Practice Guidance for Recognising and Responding to Neglect

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CONTENTS

1. Introduction

Neglect is a form of chronic abuse which causes great distress to children leading to poor health, education and social outcomes, and is potentially fatal. Physical health is compromised, children's abilities to make secure attachments are affected and their ability to attend and achieve at school is reduced. Their emotional health and well-being is often compromised and this impacts on their success in adulthood and their ability to parent in the future.

The impact of neglect can start before a child is born (epigenetics) – a mother may neglect her own (and therefore unborn babies) health during pregnancy for example, as a result of mental health problems, substance misuse or domestic abuse and this may impact the way in which a baby develops in the womb.

Once a baby is born, physical and emotional neglect during the early years of life can also have a profound impact on the child's cognitive and physical development.

Additionally, research tells us that children neglected in very early childhood have demonstrable effects on the neuro biology of brain development. This results in difficulty regulating emotions, reduction of 'cause & effect' thinking, difficulty in recognising emotions in others or an ability to articulate their own emotions, and after 2 years of age these deficits may be difficult to overcome. It is worth noting that a further period of growth is also evident in adolescence supporting the case for intervention around neglect within the teenage years (Cleaver et al, 2011). Adolescence is now recognised as the fastest changing period of development aside from infancy (Coleman,2011), with research also providing us with evidence of the powerful and central role that relationships play in adolescent well–being (WHO, 2014) which presents the children's workforce with unique opportunities for effective intervention.

2. Aim

The aim of this multi-agency guidance is to establish consistent common practice standards in responding to concerns about neglect across those agencies that come into contact with children and families.

This guidance is intended to underpin the practice of those who work with children and families in all agencies and settings. It draws on national and local research into child neglect which will help practitioners form judgements about their intervention. It is not, however, exhaustive and practitioners may well choose to add other tools or resources to it that they have found useful in practice.

In response to neglect, it is considered crucial to provide help at the earliest point and lowest 'level' of service provision so that help is provided quickly and children and families get the help they need, utilising the North Lincolnshire Early Help Assessment.

This multi-agency guidance should be used in conjunction with North Lincolnshire's LSCB Helping Children and Families (Threshold Document 2016/20) (www.northlincslscb.co.uk).

3. Definition of Neglect

Neglect is defined 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 e.g. as a result of maternal substance misuse. During infancy and through childhood and into adolescence, neglect may involve a parent or carer failing to:

- *Provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *Protect a child from physical and emotional harm or danger;*
- *Ensure adequate supervision;*
- *Ensure access to appropriate medical care or treatment.*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (Working Together, 2015)

4. The Significance of Relationship within the Context of Neglect

"Neglect is relationship led unlike other forms or harm which is incident led" (Olive Stephenson).

Persistent, severe neglect indicates a breakdown or a failure in the relationship between parent and child. This may be reflected in maladaptive attachment patterns; for example, neglected children are as likely as children maltreated in other ways to develop disorganised attachment styles (Barnett, Ganiban and Cicchetti, 1999). However, they differ from other maltreated children in that they show more evidence of delayed cognitive development, poor language skills, and poor social skills and coping abilities (Hildyard and Wolfe, 2002). They may also present as dependant and unhappy, and display a range of pathological behaviours (see Egeland et al, 1983; Ward, Brown and Westlake, 2012). Children who are neglected from early infancy may find that as their need for nurturing or responsive relationships goes ignored, they withdraw from relationships, feel a greater sense of failure and may even blame themselves for the neglect they experience (Manly et al, 2001).
Caring for children is inherently demanding and most parents experience stress and challenge in their care giving role. Maltreating parents however, find dealing with the child's attachment behaviour particularly difficult. It appears to activate unresolved

attachment issues from their own childhood to do with fear and danger, loss and rejection, causing them difficulties in their caregiving role. (Howe, 2005)

5. Indicators of Neglect

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Apart from the child's neglected appearance, other signs may include:

