

Neglect: learning from case reviews

Summary of key issues and learning for improved practice around neglect

December 2022

Introduction

Neglect is a serious form of harm. Both families and professionals can become overwhelmed and demoralised by issues of neglect. Children may experience repeated attempts by professionals to try and improve the situation.

Published case reviews highlight that professionals face a big challenge in identifying and taking timely action on neglect.

The learning from these reviews highlights that professionals from all agencies working with children or their families must be able to:

- recognise physical, emotional, medical and educational neglect
- understand the cumulative and long term impact of neglect
- take timely action to safeguard children.

Reasons case reviews were commissioned

This briefing is based on case reviews published between 2021 and 2022, where neglect was a key factor. It pulls together and highlights the learning contained in the published reports.

In these case reviews, children died or suffered serious harm in a number of different ways:

- chronic neglect over a long period sometimes co-existing with physical, emotional and sexual abuse

- death or serious harm from physical or sexual abuse where neglect was a feature or preceded the abuse
- Sudden Unexpected Death in Infancy (SUDI) related to unsafe sleeping practices
- accidents, sometimes with an element of forewarning, when long-term neglect within a family resulted in an unsafe environment
- suicide or self-harm as a result of the effect of long-term neglect on mental health
- neglect of a child's medical needs, including not administering medication.

Key issues

Complex needs and risk factors

Case reviews highlighted the impact of risk factors on the parents' ability to provide safe and appropriate care, and to meet their children's needs. These included:

- parental domestic abuse or drug and alcohol misuse
- parents with mental health problems or learning disabilities
- young parents
- social isolation
- financial problems including housing problems, homelessness, poverty and unemployment
- children with complex health needs, disabilities or who were born prematurely.

In some cases, services addressed the immediate, and often complex, presenting needs of a family without considering their impact on the child. Adult services working solely with parents, especially fathers or male carers, didn't always make the connection between their work and potential child safeguarding concerns. This meant important information about the risks children were exposed to wasn't shared appropriately.

Recognising signs of neglect

Professionals did not always recognise signs of neglect. Issues were treated in isolation without considering or addressing the causes. Indicators included:

- tooth decay
- repeated episodes of headlice
- accidental injuries
- faltering weight gain or weight loss

- speech delay
- poor school attendance
- missed health appointments
- unsuitable home environment
- dirty or inadequate clothing.

Accessing and engaging with services

In some cases, the need for early help was not assessed or identified. Levels of need escalated significantly before services intervened.

High caseloads and understaffing meant social workers didn't always have the time to reflect on cases. High turnover also made it difficult for social workers to establish meaningful relationships with families. This often meant that a 'start again approach' was taken each time a new practitioner took on a case, preventing emerging patterns of concern from being identified.

Sometimes the behaviour of hostile or aggressive parents went unchallenged due to fear of confrontation. In other cases, parents would comply with just enough requests to allay concerns.

Signs of neglect sometimes went unnoticed because families had no engagement with services, including universal services like education and health care.

Information sharing

Professionals didn't always have a full picture of the adults in a child's life. There was often limited information about fathers or male carers.

In some cases, families moved repeatedly between different local authorities. Delays in information sharing and disruption to professionals working with families meant that there wasn't always a full picture of the risks families faced.

Professional desensitisation and normalisation

Sometimes professionals who were routinely working with high levels of need had become desensitised to the potential risks posed to children. This meant that families didn't always receive the support they needed.

Case drift

Where no positive changes were seen, professionals sometimes struggled to know how to proceed. The reviews showed that sometimes cases were transferred to a colleague, or even closed, despite the situation remaining the same.

Learning for improved practice

Be aware of children who are more vulnerable to neglect

Reviews showed that some groups of children were particularly vulnerable to neglect:

- New-born babies and premature babies are particularly vulnerable. Antenatal pathway and referral systems should identify serious concerns in families of unborn babies and refer them in a timely way. Neonatal professionals and health visitors have a key role in identifying early signs of neglect.
- Disabled children, or children with complex health needs can be at heightened risk of neglect. Professionals should consider whether all the child's needs are being met, not just those related to their disability or health concern.
- Teenagers' needs can be missed, especially where there are younger siblings. Professionals should understand the impact of long-term neglect on a teenager's emotional wellbeing and consider the risk of self-harm or suicide.

Respond to missed appointments

Professionals in all agencies should understand the significance of children not being brought to appointments. A system should be in place that:

- does not automatically close referrals if appointments are missed
- allows missed appointments to be monitored
- sets out what action professionals should take when there are concerns.

Similarly, children missing education should be recognised as a potential safeguarding concern, and procedures put in place accordingly.

Pay attention to untreated health conditions, accidents and injuries

Untreated health concerns or frequent accidents may be an indicator of lack of parental care, supervision or living in an unsafe home:

- Bruising on non-mobile babies, no matter how minor, should always be treated seriously and safeguarding advice sought.
- Repeated visits to A&E should be treated as a potential safeguarding concern.
- Tooth decay may indicate neglect. Dental services should consider initiating further enquiries or making a safeguarding referral.
- Repeated headlice infestations could be a sign of neglect. School nurses should make note of recurring issues and a safeguarding referral should be considered.
- Faltering weight gain and delayed speech are both potential signs of neglect. It's important that health visitors monitor child development and flag concerns.

