



**NSPCC**

**Spotlight  
on preventing  
child neglect**

---

An overview of learning from  
NSPCC services and research

**EVERY CHILDHOOD IS WORTH FIGHTING FOR**



# Contents

---

Introduction: Preventing neglect	4
1. Why child neglect?	6
2. What children and adults tell us about neglect	9
3. Services to help families thrive – fresh evidence	11
4. Effective early help – a new way forward with child neglect	16
Conclusions	22
References	23

# Introduction: Preventing neglect

---

Child neglect is still very much with us in 2015, and it is taking a massive human and economic toll. Across the UK, we know that far too many childhoods are terribly damaged by neglect, very often because parents are facing problems that they can't solve alone, and may even have given up on things ever improving.

## **But child neglect is preventable – not inevitable.**

This Spotlight report examines what we can all do earlier to prevent neglect causing children lasting harm and disrupting family life. We provide the evidence for more hopeful messages.

## **There are services that work to tackle neglect:**

We have developed, implemented and tested services that help tackle neglect, finding out more about what works for which children and families and why, and about the challenges of implementing new services.

## **We can design better local systems to pick up early signs of neglect:**

We have also developed, implemented and tested ways of assessing neglect to help practitioners make the right decisions at the right time. We have looked too at how communities, universal services and local government can play a role in preventing neglect and have developed local awareness campaigns on neglect in partnership with local children's services, Local Safeguarding Children Boards, and other agencies.

## **Relationships make the difference:**

A clear message from our work is that to prevent and tackle neglect, we need to support and nurture relationships. The most important relationship is the relationship between the child and their parents, but other relationships like those between practitioners and parents, and between local services are also key.

This report provides a summary of our findings on:

- the extent of child neglect, and why it matters to help earlier;
- perspectives on neglect from the children and adults who call our helplines;
- new evaluation findings from our services across the UK, which show that, although challenging, it is possible to prevent and forestall neglect; and
- new evidence on effective early help.

We want to ensure that children and families who are struggling have a better deal than they do at present, with somewhere to turn to that they can trust, and a reliable way forward. If we all share responsibility for change, we know that neglect CAN be prevented.

Peter Wanless

Figure 1. Thriving Communities: What will make a difference in preventing neglect?<sup>1</sup>



# 1. Why child neglect?

We must not lose sight of neglect.

While child sexual exploitation is dominating the media, it is important to remember that neglect remains the most common form of child abuse across the UK.

We need to continue to gather evidence into what works in tackling neglect.

## What is child neglect?

Neglect means that a child's needs for safety, physical care and love are not being met, to an extent that could cause them serious or lasting harm. Some of those needs are shown in Maslow's hierarchy of needs<sup>2</sup> diagram in Figure 2 below. Parental stress or ill-health, domestic abuse, substance or alcohol misuse, or parents' own experiences as a child can contribute to children not receiving adequate or even basic care to meet any of these needs. Often these situations are long-standing and not quickly resolved.

Official definitions of neglect across the UK contain common elements.

In England, 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 as a result of maternal substance abuse. Once a child is born, 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 (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

Figure 2. The developmental needs of children



It may also include neglect of, or unresponsiveness to, a child's basic emotional needs<sup>3</sup>. Slightly different definitions of neglect and emotional neglect apply across the UK<sup>a</sup>. For the definition applying to your country, readers are advised to consult online guidance for your jurisdiction.

## What is the prevalence of child neglect?

The NSPCC's annual report, *How safe are our children?*, compiles the most robust and up-to-date child protection data that exists across each of the four nations in the UK<sup>4</sup>.

See: Jutte, S., Bentley, H., Tallis, D., Mayes, J., Jetha, N., O'Hagan, O., Brookes, H., & McConnell, N. (2015). *How safe are our children?* London: NSPCC.

This year, it states that:

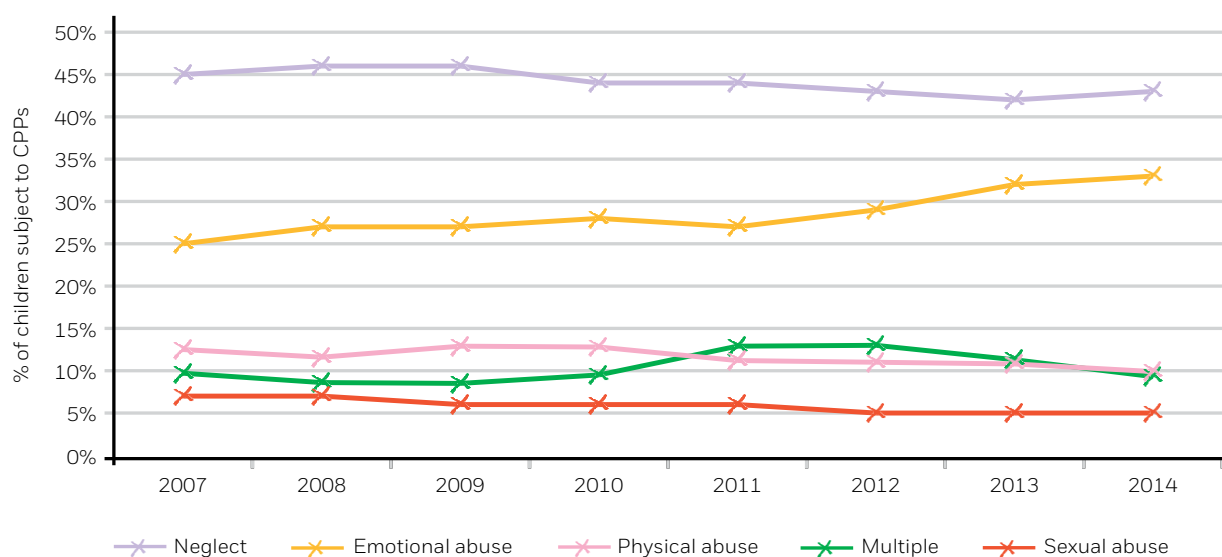
*Neglect remains the most common form of child abuse across the UK, and is usually the most common cause for being subject to a child protection plan (CPP) or on a child protection register (CPR) across all UK nations...*

