



Normalisation of Neglect

Evidence from serious case reviews 2017-2019
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The views in this presentation are those of the research team, not necessarily DfE or BSCP.

What is neglect?

Severe
deprivational
neglect

Medical neglect

Accidents
(context)

Physical abuse
(context)

Suicides and
self-harm

Adolescent risk-
taking

Adolescent
harm through
CSE or criminal
exploitation



Indicators of neglect

Smelly or dirty.

Inadequate or unwashed clothing.

Particularly hungry.

Untreated injuries.

Medical and dental issues.

Skin sores, scabies, flea bites, ringworm.

Anaemia.

Not meeting developmental milestones.

Obsessive behaviour.

Anxious, withdrawn, depressed.

Signs of self-harm.

Is not brought to appointments.



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Many families where children were severely neglected were well known to children's social care over many years, often over generations. Family histories were complex, confusing, and often overwhelming. One common way of dealing with the overwhelming information and the feelings of helplessness generated in workers by the families, was to put aside knowledge of the past and focus on the present, adopting what we refer to as the 'start again syndrome' (Brandon et al 2008).

Learning for the future: final analysis of Serious Case Reviews, 2017-19

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Billy aged 9: serious neglect,
physical and emotional abuse.

Black British child, significant
developmental and
communication needs.

Non-verbal.

Not seen by any professional
since age 14m.

Never had support from health
or social care services re
additional needs and autism

Parents both African, economic migrants.

Mother PTSD

Father working

Strong community with good cultural links

School, park, library nearby

Palpable poverty

What do we
need to know
about Billy?



Key sub-themes identified from the SCRs

Desensitisation to neglect: *in the context of poverty and austerity*

Complexities around identifying neglect

Information exchange

Hidden in plain sight: *a pattern of withdrawal from services*

Dealing with difference: *cultural competence and biases*

The long term impact of living with neglect

Desensitisation to neglect

“It is thought that one aspect that is relevant may be the levels of poverty in the region, and the difficulties this poses for professionals when intervening with families. In this case it was felt that this family may have presented as normal in [city], given the generally high levels of poverty, which may have led to professionals having lower levels of concern.”

**Focus on
practical tasks,
in the context
of poverty and
austerity**

“The focus was on young parents and lack of access to things like a steriliser, and the provision of support to parents vs safety of the baby – and not seeing a young parent as a child themselves.”

Complexities around identifying neglect

“Research also indicates that where parents were themselves abused or neglected in childhood there is an increased risk of maltreating their own children. It has been suggested that the more severe abuse or neglect experienced by parents in childhood, the more difficult it is to resolve losses and traumas, and the greater risk that parents will maltreat their own children.”

Information exchange between practitioners and services

“one focused on managing a family in the community who disrupted life for their neighbours and a separate process focused on the child protection system that protected and safeguarded children. Although both came under the remit of children’s social care to those outside the system, within children’s social care the processes were quite distinct and information shared in one forum was not automatically available to another.”

“The homelessness manager perceived that the frequent change of personnel in children’s social care meant that a consistent approach, an awareness of how the family operated and what had already been tried unsuccessfully got lost.”

Patterns of disengagement and withdrawal from services

‘The elder sibling carried the heavy burden about what was happening within the family over a period of many years. This included time when they were enrolled at a faith school. Loyalty to parents and not knowing how to share concerns within the school community was a factor that prevented earlier help-seeking. Teaching staff at the school were perceived as friends of the parents.’

‘*[she was]* neglected by parents whose capacity to parent had almost certainly been limited by their own adverse childhood experiences and multiple known difficulties in their adult lives’.

Dealing with difference

‘[working with Pakistani families was seen as a] gap area with little wider awareness and no training available ... [this can contribute to a] lack of curiosity and potentially a reluctance to ask or challenge things in case this may be viewed as offensive or not even considered’.

‘Professionals that worked with the family had a varying understanding of how to work with travellers, poor knowledge of cultural beliefs and lifestyle. For some professionals this was the first case that they had worked with traveller families. The visits and interaction with the family became overly focused on recording what they had observed rather than analysing and assessing the impact of the situation in relation to the safety of the children.’

The | impact of long-term neglect

“All the children had multiple unmet health, education, developmental, nutritional and social needs. They were dressed in ill-fitting shared family clothing and lacked awareness of basic road safety. Lack of daylight had impacted on their vitamin D levels and the inability to engage in outdoor exercise had seriously limited their development of gross motor skills. None of the children could swim or ride a bicycle. One sibling was described as ‘hunched and immobile’ and displaying signs of rickets.”

Elements of Good Practice

'It was agreed by the health visitor and midwife that the police would be asked to undertake a safe and well visit. Police were able to gain access. They saw both Eleanor and her sibling, who appeared well cared for and in good health. Father changed the sibling's nappy and mother fed Eleanor whilst the police were at the address. The police checked cupboards for food and noted that there were age-appropriate toys present. The police subsequently submitted the appropriate safeguarding documentation and passed the information back to the midwife who shared the result with the health visitor'.



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Significant harm thresholds

Lack of joined up thinking

Lived experience and extent of neglect

Ethnicity and background



Strategies for change?

Neglect strategies work at higher level but what is the impact on practice level?

Which information sharing policies are in place between partner agencies?

The interaction between neglect and poverty is complex and key to highlight.

Focusing on the daily lived experience of the child and how this is captured.

Take home messages

In the context of poverty and austerity, have we normalised neglect?

We have made neglect too complex and cannot always identify

Better information exchange

Always question withdrawal from services

Deal with difference better: think about. cultural competence and biases

The long term impact of living with neglect

Child Abuse Review





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Tackling the ‘normalisation of neglect’: Messages from child protection reviews in England

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