- Faltering Growth (failure to thrive) in a child because an adequate or appropriate diet is not being provided;
- Severe and persistent infestations (for example, scabies or head lice) in a child;
- Parents or carers who repeatedly fail to attend essential follow-up appointments that are necessary for the health and wellbeing of their child;
- Medical advice is not sought, compromising the health and wellbeing of a child, including if they are in ongoing pain;
- A child who is persistently dirty, particularly if the dirtiness is ingrained;
- Parents or carers who persistently fail to engage with relevant child health promotion programmes which include immunisations, health and development reviews, and screening;
- If parents or carers persistently fail to anticipate dangers and to take precautions to protect their child from harm;
- Repeated observation or reports of any of the following home environments that are in the parent's or carer's control;
    - Poor standard of hygiene in the house that affects the child's health;
    - Living environment that is unsafe for the child's developmental age;
- Inadequate provision of food at home;
- Abnormal voracious appetite at school or nursery;
- Child's emotional needs are not being recognised and met on a persistent basis;
- Purple mottled skin, particularly on the hands and feet are seen in the winter due to cold;
- Dental decay, and persistent parental failure to present their child for NHS dental treatment;
- Childhood obesity;

- Unresponsiveness or indiscrimination in relationships with adults (may seek affection from any adult).

NICE, Quick Reference Guide: When to suspect child maltreatment, (2009).

6. Risk Factors

a) Risk Factors for Children

i) Child's Age

There are some characteristics of young children which put them at an elevated risk of neglect. This is especially the case for babies born before term, with low birth weight, or with complex health needs (Stratham *et al*., 2001). Although older young people are more at risk of neglect overall (Schumacher *et al*., 2001) pre-school aged children and babies are innately more vulnerable and can suffer severe harm from neglect very quickly (for example through dehydration or drop in weight) (Brandon et al, 2014).

ii) Children with Disabilities

Disabled children are more likely to be maltreated than their non-disabled peers and neglect is the most common form of maltreatment they experienced (Stalker and McArthur, 2012). Sullivan and Knutson's landmark study found that children with communication difficulties and behavioural disorders are between 5 and 6 times as likely to experience maltreatment as non-disabled children. They are especially vulnerable in the younger pre-school years and boys are more vulnerable than girls (Sullivan and Knutson, 2000). Stalker and McArthur's recent scoping review highlights the problems in understanding the direction of causality and in disentangling how far maltreatment contributes to impairment and/or how far impairment predisposes the child to abuse. (Stalker and McArthur, 2012, p30)

b) Risk Factors for Adolescents

The range and nature of adolescent risks are different to those facing younger age groups. For example, adolescents are far more likely to run away, self-harm and to misuse drugs or alcohol. They are also more likely to come into contact with the criminal justice system. Parental neglect of adolescents may involve more 'acts of commission', such as pressurising a child to leave home, alongside acts of omission. Displays of romance and status are also used far more frequently in the grooming of adolescents for sexual abuse than in the grooming of younger children.

Adolescents are exposed to a wider range of risks than younger children including ‘polyvictimisation’ – i.e. being the victim of many different types of maltreatment.

The pathways leading to a number of the harms that adolescents experience are complex, not least because they often involve adolescent behaviours. At times, these relate to the influence of specific developmental processes. For example, the adolescent stage of development involves increased risk facing, emotional highs and lows, and sensitivity to peer influence, all underpinned by interacting social and neurobiological changes. These factors can play into risks such as self-harm, gang involvement, violence and exploitation.

Equally important are the ways in which young people may have adapted to types of harm experienced in earlier childhood. These can increase the risk of harm in adolescence. For example, a child may have responded to a violent home environment by becoming hyper-vigilant to signs of danger; this may increase the risk of joining a gang in adolescence for its perceived protective benefits.

Additionally, significant adversities in earlier childhood can leave young people with unmet needs that they seek to meet via risky routes in adolescence. This is especially likely if other and more safe routes remain unavailable; for example, staying with an abusive boyfriend or girlfriend in an attempt to be loved or noticed.