*Numbers of recorded cruelty and neglect offences in England and Northern Ireland are now the highest they have been for a decade. There are more children suffering abuse or neglect than those who are known to children's social services – we estimate that for every child subject to a child protection plan or register, another eight children have suffered maltreatment...*

*However, we know increasingly more about the signs of neglect and are beginning to get the necessary evidence to understand what works best in assessing and intervening more preventatively to tackle it. It's important to note that whilst NSPCC helpline data shows that the number of contacts received about sexual abuse, physical abuse, emotional abuse and neglect have increased since 2009/10, contacts about neglect have seen the biggest increase over this time period...*

*The proportion of children on a CPR due to multiple forms of abuse, including neglect, is much higher in Northern Ireland compared with England and Wales. The proportion due to emotional abuse is lower. Through recording multiple concerns at case conference in Scotland, parental substance misuse and domestic abuse have been identified as concerns for more than a third of children.*

**Figure 3. England: Composition of Child Protection Plans at 31 March 2014**



<sup>a</sup> For example, in Wales, the definition of neglect omits the word 'persistent' but describes neglect as the failure to meet a person's basic physical, emotional, social or psychological needs, likely to result in the impairment of their health, wellbeing or development.

## What is prevention and early help, and why does it matter?

Prevention is about intervening **before** something becomes a major problem, and early help is providing support **as soon as** a problem emerges at any point in a child's life<sup>5</sup>.

*“Neglect can be prevented, and it can be stopped once it starts. At one time or another, all parents face difficulties in their lives that can make parenting hard but providing timely and high quality advice, support and interventions for parents can prevent these difficulties leading to neglectful parenting and children experiencing harm as a result”<sup>6</sup>*

There is growing consensus, backed by a wide body of research, that providing children and families with help before a problem emerges or at an early stage prevents children from suffering unnecessary harm, improves their long-term outcomes and is more cost effective than reactive services<sup>7 8 9</sup>

## What are the public perceptions of neglect?

In the face of such a large-scale problem as child neglect, it is unsurprising that many people feel fatalistic and uncertain about what exactly to do.

In October 2014, NSPCC's tracker survey found that almost three-quarters of the public (72 per cent) agreed that "child abuse and neglect in the UK will always be around"<sup>10</sup>. Nevertheless, most people want to make a difference: support for the statements "There are things I can do to help neglected children" or "There are things I can do to help prevent child neglect" were at 58 and 59 per cent respectively<sup>11</sup>.

A recently published study<sup>12</sup> by the Frameworks Institute, based on a survey of 4,550 members of the public, argued that public understanding of neglect and a focus on solutions will be enhanced if neglect is seen to be most often the result of burdens and social pressures that leave some parents ill-equipped to care for their children, rather than always and only “their fault”.

Our message is unequivocal; neglect can be prevented. We need to support one another in offering a helping hand to make this happen.



# 2. What children and adults tell us about neglect

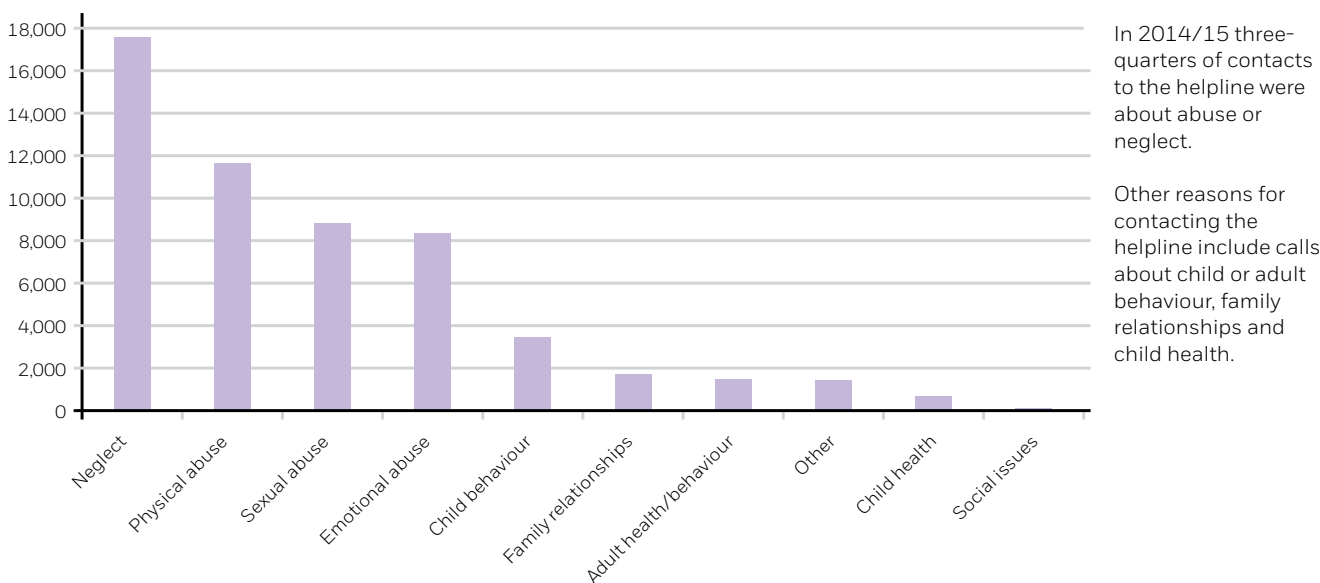
How do children use ChildLine and adults use the NSPCC Helpline to share their concerns about neglect? This can require a lot of courage on the part of the person making contact, and is often the first time that concerns are shared. Because children seldom say “I am neglected”, this is often the only chance for the child’s life to improve and for the family to get help with the problems that so often underlie the neglect.

