not attend parents' evenings at the school, meaning they do not appropriately respond to a child's basic emotional or physical needs at a specific point in time. Making a judgement about whether neglect has occurred or not is a challenge for practice – it is important to consider the following aspects:

- the practitioner's understanding of children's basic needs;
- the age and developmental stage of the child;
- the parents' or caregivers' intention;
- whether parents/carers have had reasonable access to resources to meet a child's basic needs satisfactorily (Horwath, 2007);
- whether neglect is a one-off incident or episodic and chronic.

CHILDREN AND YOUNG PEOPLE'S UNDERSTANDINGS

Children and young people can have different understandings of what constitutes neglect, perhaps in contrast to the views and understandings of practitioners. There is limited research on children and young peoples' experiences of neglect. This could be connected to the practical difficulties in gaining access to recruit children as participants (McLeod, 2007; Farmer and Lutman, 2012), or the fact that research with children can require more time, energy and resources (Gorin, 2016) than that with adults. Sensitive research also has the potential to cause distress to minors, many of whom are already vulnerable and are either being protected by statutory services or are in need of protection (Sharley, 2018). This is in addition to the conceptual complexity and multifaceted

nature of neglect discussed earlier in this chapter, and holds importance for practice as children and young people's views and perceptions of how they are parented and what they need can vary significantly from the perspectives of the adults who are parenting them, and the professionals who may be offering support to both.

In Radford *et al*'s (2011) *Child Safety and Victimisation Survey*, undertaken in the UK, the views of over 3,000 children and young people aged 11-24 years old were gathered. The study, the largest to provide robust evidence on young people's views on neglect, reported that 10 per cent of children aged 11-17 had experienced "severe" neglect, including significant emotional neglect, lack of supervision or care which would place them at risk, or neglect which was defined as abusive or criminal.

The study *Action on Neglect* (Daniel *et al*, 2014, p. 277) explored ways in which children who are neglected are helped. It provided new and powerful perceptions of neglect from a young people's group, offering insights into what children and young people felt like when they were neglected. Children defined neglect as being 'not enough love', 'having no interest in me', 'having to look after siblings', 'you end up doing your parents' job', 'the responsibility is passed to you', and insightfully, 'when parents neglect themselves'. Key messages from the study emphasised that children and young people believe that spoken words are not sufficient to ameliorate parents' or carers' responsibility for acts of practical care – 'love is a doing word'.

...its one thing to say they love you [parents] but they have to show it.

(Young person, in Daniel *et al*, 2014, p. 277)

Aside from differing perceptions between children/young people and their parents or carers, some children and young people may feel that they will not be believed by practitioners if they choose to disclose experiences of neglect (Tucker, 2011). This is an important point that can be an added barrier as children and young people may feel that telling someone could make their situation worse. Children and young people who have experienced neglect can be "touch-hungry" with adults, striving for physical contact or affection, such as from a teacher or staff member at school (Erikson *et al*, 1989) (the concept of touch is explored in more detail in Chapter 9). It is also important to be mindful that experiencing neglect (rather than any other form of maltreatment) is particularly likely to wear away a child or young person's confidence, their ability to identify the need for help, and their ability to seek support from someone (Jobe and Gorin, 2013; Daniel *et al*, 2014). This means that children who are living with neglect may be less able (than others) to seek the support they are in fact most in need of receiving. Further, children and young people are more likely to display secondary signs of needing help (as opposed to disclosing experiences of neglect), such as withdrawing in the classroom or displaying challenging behaviours,

rather than asking professionals for help directly (Gorin, 2004). It is not uncommon for children who are living with neglect to be excluded for what is perceived as “behavioural issues”, or because they are frequently late to school, or have high levels of absence (Harford, 2018). This in turn increases their vulnerability and consequently makes children less visible to professionals in schools, and health-based universal services, where they would ordinarily be seen by a range of adults on a regular basis (Sharley, 2020).

RESPONDING TO A DISCLOSURE

There can be many reasons why a child or young person may not feel able to tell someone that they have experienced or are living with neglect. This may be because they do not recognise the care they are receiving as being neglectful; they love and care for their parent or caregiver; they may not feel able to trust someone enough to tell them; they are too worn down; they are worried about the consequences for the person responsible; they have not been directly asked about it; or they are worried that as a result things may become worse (NSPCC, 2022a).

What to say to a child and how to respond

The following tips on how to respond to a disclosure may be useful to consider.

1. Listen carefully	Be patient and focus on what you are being told. Try not to express your own views and feelings. If you appear shocked or as if you do not believe the child, it could make them stop talking and take back what they have said.
2. Give them the tools to talk	If they are struggling to talk to you, use alternative methods of communication to help them express their thoughts and feelings.
3. Let them know they've done nothing wrong	Reassurance can make a big impact, particularly if they have kept the information secret for a long time.
4. Tell them it's not their fault	Neglect is never a child's fault, so it is important to ensure they hear and know this.