All of this is important because when adolescent behaviours, driven by development and adaptations, play a part in risk, they cannot then be ignored in attempts to protect and prevent. (Hanson & Holmes, 2014)

c) Parental Behaviours that Pose a Risk

The risk factors in parents that are associated with an increased likelihood of neglect and may be observable in parental behaviour, which recur in the research evidence are: maternal mental health problems, learning disabilities, drug and alcohol misuse and living with domestic violence, particularly when they occur in combination (Schumacher *et al*., 2001; Cox *et al*., Cleaver *et al*., 1999; 2011). These risk factors may, but do not always, prevent parents from providing adequate food and clothing, protecting children from physical and emotional harm or danger, ensuring adequate supervision and/or access to appropriate medical care or treatment – all elements of the *Working Together* definition of neglect.

Consider:

i) Parental behaviours that present a risk during pregnancy

A number of risk factors that may be apparent during **pregnancy**:

- Parents negative feelings towards the pregnancy
- Parents unrealistic expectations of the child
- Parents unrealistic expectations and perceptions of parenthood
- Failure to attend antenatal appointments and/or comply with medical advice
- Maternal medical conditions/ill health and failure to comply with medical treatment including medication
- Domestic violence in pregnancy
- Misuse of illegal or prescription drugs or alcohol
- Alcohol consumed within the first two trimesters
- History of neglect/abuse of previous children
- Maternal mental health difficulties and failure to engage or comply with medical treatment.

(Brandon et al, 2014)

ii) Parental behaviours that present a risk once the child is born and throughout childhood

Once the child is born, parental substance misuse, mental illness, domestic violence and physical and learning disabilities regularly arise as factors singly or in combination, which increase the risk of neglect (Cleaver *et al* 1999 and 2011).

A review by Evans (2002) lists the following characteristics which may be evident within neglectful families:

- Lone motherhood
- Young mothers
- Isolated mothers
- Larger families, more pregnancies and unplanned pregnancies
- Premature or very low birth weight baby
- Low income families
- Unemployed carers
- Carers with low educational attainment
- Relationships featuring domestic violence or high levels of conflict
- Substance misusing parents or carers
- Parental mental health problems, including maternal depression
- Personal history of childhood maltreatment
- Insecure attachment patterns in own childhood
- Maternal low self-esteem

- Families that are less cohesive and poorly organised, with little positive interactions between parents/carers and their children
- Parents/carers lacking sensitivity or responsiveness towards their children.

Evans, H (2002).

d) Risk Factors in the Child's Environment

These factors are in relation to interactions between the family and their immediate environment and other significant factors in the immediate environment outside of the family. They include in particular poverty, social isolation and severe housing difficulties. However, it is vitally important to remember that neglect can and does occur in affluent homes, where other risk factors may be present. Likewise, the presence of poverty does not necessarily equate to the presence of neglect. (Glaser, 2011)

i) Poverty

Living in poverty may damage physical and psychological health in children and their families (Lanier *et al*., 2010) and harms relationships; poverty often brings social isolation, feelings of stigma, and high levels of stress; (Drake and Pandy, 1996, Jack and Gill, 2012). Child neglect is more commonly associated with poverty than are other forms of child abuse (Sedlak, 2010; Connell-Carricks, 2003; Connell-Carricks and Scannapieco 2006; Thyen *et al*., 1997; Slack *et al*., 2004; Schumacher *et al*., 2001). In spite of the extraordinary levels of organisation and determination to parent effectively in situations of poor housing, meagre income, lack of local resources and limited educational and employment prospects, the majority of poor families do not neglect their children. (Burgess et al., 2014)

Yet the increased stress associated with poverty can make coping with the psychological as well as the physical and material demands of parenting much harder (Howe, 2005; Crittenden, 2008). In this respect poverty can add to the likelihood of poorer parenting and neglect and be one of many cumulative adversities a child experiences.

In relation to parental stress, Schumacher and colleagues systematic review of neglect found that a high level of pervasive, smaller stressors is a risk factor for neglect, whereas acute major stressors may not be (Schumacher *et al*., 2001:248).

It is important for professionals to be aware that neglect can occur in families that are materially advantaged and are meeting the child's physical needs, but where the child has no meaning to the family.

Additionally, some parents lack empathy and emotional warmth and the child can be controlled by excessive rules and high expectations which contributes to emotional neglect. (Brandon et al, 2014).