See: Turnbull, M. (2015). NSPCC Information Service. *Hurting Inside: An NSPCC report on the learning from the NSPCC Helpline and ChildLine on neglect*. London: NSPCC.

## It is always worth taking action to prevent neglect

Adults can contact the NSPCC Helpline by phone or online to get advice or share their concerns about a child, anonymously if they wish. It is staffed by professional practitioners with backgrounds in jobs like teaching, healthcare and social work, who know how to spot the signs of abuse and what to do to help.

Figure 4. Contacts with the NSPCC Helpline



Neglect is the top reason why people contact the NSPCC Helpline with their concerns about a child's safety or welfare – and this has been the case since 2006. In 2014–15 there were 17,602 contacts received by the NSPCC Helpline about neglect (3,019 advice calls and 14,583 referrals), an increase on the previous year<sup>13</sup>.

Eight out of 10 contacts about neglect were serious enough to refer to the police or children's services, and cases needing urgent help involved over 26,000 children<sup>14</sup>. While many were teenagers, over half of these children were aged under eleven and a third were less than five years old.

ChildLine is the UK's free, 24-hour helpline for children and young people. ChildLine gives children and young people access to confidential support when they need it and ensures that they have someone to turn to when they are in distress or danger.

Unlike the Helpline, neglect is one of the **least counselled** concerns for ChildLine. In 2014–15, there were just **1,016** ChildLine counselling sessions with children and young people about neglect – **a 15 per cent decrease** compared with the previous year

Children talk to ChildLine's trained counsellors about feeling frightened and anxious, upset, lonely and sad<sup>15</sup>. Most commonly young teenagers aged 12–13, they rarely recognise themselves that what they are experiencing is neglectful care – instead this is often identified by the counsellors. Often, the young person had told no one else about their problems; but even when they had, this had not always led to the help they desperately needed. In over a third of instances, the neglect had gone on for years and was still happening.

## What do children talk about?

**Lack of food** often linked to **parental alcohol or substance misuse or mental health problems** is the top issue that children mention. Parent's misuse of alcohol or drugs is also a growing concern in calls to the NSPCC Helpline in 2014–15 – **a 36 per cent increase on the previous year**.

A third of children talk about being **left home alone frequently**.

Many have **problems at school** as a result of neglect – they are hungry all day, often they are bullied and they lack any parental support with their education.

## Case study

Twelve-year-old Lucy\* called the NSPCC Helpline after she had witnessed a number of family disputes at her friend's house. She had been affected by seeing first-hand the neglect her friend had been subjected to and the impact it had on her friend.

Lucy explained:

*"I feel my friend is being neglected by his mum. She leaves him home alone, without any gas/ electricity or food. Sometimes he is left until the early hours of the morning because his mum is in the pub. Whenever I have been there and they are having their tea they seem to always have really unhealthy meals and not much of it. My friend has started to self-harm and he cries to me about his home life."*

In 2014–15, there were over 300 contacts to our helplines from children and young people who were concerned about another child being neglected.

*\*All case studies have been anonymised.*

Children are sometimes desperate and at serious risk.

## Case study

One 14-year-old girl\* called ChildLine and said:

*"My dad has mental illnesses which make him have severe mood swings. He is sometimes abusive and aggressive towards me and my brother. Because of his problems, dad neglects me and my little brother, who has learning difficulties. Dad stays in bed all day and doesn't provide for us. Our house is filthy and I have to take care of my little brother all the time. I have started to harm myself to try and cope. I just feel like running away or ending my life. I have overdosed before but when dad found out he just said I was attention seeking. I have told my social worker and family support worker about how I am feeling and that I would like us both to go into care but nobody is listening."*

*\*All case studies have been anonymised.*

These accounts show that we all need to make certain that children know what neglect is, and that they and their families can get help sooner.

### 3. Services to help families thrive – fresh evidence

The key aim for the practitioner working with neglect is to ensure a healthy living environment and healthy relationships for children<sup>16</sup>

With the right knowledge and support, it is both possible and realistic for practitioners to make a difference with neglect. The NSPCC is now completing a five-year learning programme with our local partners. Together we have developed and implemented two assessment approaches and three services to help achieve “healthy living environments and healthy relationships for children”<sup>17</sup>. They have been carefully evaluated and we have received input from members of an Expert Advisory Group. This is the first time that such a programme has been rolled out specifically for child neglect in the UK.

Each assessment and service is summarised below with key evaluation findings. For more detail on these assessments, services and their evaluations, see the NSPCC Impact and Evidence Hub at [www.nspcc.org.uk/services-and-resources/impact-evidence-evaluation-child-protection/](http://www.nspcc.org.uk/services-and-resources/impact-evidence-evaluation-child-protection/)

#### Graded Care Profile (GCP)

##### What is it?

The Graded Care Profile (GCP) is an assessment tool designed to help practitioners identify when a child is at risk of neglect, and to improve consistency in the way practitioners describe and record concerns about neglect.

##### What makes it special?

Spotting neglect can be difficult, even for childcare professionals, and assessments are very variable. Graded Care Profile helps social workers measure the quality of care being given to a child.