Remain child-focused

The focus should always be on the best interests of the child rather than the immediate needs of a parent. Children need to be seen, spoken to, and observed with their parents.

Warm relationships between parents and children shouldn't override concerns about neglect. Professionals should also ensure that a positive relationship between themselves and family members does not lead them to lose focus or be overly optimistic about the capability of the parents and carers to look after their child.

Understand the child's lived experience

Professionals should use genograms, or family mapping, to gain a better understanding of the adults in the child's life. This should include any men in regular contact with the child. Information should be updated at times of significant change.

Any concerning patterns of care, such as the child being left with neighbours or a lack of supervision, should be recorded. This should include the use of inappropriate carers such as very young babysitters or adults who present child protection concerns.

Professionals working with adults should take a 'think family' approach to ensure they are considering the impact of adults' behaviour on the children in their lives. All concerns which could affect a parent's capacity to care for their children should be recorded.

Professionals who have access to family homes, such as health visitors and social workers, should identify and record concerns around the child's living conditions. For health visitors this should include checking the child's sleeping arrangements.

A child's absence from school can often be an early indicator of an increased need within a family. Procedures for non-attendance at school needs to highlight potential safeguarding concerns.

Build up a picture of cumulative experiences of neglect and assess parental capability to change

Neglect is a cumulative process, not an isolated incident, so it's important that professionals build up a picture of a family's situation over time.

Professionals should compile and maintain a multi-agency chronology of key events. The full history of the family should be considered when new concerns arise, including patterns of previous episodes of neglect. Emotional neglect is particularly difficult to evidence, so individual observations should be systematically collated.

Retain professional curiosity and respectful uncertainty

Practitioners should demonstrate professional curiosity and respectful uncertainty. Unclear or confusing information provided by a parent or carer should be cross-checked with other sources to ensure that it is accurate and properly understood.

Engage families

Continuity of professionals is key to ensuring a consistent understanding of the child's needs. Where there are unavoidable changes in staff, it's important that information is handed over in a timely fashion.

When professionals are finding it hard to engage with families, it's important to consider what might be stopping engagement and which professionals are best placed to provide support.

It's important that practitioners engage with fathers and male carers as well as mothers to gain an understanding of their role within the family.

Work closely with other agencies to identify concerns and plan interventions

Health professionals, such as the health visitor or school nurse, have important insights and should be invited to child protection meetings.

Thresholds for intervention should be clearly understood across agencies so that professionals can challenge each other with confidence.

Terminology should be free from jargon and clearly understood by the family and all professionals involved.

Roles and responsibilities must be clearly understood. For example, when undertaking multi-agency assessments, all agencies must be aware of which agency is leading and what action is being taken.

Provide timely and holistic early help

Where families appear to be struggling to meet their child's needs, they should be supported within a model of early help. The early help assessment should address all the issues the family is facing and, where possible, incorporate the views of the child. This information should be used to tailor support to the family's specific needs. Any new or emerging issues should be incorporated into the plan.

If a parent or carer declines the support of early help, professionals should consider:

- how this impacts the safety, health, or development of a child
- whether a statutory assessment should take place.

Undertake robust and comprehensive assessments

Where there are concerns around neglect, all professionals should be supported to use a risk assessment toolkit.

Evidence-based assessment tools recommended in reviews include:

- the Graded Care Profile (GCP) which provides a structure for assessing the type and level of neglect so it can be addressed in a timely and appropriate way
- Safe Care which is a well-tested home-based intervention that helps parents improve their awareness of the physical and emotional needs of children aged 0-5 years.

Keep focus on the need to improve outcomes for the child

Social workers working with parents should be clear about what needs to change and by when. Parents should be respectfully challenged when they fail to follow formal agreements. Interventions must be linked to specific improved outcomes, and professionals should undertake regular reviews to check improvements are being made.

When there's no long-term positive change, the lead professional should co-ordinate support and services. Where improvements are not being sustained, professionals must decide whether legal proceedings are necessary to protect the child.

A review should always take place before a case is closed or transferred. When a support plan is closed, any outstanding issues should be relayed to relevant professionals to ensure continuity of service provision.

Effective and reflective supervision should enable practitioners to assess children's development and behaviours in families with high levels of need. The focus should always be whether the child's needs are being met and how that can be achieved to prevent significant harm.

If a case becomes 'stuck' there should be a process where practitioners can escalate the situation to senior managers. This may help to provide a fresh, objective approach to address the problems.

Further reading and resources

A [list of the case reviews](#) analysed for this briefing is available on the NSPCC Library Catalogue.

<<http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=72075119-D000-46ED-82EA-9461B56CC093&DataSetName=LIVEDATA>>

You can also visit the [national case review repository](https://nspcc.org.uk/repository) to search the most comprehensive collection of case reviews in the UK.

<nspcc.org.uk/repository>

You can find out more on [learning from case reviews](https://learning.nspcc.org.uk/case-reviews/learning-from-case-review-briefings) on a range of related issues by browsing our full suite of briefings.

<learning.nspcc.org.uk/case-reviews/learning-from-case-review-briefings>

You can read more about the [Graded Care Profile 2](https://learning.nspcc.org.uk/services-children-families/scale-up/graded-care-profile-2-gcp2) assessment tool on the NSPCC Learning site.

<learning.nspcc.org.uk/services-children-families/scale-up/graded-care-profile-2-gcp2>

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