Poor living conditions

Neglect is commonly recognised where there are poor or unsafe physical living conditions and living circumstances. These conditions have been described by Slack and colleagues (2003) as follows:

- An unsafe home, for example: home cluttered, dark, holes in the floor, broken windows, exposed wires and other electrical problems, leaky roof, infestation of rodents/insects, appliances such as the fridge not working, toilet broken, no available hot water.

- Overcrowding: a high ratio of people to bedrooms, the home appears crowded.

- Instability as indicated by frequent moves, homelessness, short stays with friends/family, stays in shelters, living in abandoned buildings, on the streets or in vehicles.

Linking neglect primarily with poor physical living conditions can however deflect attention from the equally harmful neglect that can also occur in well-ordered but physically and emotionally unresponsive parents. Gardner's exploration of neglect cases through interviews with 100 practitioners including social workers, teachers, nurses and health visitors found numerous examples of poor physical home conditions but also examples of neglect in good living conditions, for instance:
The home was beautiful and spotless. There was a row of candles along the hearth. So I asked where the child played and it turned out he was never allowed out of his pushchair. The back of his head was flattened where he had sat in it all day every day and he could not walk at all.
(Gardner, 2008, cited in Brandon et al., 2014)

ii) Social Isolation

Studies have found that, parents who have been found to have neglected their children have a reduced social network and sources of support. This can impact on the help they have available to them for caring for their children. (Connell-Carricks, 2003) cited in (Brandon et al, 2014)

7. Indicators of Actual Neglect/Impact of Neglect

It is important for practitioners to be able to distinguish between risk of neglect occurring and indicators of actual neglect.

Indicators of neglect suggest that the child is experiencing actual neglect. Behavioural and developmental indicators are particularly helpful and should be taken seriously since both the causes and consequences of such parent/child behaviour may have important implications for the child.

The following categories are indicative rather than definitive; they are intended to illustrate how neglect can impact across the life course. It is not possible to predict when (or which) impacts may occur in any individual's life.

Infants 0 – 3

Physical	Development	Behaviour
• Faltering growth / weight / height / head circumference due to inadequate diet. • Obesity. • Recurrent, persistent infections. • Delayed treatment of childhood illnesses due to late presentation. • Due to poor supervision increased injuries and frequent attendances to GP and A&E. • Cold injuries. • Poor management of health conditions including failure to present for health appointments and not administering prescribed medication. • Poor standard of hygiene that affects the child's health and presentation.	• Alterations in the body's stress response. • Late attainment of developmental milestones. • Decreased language function. • Delayed/declining cognitive development.	• Alterations in the body's stress response. • Attachment disorders, anxious, avoidance, difficult to console. • Lack of social responsiveness. • Frozen watchfulness. • Little or no distress when separated from carer.

3 – 5 years

Physical	Development	Behaviour
• Faltering growth/weight and height affected. • Obesity. • Unkempt and dirty/poor hygiene. • Repeated accidents at home. • Recurrent, persistent minor infections. • Delayed treatment of childhood illnesses due to late presentation. • Due to poor supervision increased injuries and frequent attendances to GP and A&E. • Cold injuries. • Poor management of health conditions including failure to present for health appointments and not administering prescribed medication. • Poor standard of hygiene that affects the child's health and presentation.	• Language delay, attention span limited. • Socio-emotional immaturity. • Delayed/declining cognitive development. • Low achievement in school. • Poor problem solving skills.	• Overactive, aggressive and impulsive. • Indiscriminate friendliness. • Seeks physical contact from strangers. • Low confidence. • Low self-esteem. • Withdrawal/difficulty in making friends. • Acting out / aggression / impulsivity.