##### How does it work?

The GCP identifies parenting strengths and weaknesses in four key areas: physical care, safety, love and esteem. These four areas are subdivided into topics, each of which is scored from one ('all the child's needs in this area are met') to five ('none of the child's needs in this area are met'). Trained practitioners complete the assessments with families during home visits. The GCP aims to produce an objective, consistent measure of the quality of care given to a child over time. It can, therefore, help to demonstrate change or lack of change in the care of a child.

##### What have we learnt?

The evaluation<sup>18</sup> tells us that:

- The GCP can help practitioners to specify the type and seriousness of neglect, thus making it more 'visible' to all involved. It helped to disentangle the effects of neglect on the child from all the other issues.
- The GCP can help pinpoint the strengths that parents have to build on, what changes they need to make and what support is needed. This can make things clearer for families and save unnecessary intervention.
- Most practitioners find this a useful tool for assessing the child's needs, across a range of case types and child age groups.
- The GCP is seen to improve practitioners' skills and practice in recording and reporting neglect, and their communication with both parents and professionals.

#### Graded Care Profile 2 (GCP 2)

Suggested improvements to the GCP have been incorporated into GCP 2, which is currently being tested for reliability and validity. The tool will be piloted with partner local authorities across the UK<sup>19</sup>.

## North Carolina Family Assessment Scale and decision-making

### What is it?

The North Carolina Family Assessment Scale, or NCFAS-G<sup>20</sup>, is an assessment tool and approach to progress difficult cases of child neglect.

### What makes it special?

There is strong evidence that social work decisions about serious neglect can become blurred. The many problems that families are struggling with can be overwhelming for workers as well and, sadly, the children continue to be neglected<sup>21</sup>. Professionals need support to take the right decision at the right time to reverse or to forestall serious child neglect. This approach can assist them and reduce delay.

### How does it work?

NCFAS-G calls for a score of strength or difficulty across seven crucial areas of family functioning, as well as a judgement as to whether intervention is needed in any of these areas. They are: *Parental Capabilities; Family Interaction; Family Safety (including violence, abuse and neglect); Child well-being; Social and community life; Family Health (including alcohol and drug use, and mental health) and the Environment*. Each has sub-topics with descriptions. The NCFAS-G has strong evidence of consistency in measuring family functioning over time<sup>22</sup>.

A trained NSPCC social worker and a local authority children's social care worker jointly visit the family and together they use the NCFAS-G. The joint visits allow for fuller observation and discussion between the workers and the family, and also give the workers rare opportunities to analyse the assessment. The case worker can use the tool for follow-up assessments.

### What have we learnt?

The qualitative evaluation<sup>23</sup> tells us that the family functioning review often helped improve the evidence that social workers had access to, and joint working helped improve the quality of evidence and understanding.

Aspects of the review that helped and that were not always found in assessment practice included:

- A focus on aspects of family functioning that cannot be readily observed (for example, whether a parent administers medication regularly);
- A requirement to score the family on each area of family functioning; and
- A requirement to demonstrate how the evidence available meets the criteria provided for each score.

There were several ways in which the review process prompted decision making, for example through considering whether and why a review was needed; by the use of scores and colour-coded reports to highlight key issues; and through social workers feeling supported to press for a decision.

The review was not always felt to have improved evidence, understanding and decision making. Factors affecting this included a change of social worker, the evidence being pre-empted or unclear, the parent not understanding/acting on the evidence, or the report not reaching a key decision maker. The evaluation also noted learning for future improvements and systems change in work with complex neglect.

## SafeCare®

### What is it?

SafeCare® is a structured, preventative programme for use with parents of children aged from birth to six who are at risk of experiencing significant harm through neglect.

### What makes it special?

SafeCare® has robust evidence of effectiveness in preventing and forestalling child neglect<sup>24</sup> as well as a strong cost-benefit analysis<sup>25</sup>. We have tested it for the first time in the UK and have trained practitioners in SafeCare® (called home visitors) as well as trainers.

## How does it work?

SafeCare® focuses help on three key areas that are known to be associated with child neglect: parental interaction with the child or infant; home safety; and child health. The programme is delivered within the family home, providing natural opportunities to train parents in practical skills to use with their children. The programme is delivered by trained practitioners, called home visitors, over 18 to 20 sessions. There is an integral assessment designed to encourage progress at each stage.

## What have we learnt?

The evaluation tells us that SafeCare® can be effective in the UK<sup>26 27</sup>. SafeCare® was beneficial for the majority of families who took part in the evaluation<sup>b</sup>:

- 80 per cent of parents completing the health module showed improvement in child health care skills
- 97 per cent of parents who completed the home safety module reduced the number of health and safety hazards in their homes
- 98 per cent of parents who completed the parent–child interaction module demonstrated improved communication skills with their child/ren.

Of the families with the most difficulties – those that SafeCare® practitioners considered significant enough to warrant a statutory intervention for neglect – 66 per cent improved to a point where no such intervention was considered necessary by the end of the programme.

Parents said the establishment of a trusting relationship between parents and the practitioner, and the perceived partnership approach to working, played a vital role in their engagement with SafeCare® and the success of the programme.<sup>c</sup>

SafeCare® was valued by referrers – 91 per cent of referrers said that they would refer similar families to SafeCare® in the future.<sup>d</sup>

## Standard and Pathways Triple P®

### What is it?

Triple P® is a widely known and researched parenting programme originating in Australia. Standard and Pathways Triple P are elements of the Positive Parenting Programme (PPP), a multi-level public health system of family interventions for parents of children who have (or are at risk of developing) behaviour problems.

### What makes it special?

The programme aims to make the critical task of child-rearing more straightforward for parents<sup>28</sup>. The NSPCC has for the first time used and evaluated the programme where there are specific concerns about child neglect in families of children aged between two and 12 years.