5. Say you'll take them seriously	They may have kept the neglect secret as they thought they would not be believed. Say they can trust you and you will listen and support them.
6. Don't confront the alleged abuser	Confronting the alleged abuser could make the situation worse for the child.
7. Explain what you will do next	Take time to ensure you explain what will happen next in an age-appropriate way.
8. Report what the child has told you as soon as possible	As soon as you have been told, take action and report the neglect to children's services.

(Taken from NSPCC website, 2022a)

WHAT LESSONS HAVE WE LEARNED?

Child safeguarding practice reviews in England (previously called serious case reviews) and child practice reviews in Wales take place when a child dies or is seriously harmed, and there is a concern that abuse and/or neglect are known factors. The purpose of these reviews is to identify ways that practice locally and nationally can be improved to safeguard children more effectively, to avoid or prevent similar instances happening again (NSPCC, 2022a). These reviews provide valuable opportunities for all professionals working with children, with the aim of supporting better practice and improving policies. Sadly, neglect is a recurrent theme in reviews, which make the overview analyses and reports invaluable in offering us important messages for practice (Beesley, 2011).

Historic and recurrent themes

Beesley (2011, p. 21) suggests that cases of neglect are complex and often include a multiplicity of factors – such as social and economic deprivation combined with parental difficulties. Neglect is also associated with domestic abuse, mental health difficulties and substance misuse, commonly referred to as the “toxic trio” (Coordinated Action Against Domestic Abuse [CAADA], 2014) (see Chapter 5), and it is not uncommon for neglect to occur across familial generations. There are a number of themes that have emerged and continue to emerge in local and national practice reviews that provide a useful checklist for practitioners.

- Loss of focus on the child, due to focus on the adults' needs.

- Lack of overview or reflection on the patterns in the case.
- Poor assessment and analysis.
- Not recognising indicators of risk of harm from chronic neglect.
- Not acting on assessment, or loss of momentum on parental progress.
- Over-optimism about parental capacity in difficult circumstances.
- Poor information sharing, recording, management, supervision and training.

Neglect and serious case reviews

Brandon *et al's* (2020) analysis of serious case reviews, *Complexity and Challenge: A triennial analysis of SCRs 2014–2017*, rehearses many of the lessons and themes also identified in past studies, only emphasising the challenging and complex nature of neglect for practice. The analysis examined 368 child safeguarding practice reviews in England, with more detailed analysis of 278 cases. Neglect featured in nearly three-quarters of the reviews (74.8%). Neglect is consistently the most common category of abuse for children on a child protection plan in England – and was the category of abuse in over half of the children who were subject to a child protection plan at the time of, or prior to, the incident leading to the review. In these reviews, neglect typically included poor dental hygiene and untreated dental needs, incomplete vaccinations due to missed routine health care appointments, poor school attendance, and developmental delays due to lack of stimulation (p. 41). The analysis found three overarching issues: poverty; the complex and cumulative nature of neglect; and the invisibility of some children and young people to the system. These aspects are explored in more depth in Chapter 4 on identifying neglect, and Chapter 5 on Adverse Childhood Experiences.

PRACTITIONER TIPS

- Be self-aware – we know our histories and how these can impact practice, we need to have the ability not to influence our practice.
- Be authentic and consider your professional boundaries in your practice.
- Utilise supervision – this is imperative, the reflective space to consider, understand and ensure objectivity.
- Engage in group supervision with colleagues, gain various perspectives; this will help identify the impact of your own personal and professional experiences and your understanding of risk.

- Draw on an evidence base; be sure your decisions are based in evidence, not sweeping judgements.
- Develop relationships with children and their parents/carers; with experience, we become effective in empathy and understanding. This can be really useful in breaking down barriers and providing positive interventions.

FURTHER READING AND RESOURCES

Websites

NSPCC (2022) *Protecting Children from Radicalisation*, available at: <https://bit.ly/3ILT1Yt>

Practice and policy briefings

Baynes P (2020) *Life Story Work: Why does it matter?*, available at: <https://bit.ly/3H0n2mc>

Daniel B, Burgess C, Whitfield E, Derbyshire D and Taylor J (2014) *Action on Neglect: A resource pack*, available at: <https://bit.ly/3X14asN>

Research

Brandon M, Sidebotham P, Belderson P, Cleaver H, Dickens J, Garstang J, Harris J, Sorensen P and Wate R (2020) *Complexity and Challenge: A triennial analysis of serious case reviews 2014–2017*, available at <https://bit.ly/3ZLRJmD>