5 – 17 years

Physical	Development	Behaviour
• Poor hygiene, poor general health. • Faltering growth / weight / height / head circumference due to inadequate diet/ emotional harm • Obesity. • Recurrent, persistent minor infections. • Delayed treatment of childhood illnesses due to late presentation. • Due to poor supervision increased injuries and frequent attendances to GP and A&E. • Cold injuries. • Poor management of health conditions including failure to present for health appointments and not administering prescribed medication. • Poor standard of hygiene that affects the child's health and presentation. • Unkempt appearance. • Delayed puberty. • Substance misuse and addiction. • Suicide attempts. • Self-harm injuries. • Sexually transmitted diseases. • Pregnancy.	• Mild to moderate learning difficulties. • Low self-esteem. • Socio emotional immaturity. • Poor attention. • Poor problem solving skills. • Low achievement in school. • Poor coping abilities.	• Disordered or few relationships. • Self-injurious behaviour • Soiling, wetting. • Conduct disorders, aggressive, destructive, withdrawn. • Poor/erratic attendance in school. Missing from school. • Depression and anxiety. • Missing from home. • Anti-social behaviour. • Substance misuse and addiction. • Social withdrawal, social isolation. • Conflict and hostility in relationships. • Negative – self representations. • Acting out / aggression / impulsivity. • Unpredictable and unprovoked violent outbursts. • Child sexual exploitation. • Harmful sexual behaviour. • Risk facing behaviour. • Low self esteem

8. Key Principles of Good Practice when Working with Neglect

- The earlier neglect is identified and responded to, the better the outcome for the child.

- Capture the voice and daily lived experience of the child. (What is it like for this child, living in this house, with these parents?).

- Capture the voice and daily lived experience of the parent/carer(s).

- Triangulate the daily lived experience of the child and parent/carer with multi-agency professional observation and information. Review of daily lived experience will assist in evidencing change.

- Use the domains of the Assessment Triangle to help you complete a holistic assessment.

- Look at protective and risk factors and the weight afforded to each.

(North Lincolnshire Risk Assessment Framework)

- Build on the family's strengths, whilst addressing difficulties.

- Maintain focus on the impact of the neglect on the child.

- Look at attachment, the relationship between the parent and each child and the pattern of responses between them.

- Take into account the parents' history of parenting this child and previous children.

- Take into account the parents' own upbringing.

- Look at parents' capacity to change and in a time frame to meet the child's needs.

- Be specific in relation to the changes you expect and clear about the timescale in which you expect the changes to be achieved. Consider what might help to effect change.

- Be creative in how you engage and work with the family.

- Guard against over optimism, adopt a balance approach.

- Maintain a chronology and an analysis of the impact of neglect on the child.

- Multi-agency working:
  - Cross referencing of information
  - No one agency can provide all the support children require
  - Regularly review the progress against the multi-agency plan.

9. Hearing the Voices of Children and Families

'Hearing the voice of the child' is crucial but so too is hearing the voice of the immediate and wider family. Hearing children requires safe and trusting environments for children to be seen individually, speak freely, and be listened to. The voices of adolescents are of equal importance to those of younger children, but they may struggle to express their needs or feelings, or to engage effectively with services, and there are dangers of older adolescents falling between child and adult services. Importantly, children and young people may demonstrate 'silent' ways of telling about abuse and neglect through verbal and non-verbal emotional and behavioural changes and outbursts.

As with professionals, family members may be unaware of or unable to recognise potential risks, not know where to go with their concerns, or not have their concerns taken seriously. This may be a particular issue for parents of young people being sexually exploited. Like children, family members can be intimidated by perpetrators or worried about the consequences of reporting concerns including the breakdown of relationships and the potential removal of children. They may be fearful and mistrustful of child protection services especially if they have had previous negative experiences. There are particular issues in relation to hearing the father's voice in situations of separation and during private law proceedings.

Family members might, however, also be covering up abuse or neglect. Balancing parental support, building on resilience and progress, while maintaining an attitude of respectful uncertainty is a challenge. Treating parents with openness and respect allows professionals to build a trusting relationship within which challenge can be made. This includes an attitude of professional curiosity which requires professionals to think beyond the usual remit of their own professional role and to consider, holistically, the circumstances of the child and family.

(Sidebotham et al, 2016)

10. Effective Intervention

i) **Effective Intervention needs to**:

- Offer long term support to maintain any improvement and avoid re-referral (revolving door syndrome).
- Be multi-faceted to deal with personal and practical issues.
- Provide a supportive yet challenging relationship to the parent and child.
- Include activities which improve the self-esteem of both the parents and the children. Achievement can strengthen resilience, which provides confidence.