### How does it work?

In this context, Triple P is delivered for families in their home on an individual rather than a group work context. Standard Triple P typically includes sessions for assessment of the issues and on positive parenting skills, including practice and planned activity sessions. Pathways Triple P offers three modules to coach and support parents in 'Avoiding Parent Traps', 'Coping with Anger' and on 'Maintaining Changes'. The early qualitative and quantitative evaluation shows promising results.

### What have we learnt?

The evaluation<sup>29</sup> tells us that parents report statistically significant improvements in their relationship with the child, including communication and giving appropriate autonomy; in their own parenting strategies and over-reaction to the child; and in the child's behaviour. Parents value practitioners who are flexible with new ideas and suggestions, non-judgemental in their approach and reliable in their time-keeping. The practitioner's commitment builds up trust.

b All quoted figures are based on outcome data from a sample of service users. Improvements were statistically significant. Further information on SafeCare® success criteria figures is available in the full report.

c Parents' views are based on interviews with 15 parents who completed the programme.

d Twenty-three surveys were received, representing a response rate of 39 per cent.

Pathways Triple P can give parents practical ideas for things to try with their children when the situation appears to be 'stuck' in difficulty:

*"I'm more confident... Not resolved but I am able to deal with situations differently without feeling stressed."* (Mother on the PTP programme)

*"Me and my son get along better and the techniques have worked."* (Mother on the PTP programme)

*"It's a lot better. I'm able to see the triggers."* (Mother on the PTP programme)

## Video Interaction Guidance

### What is it?

Video Interaction Guidance (VIG) is a supportive programme of parent counselling that uses video to help parents become more attuned and responsive to their child's communications (both verbal and non-verbal).

### What makes it special?

With practitioner support, the videos can show families the steps they need to take to start to achieve or restore a strong parent-child bond. Some parents have described this as "a light-bulb moment" that can shift "stuck" family relationships. We have evaluated the programme in use with families where there are concerns about neglect and, more specifically, about emotional neglect.

### How does it work?

VIG UK<sup>30</sup> has supported and trained NSPCC practitioners in the principles and use of VIG. Parents decide on what they want to change and on specific goals, for example wanting to spend time with the child and talk about what is important

to them. With permission, interactions between parent and child are then filmed and edited by the practitioners to focus on positive moments; for instance smiling, making eye contact and taking turns in conversation. Work is done to replicate and build on these moments. Parents are encouraged to celebrate success and build a stronger bond with the child.

### What have we learnt?

The evaluation<sup>31</sup> tells us that parents report statistically significant improvements. These include their relationship with the child, their own parenting strategies and communications, and in the child's emotional and behavioural difficulties. The commitment and flexibility of the VIG practitioner is crucial.

Video Interaction Guidance can give parents confidence to try new approaches with their child when things seem difficult. Parents felt that they were more aware of their child and, importantly, not only aware of the negatives so that activities with them are no longer dreaded:

Mother on the VIG programme: *100% better, happy, we are communicating as a family. We talk to each other when we have a problem.*

Evaluator: *What do you think has made the programme work well for you?*

Parent: *"The video, to see the smiles you don't normally see."*



## New developments: Thriving Families – an integrated approach to child neglect

### What is it?

Thriving Families is a specialist integrated model for delivering services for children and families where neglect is a concern. It consists of two distinct elements: the Bespoke Assessment Approach, which is a holistic assessment for neglect, and three services described above (SafeCare®, Triple P and Video Interaction Guidance).

### What makes it special?

Thriving Families provides a coordinated and concentrated local response to child neglect which aims to be flexible enough to fit the needs of families and referring agencies locally. The approach responds to clinical observations that where we have services, we should offer robust and engaging assessments, and vice versa. Thriving Families is being implemented in five sites in England and Wales, and will be evaluated over the next five years. The evaluation will test whether we are successful in matching families' particular needs with the best fitting service and whether this happens in a more timely way.

### How does it work?

Families where neglect is an issue frequently struggle with problems like family relationships, ill-health or substance misuse. Help can be delayed by numerous assessments and referrals. By integrating our assessments and our core offer of services, Thriving Families aims to work closely with local providers to deliver the right help earlier to both children and parents, and thus prevent neglect from harming children or escalating.

Bespoke is a framework for the assessment of child neglect that draws from insights and techniques, such as Structured Family Therapy, Motivational Interviewing, Appreciative Inquiry, Reflective Functioning and Solution Focused Brief Therapy. Bespoke is designed to inform and to support professional judgement and to engage families as fully as possible in the assessment process, while at the same time considering parents' capacity to change. It is based on the principle that "what you do in the beginning determines what is possible in the end".

The Bespoke Framework challenges practitioners to ask themselves four questions in relation to neglect: "*What do I know about the scale of the neglect, its type, its impact on the child and the reasons for the neglect?*" Standardised tools and measures are provided to help practitioners answer these four questions. Practitioners have built-in reflection and analysis time while keeping focused on the core issues. The aims are to ensure that parents receive the correct intervention as early as possible, that the safety of the child is enhanced and that the underlying reasons for neglect are addressed. Bespoke will be evaluated as part of Thriving Families.

## 4. Effective early help – a new way forward with child neglect

As this report has detailed, child neglect is the biggest reason for child protection intervention across UK. Child protection social work is specialised, costly and stressful for all involved. There is mounting evidence that prevention is better than cure<sup>32 33 34</sup>.

### Thriving Communities: A framework for preventing and intervening early in child neglect

*Thriving Communities: A framework for preventing and intervening early in child neglect* is an innovative report<sup>35</sup> aimed at national and local decision makers. It sets out a vision and range of concrete actions across five different levels of society that we believe will help prevent child neglect and tackle it at the earliest opportunity. It focuses specifically on actions that can prevent or tackle neglect before the need for intervention from children's social care at a Child in Need or Child Protection level. *Thriving*

*Communities* is written with an English context and resonates with similar aspirations in other UK countries.

See: Haynes, A., Cuthbert, C., Gardner, R., Telford, P. & Hodson, D. (2015). *Thriving Communities: A framework for preventing and intervening early in child neglect*. London: NSPCC.

### Our vision:

A concerted shift to prevention where everyone – children, parents, communities, universal services and local government – works together to help children thrive, preventing neglect before it happens and nipping early problems in the bud.



Figure 5. Thriving Communities: Our vision



## What will make a difference and how do we get there?

The report puts forward a range of actions for preventing neglect. Here, we set out four of these actions, which are particularly key to reducing the burden of child neglect:

### **(1) Use evidence-based services for preventing and addressing neglect**

Evidence shifts practice from what we *think* works to what we *know* works. It should underpin everything we do to help children and families at risk of or experiencing neglect, from preventative programmes and early help provision through to statutory interventions.

### **(2) Increase the community's knowledge and awareness of healthy child development, neglect and help seeking**

We need to make sure that everyone in a community understands these issues and knows how best to respond – from parents and children to practitioners and the general public.

#### **Raising awareness and encouraging a public response to neglect**

The NSPCC has worked with partner agencies to deliver local campaigns about neglect. Our local campaigns team work with LSCBs, local authorities, health, education and the voluntary sector to develop and deliver awareness-raising and behaviour change campaigns which target parents, professionals and the wider public. A range of resources have been developed, including training programmes, practice protocols, information booklets and posters which can be adapted for use in localities across the UK. Campaigns have been run in North East Lincolnshire and in Birmingham.

### **(3) Ensure that practitioners in universal services are equipped to recognise neglect of all types and to offer appropriate and effective help**

We need to make sure that practitioners know what actions they can take to help children where neglect is a concern, through providing early help or making a referral to children's social care where necessary. Practitioners need to know about local thresholds and guidance, and have access to skilled, up-to-date advice about neglect.

#### **Innovative school project in Northern Ireland**

In Northern Ireland, the NSPCC Keeping Safe project aims to build the capacity of whole school communities, including school staff and parents, to deliver preventative messages about all forms of abuse including neglect. Children across all key stages in primary schools will be taught that they have the right to feel loved, looked after and secure at home and school. They will also be taught how to seek help when they do not feel safe. This is an evidence-based intervention that is being trialled and evaluated using a randomised controlled trial across 90 schools in Northern Ireland.

### **(4) Enable the development of positive and trusting relationships between children and the practitioners who work with them**

Child neglect happens when relationships don't form or when they break down. The most important relationship is the relationship between the child and their parents, and supporting and improving this should be the goal of all our work to end child neglect. However, *all* the relationships that surround the parent-child relationship are also key to preventing neglect.

## Realising the potential: tackling child neglect in universal services in England

The *Thriving Communities Framework* includes findings from new research in England, *Realising the Potential: tackling child neglect in universal services*<sup>36</sup>, on how a robust model of early help in universal services could save resources and unnecessary delay in tackling neglect. These findings are based on the views of 893 health visitors, school nurses, GPs, midwives, teachers and early years practitioners, as well as 18 children and young people.

See: Haynes, A. (2015) *Realising the potential: Tackling child neglect in universal services*. London: NSPCC.

The report explores in depth:

- How universal services practitioners see their role and responsibilities in providing early help;
- What early help is currently provided in universal services, barriers to provision and examples of promising practice; and
- How we can support services to have a greater impact on preventing neglect.