- Include fathers/male care givers as well as mothers/female care givers.

(Daniel et al, 2011)

ii) **Intervention to improvement attachment relationships and the parents' attunement to the child's needs**

- Enhancing parents' sensitivity and responsiveness to their child by changing parenting behaviour.
- Changing parents' working model through increased insight into the parent/child relationship.
- Providing enhanced social support for parents.
- Improving maternal and paternal mental health.

(Howe, 2005)

11. Challenges to Practice

Research has demonstrated that professionals can often find it difficult to recognise indicators of neglect or appreciate their severity due to the following:

- The chronic cumulative nature of this form of maltreatment and how professionals can become habituated or used to how a child is presenting and fail to question a lack of progress.
- Unlike physical abuse, the experience of neglect rarely produces a crisis that demands immediate proactive, authoritative action.
- Neglect can, in some cases be challenging to identify because of the need to look beyond individual parenting episodes and consider the persistence, frequency, enormity and pervasiveness of parenting behaviour which may make them harmful and abusive.
- There can be a reluctance to pass judgment on patterns of parental behaviour particularly when they are deemed to be culturally embedded or when associated with social disadvantages such as poverty.
- The child may not experience neglect in isolation but alongside other forms of abuse. (Brandon et al, 2014)

Practitioners need to be able to distinguish between being judgemental and making evidenced based, ethical professional judgements on behalf of children.

Practitioners need to be aware of two syndromes that research identifies are prevalent in practice regarding working with families where neglect is a factor:

1 'The rule of optimism'

Professionals can often think the best of families with whom they work, which can lead to a lack of objectivity and focus on the child, minimising concerns, failing to see patterns of abuse and not wanting to believe the risk factors are high and that the consequences for the child cannot be devastating. (Dingwall, 1983)

2 'Start again syndrome'

Research has demonstrated that one way of dealing with the complex and overwhelming information and feelings of helplessness professional's experience working with families is to manage anxiety and feelings by putting aside knowledge of the past and focusing only the present. Not enough significance is given to past history and the relevance to current capacity and professionals adopt the 'start again syndrome'. This usually occurs following the birth of subsequent children, where the concerns relating to the original child are not considered in relation to subsequent children. (Brandon, 2008)

12. What to Do

A comprehensive, holistic assessment is essential in determining the severity of neglect and the impact on the child.

Where a professional considers that a child may require early help as a result of potential neglect then an Early Help Assessment should be undertaken in accordance with the LSCB procedures (www.northlincslscb.co.uk) and the LSCB Helping Children and Families (Threshold Document 2016/20).

Where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm through neglect, a referral must be made in accordance with LSCB procedures (www.northlincslscb.co.uk) and the LSCB Helping Children and Families (Threshold Document 2016/20).

Appendix 1

References and Further Reading

Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J. and Black, J. (2008)
Analysing Child Deaths and Serious Injury Through Abuse and Neglect: What Can We Learn? A Biennial Analysis of Serious Case Reviews 2003 – 2005
London: Department for Children, Schools and Families

Brandon, M., Glaser, D., Maguire, S., McCrory, E., Lushey, C. and Wood, H. (2014).
Missed Opportunities: Indicators of Neglect – What is Ignored, Why and What can be done?
London: Department for Education

Brandon, M., Bailey, S., Belderson, P. and Larsson, B. (2013).
Neglect and Serious Case Reviews
NSPCC

Burgess, C., Daniel, B., Whitfield, E., Derbyshire, D. and Taylor, J. (2013).
Action on Neglect – A Reference Pack
London: Action for Children

Cleaver, H., Unell, I. and Aldgate, J (1999)
Children's Needs, Parenting Capacity: The Impact of Parental Mental Illness, Problem Alcohol and Drug Use and Domestic Violence on Children's Development
London: The Stationery Office