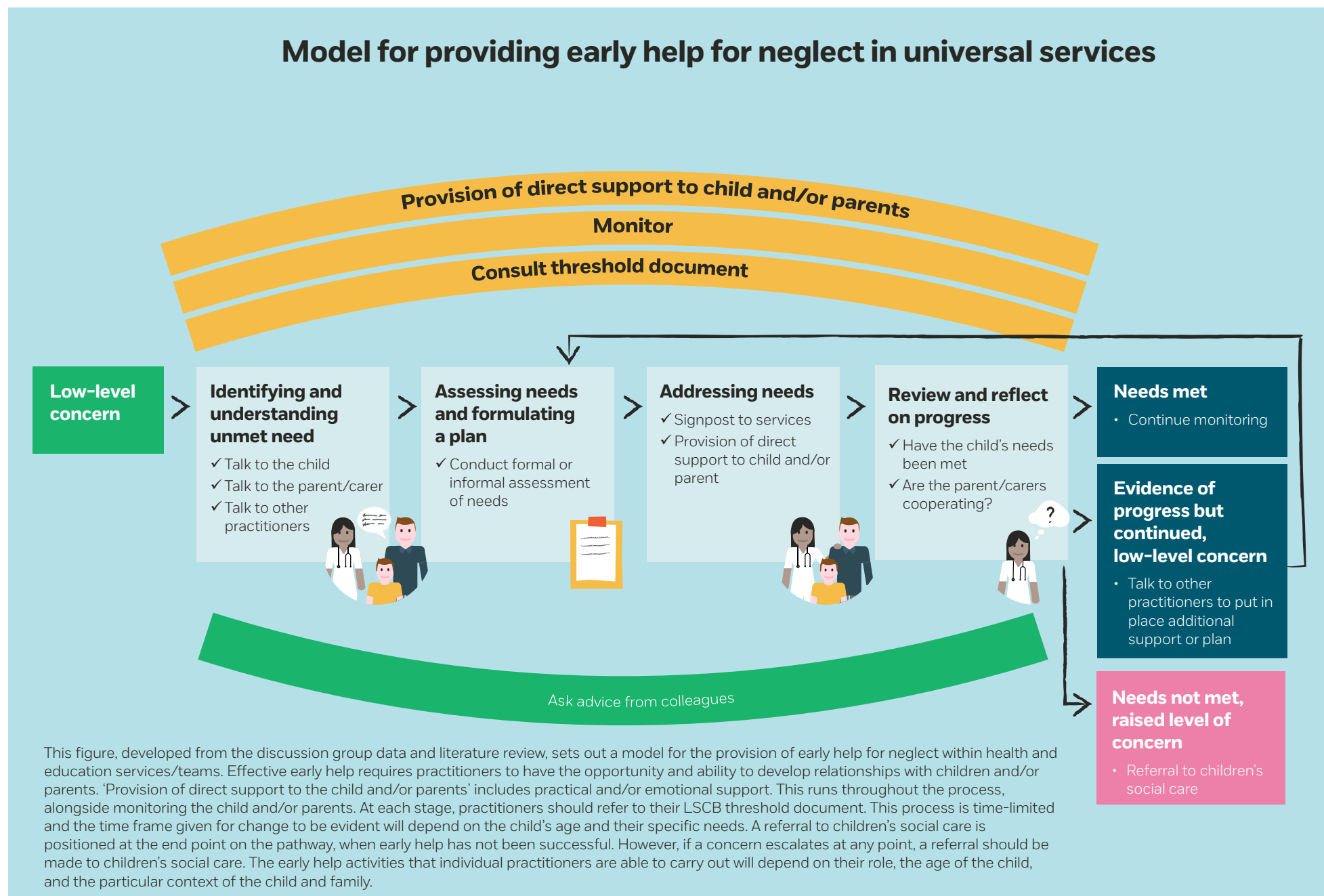
Some key research findings:

- All the practitioner groups in our study believed that they and other universal services practitioners have a responsibility to be able to both identify neglect and to provide early help in some way.
- The most common way for practitioners to provide early help for child neglect was by signposting families to other agencies, sometimes with little other action taken.

- The practice of routinely monitoring a child in response to early concerns about neglect was more commonly done in education settings than in health settings, with particularly low levels of monitoring happening in midwifery, general practice, school nursing and health visiting.
- Strikingly low percentages of practitioners said that they would normally talk to a child about an early concern of neglect, raising concerns about how child-centred practice is.
- When the concern is low-level, a referral to children's social care should only be made when early help has not been successful within the child's timeframe or the concern escalates. However, a high number of practitioners said that they would refer a low-level, early concern about child neglect to children's social services.
- Workload and time pressures were considered to be a significant barrier to providing early help for the practitioners, in particular for those working in health services.
- Problems with multi-agency working and information sharing – historic but persistent barriers to providing effective safeguarding – were again raised in this research.
- Most of the children and young people we spoke to said that they would not go to a universal services practitioner if they were experiencing neglect. Having a safe and trusting relationship with practitioners was crucial for young people, and many felt that their contact with universal services practitioners did not enable these relationships to develop.

*Realising the Potential* sets out a model for more effective universal services provision for neglect shown in Figure 6.

Figure 6. Model for providing early help for neglect in universal services



### The research study concludes that a robust model for provision of early help requires:

1. *Clear accountability:* The UK government, local government and commissioners must ensure that there are necessary resources available to enable universal services practitioners to undertake early help.
2. *Clear role expectations:* Individual professions within universal services need to be clear about their role in providing early help for neglect and about how they can provide direct support to children and parents.
3. *Clear pathways to help:* There needs to be clear and accessible pathways for the provision of early help, including between different universal services, and between universal services, targeted services and children's social services.
4. *Effective information sharing and multi-agency working:* There needs to be open, professional and respectful dialogue and information sharing among different universal services practitioners, and between universal services practitioners and children's social services (where in the child's best interest).
5. *Training, support and supervision:* Practitioners need to be confident and able to take early action before referring their concerns to children's social services.
6. *Relationship building:* Universal services need to be delivered with a focus on the importance of relationship building between practitioners and families.

### The Welsh Neglect Project

The Welsh Neglect Project, funded by the Welsh Government, is collaborative venture considering a more strategic and consistent approach to neglect including early identification, assessment and intervention.

### Early support in education settings in Wales

As part of the Welsh Neglect Project, a study has also been conducted to look at early support in schools and early years services for children experiencing low-level neglect in Wales<sup>37</sup>. Funded by the Welsh government, NSPCC Cymru/Wales has carried out research with 262 practitioners, including school management, teachers, Special Educational Needs Coordinators (SENCOs), school nurses, early years practitioners, inclusion officers and Education Welfare Officers (EWOs). The research identifies best practice and what additional support could be provided to better meet the needs of children experiencing low-level neglect.

There were commonalities between the research in England and in Wales. Key findings from the Welsh research included:

- There is a lack of clarity about professionals' role in providing early help. The formal child protection duties of education practitioners and school nurses are clearly set out in legislation and guidance, but the role these services can play in providing early support is not always clear.
- A high percentage of practitioners stated that they would formally monitor a child when there are concerns about low-level neglect, and would contact other professionals to gather information about the child and family.
- However, around half of practitioners would not talk to parents or provide direct support to parents, and some said that, even for low-level neglect, they would make a referral to social services.

# Conclusions

---

This report provides evidence that child neglect is still very much with us in 2015, and is taking a massive human and economic toll. However, it also provides forceful evidence for hopeful messages that:



- There are services that work to tackle neglect;
- We can design better local systems to pick up early signs of neglect; and
- Relationships make the difference.