Cleaver, H., Unell, I., and Aldgate, J. (2011)
Children's Needs, Parenting Capacity: The Impact of Parental Mental Illness, Problem Alcohol and Drug Use and Domestic Violence on Children's Development – 2nd edition
London: The Stationery Office

Connell-Carricks, K. (2003)
A critical review of empirical literature: identifying correlates of child neglect
Child and Adolescent Social Work Journal, 20, pp 389 – 425

Daniel, B., Taylor, J., and Scott, J. with Derbyshire, D. and Neilson, D. (2011)
Recognising and Helping the Neglected Child
Evidence – Based Practice for Assessment and Intervention
London: Jessica Kingsley Publishers

Dingwall, R., Eekelar, J. and Murray, T. (1983)
The Protection of Children: State Intervention and Family Life
Oxford: Blackwell

Evans, H (2002)
Child Neglect
NSPCC Information Briefing Paper, accessed at www.nspcc.org.uk

Farmer, E., and Lutman, E. (2014)
Working Effectively with Neglected Children and Their Families – What needs to change?
Child Abuse Review, 23 pp 262 – 273

Flood, S. and Holmes, D. ( ) editors
Child Neglect and its relationship to other forms of harm – responding effectively to children's needs: Executive Summary
NSPCC/Action for Children

Gardner, R. (2008)
Developing an effective response to neglect and emotional harm to children
Norwich: University of East Anglia/NSPCC

Hanson, E. and Holmes, D (2014)
That Difficult Age. Developing a More Effective Response to Risk in Adolescents, available at www.rip.org.uk

HM Government (2015)
Working Together to Safeguard Children: Guide to Interagency Working to Promote the Welfare of Children

Howath, J. and Morrison, T. (2001)
'Assessment of Parental Motivation to Change' cited in Howath, J. ed (2001)
The Child's World: Assessing Children in Need
London: Jessica Kingsley Publishers

Howath, J. (2007)
Child Neglect: Identification and Assessment
Houndsmill: Palgrave MacMillan

Howe, D. (2005)
Child Abuse and Neglect: Attachment, Development and Intervention
London: Palgrave MacMillan

Moran, P. (2009)
Neglect: Research Evidence to Inform Practice
London: Action for Children

National Institute for Health and Care Excellence (2009)
Child Maltreatment: When to Suspect Maltreatment in Under 18s.
www.nice.org.uk/guidance/cg89

Naughton, A., Maguire, S., Mann, M., Lunn, C., Tempest, V., Gracias and Kemp, A. (2013)
Emotional, Behavioural and Development Features Indicative of Neglect or Emotional Abuse in Pre-school Children: A Systematic Review NICE (2009)
JAMA Paediatrics 167, 8pp 769 – 775
Quick Reference Guide: When to suspect child maltreatment
London: NICE

NICE (2015)

Identifying and assessing mental health problems in pregnancy and the postnatal period
London: NICE

Raws, P. (2016)
Understanding Adolescent Neglect: Troubled Teens. A Study of the Links Between Parenting and Adolescent Neglect. Executive Summary.
London: The Children's Society

Schumacher, J., Smith-Slep, A. and Heyman (2001)
Risk Factors for Child Neglect: Aggression and Violent Behaviour 6, pp 231-254.

Sidebotham, P., Brandon, M., Bailey, S., Belderson, P., Dodsworth, J., Garstang, J., Harrison, E., Retzer, A. and Sorensen, P. (2016)
Pathways to Harm, Pathways to Protection: A Triennial Analysis of Serious Case Reviews 2011 to 2014
London: Department for Education

Stalker, K. and McArthur, K. (2012)
Child Abuse, Child Protection and Disabled Children, a review of recent research
Child Abuse Review 21, 1, 24-40

Strathearn, L., Gray, PH., O'Callaghan, M. and Wood, D O. (2001)
Childhood Neglect and Cognitive Development in Extremely Low Birth Weight Infants: A prospective study
Paediatrics 108 pp 142 – 151

Tuck, V. Dr (2004)
"Analysing Risk in Child Protection: A Model for Assessment" White, V. and Harris, J.
Developing Good Practice in Child Care
London: Jessica Kingsley Publishers