If we combine our determination and effort, we know that neglect can be prevented.

**Every childhood is worth fighting for.**

# References

- 1 Haynes, A., Cuthbert, C., Gardner, R., Telford, P. & Hodson, D. (2015). *Thriving Communities: A framework for preventing and intervening early in child neglect*. London: NSPCC.
- 2 Maslow, A. (1943). *A Theory of Human Motivation*, originally published in *Psychological Review*, 50(4), 370–396.
- 3 Department for Education. (2015). *Working together to safeguard children*. London: Department for Education.
- 4 Jutte, S., Bentley, H., Tallis, D., Mayes, J., Jetha, N., O'Hagan, O., Brookes, H., & McConnell, N. (2015). *How safe are our children?* London: NSPCC.
- 5 Department for Education. (2015). *Working together to safeguard children*. London: Department for Education.
- 6 Haynes, A., Cuthbert, C., Gardner, R., Telford, P. & Hodson, D. (2015). *Thriving Communities: a framework for preventing and intervening early in child neglect*. London: NSPCC.
- 7 Allen, G. (2011). *Early intervention: The next steps. An independent report to HM Government*. London: Cabinet Office.
- 8 Munro, E. (2011). *The Munro review of child protection: Final report, a child-centred system*. London: The Stationery Office.
- 9 Chowdry, H., & Oppenheim, C. (2015). *Spending on late intervention: How we can do better for less*. London: Early Intervention Foundation.
- 10 Jutte, S., Bentley, H., Tallis, D., Mayes, J., Jetha, N., O'Hagan, O., Brookes, H., & McConnell, N. (2015). *How safe are our children?* London: NSPCC.
- 11 Ibid
- 12 Lindland, E., & Kendall-Taylor, N. (2013). "I have no idea how that works or what you would do about it". *Mapping the gaps between expert and public understandings of child maltreatment in the UK*. London: Frameworks Institute. Available online at: [www.frameworksinstitute.org/pubs/mtg/childmaltreatment/](http://www.frameworksinstitute.org/pubs/mtg/childmaltreatment/)
- 13 Turnbull, M. (2015). NSPCC Information Service. *Hurting Inside: A NSPCC report on the learning from the NSPCC Helpline and ChildLine on neglect*. London: NSPCC.
- 14 Ibid
- 15 Ibid
- 16 Brandon, M., Bailey, S., Belderson, P., & Larsson, B. (2013). *Neglect and Serious Case Reviews*. NSPCC and the University of East Anglia.
- 17 Ibid
- 18 Johnson, R. & Cotmore, R. (2015). *National evaluation of the Graded Care Profile*. London: NSPCC.
- 19 Johnson, R., Smith, E. & Fisher, H. (2015). *Testing the reliability and validity of the Graded Care Profile 2 (GCP2)*. London: NSPCC.
- 20 Kirk, R. (2012). *Development, intent and use of the North Carolina Family Assessment Scales, and their relation to reliability and validity of the scales*. North Carolina, US: National Family Preservation Network.
- 21 Farmer, E. & Lutman, E. (2012). *Effective working with neglected children and their families: linking interventions to long-term outcomes*. London: Jessica Kingsley.
- 22 Ibid
- 23 Williams, M. (2015). *Evidence-based decisions in child neglect: An evaluation of an exploratory approach to assessment using the North Carolina Family Assessment Scale*. London: NSPCC.
- 24 Chaffin, M. et al (2012) A state-wide trial of the SafeCare home-based services model with parents in child protective services. *Pediatrics* Vol. 129 No. 3, 509–515
- 25 Edovald, T. (2012). *Investing in children: Child protection and social care*. Dartington: Social Research Unit.
- 26 Churchill, G. (2015). *SafeCare: evidence from a home-based parenting programme for neglect*. London: NSPCC.
- 27 Churchill, G. (2015). *SafeCare: Parents' perspectives on a home-based parenting programme for neglect*. London: NSPCC.
- 28 Markie-Dadds, C. et al. (2000). *Every parent's family workbook*. Queensland, Australia: Triple P.
- 29 Whalley, P. (2015). *Child neglect and Pathways Triple P: an evaluation of an NSPCC service offered to parents where initial concerns of neglect have been noted*. London: NSPCC.
- 30 Kennedy, H., Landor, M. & Todd, L. (2011). *Video Interaction Guidance: A relationship-based intervention to promote attunement, empathy and wellbeing*. London: Jessica Kingsley Publishers.
- 31 Whalley, P. (2015). *Child neglect and Video Interaction Guidance: An evaluation of an NSPCC service offered to parents where initial concerns of neglect have been noted*. London: NSPCC.
- 32 Allen, G. (2011). *Early intervention: The next steps. An independent report to HM Government*. London: Cabinet Office.
- 33 Munro, E. (2011). *The Munro review of child protection: Final report, a child-centred system*. London: The Stationery Office.
- 34 Chowdry, H., & Oppenheim, C. (2015). *Spending on late intervention: how we can do better for less*. London: Early Intervention Foundation.
- 35 Haynes, A., Cuthbert, C., Gardner, R., Telford, P. & Hodson, D. (2015). *Thriving Communities: A framework for preventing and intervening early in child neglect*. London: NSPCC.
- 36 Haynes, A. (2015) *Realising the potential: Tackling child neglect in universal services*. London: NSPCC.
- 37 Newbury, A. & Gwilym, C. (forthcoming). *Developing early support in schools and early years services for children experiencing low-level neglect*. Cardiff: NSPCC/Welsh Government.

Find out more about our work at  
**[nspcc.org.uk](https://nspcc.org.uk)**