

ORIGINAL ARTICLE



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

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Funding information

Department for Education, UK Government

Abstract

Despite a history of critique, concentrated discussion and improved assessment processes, neglect continues to be a major challenge for child protection services. This paper draws on findings from a government-commissioned analysis of ‘serious case reviews’ (SCRs) in England, arising from incidents of serious child abuse in 2017–2019. There were 235 cases, for which 166 final reports were available. Alongside a quantitative analysis of the whole cohort, we undertook an in-depth qualitative analysis of 12 cases involving neglect. A key challenge in responding to neglect in its different forms is that it can be so widespread amongst families that practitioners no longer notice its severity or chronicity – it becomes normalised. In this paper we explore two dimensions of the ‘paradox of neglect’ where it seems to be everywhere and nowhere simultaneously. The first is that neglect is so closely bound up with the prevalence of poverty that little action is taken to address it. The second is that the overwhelming nature of neglect can blind practitioners to other forms of maltreatment that may also be present within a family. Practitioners, now more than ever, need to recognise the dimensions of this paradox to protect children from neglect.

KEYWORDS

child protection, cultural relativism, local child safeguarding practice reviews, neglect, poverty, serious case reviews

Key Practitioner Messages

- Practitioners must take the time to recognise the difference between poverty and neglect. Training, effective supervision and manageable workloads can support the effort to do this, as can adopting poverty-aware models.
- To help families with financial and material issues, it may be useful for social workers and other practitioners to engage more with local communities, neighbourhood groups, food banks, faith-based organisations and so on, to build networks of support for families that keep a helpful but clear eye on the wellbeing of the children.
- A national campaign could raise awareness of the signs and harms of neglect, informing people of what they should do if they are concerned about a child and to inform children themselves what they can do.

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INTRODUCTION

In child safeguarding work in England, ‘neglect’ is the most frequently used category of harm for children to have a multiagency child protection plan. There were nearly 51 000 children on such plans on 31 March 2022, and for almost half of them, over 24 000, the main category of abuse was neglect (Department for Education, 2022). This suggests that neglect is a major issue for child protection agencies in England, and yet they are often criticised for not addressing it properly, allowing children to remain in neglectful circumstances, sometimes for many years, leading in some cases to lifelong harm (Avdibegović & Brkić, 2020; Norman et al., 2012). This ‘neglect of neglect’ has long been known, and many factors lie behind it (see e.g. Wolock & Horowitz, 1984, a powerful analysis from the USA); one element is that various forms of neglect are so frequent amongst the families with whom social workers, health visitors, midwives and so on work, that they become inured to them – ‘the normalisation of neglect’ (Brandon et al., 2020). So we have the paradox of neglect – that for child welfare practitioners neglect is apparently ‘everywhere’, a significant cause for concern, and yet at the same time ‘nowhere’, so routine that is taken for granted and little if anything is done to tackle it. In this paper we explore two dimensions of this paradox: first, that neglect is often so closely bound up with the prevalence of poverty that practitioners can easily become confused about ‘which is which’ and not address the right issue; and second, that it can sometimes be so overwhelming (again partly because of the overlaps with poverty) that it can dominate their perceptions, leaving a sense of continual busy-ness and blinding them to other forms of maltreatment that may be present in the family. We conclude by pulling out the implications for safeguarding practice, what agencies and practitioners can do to help keep children safe and well.

The discussion is grounded in our analysis of data from 235 ‘serious case reviews’ (SCRs) in England (for which 166 reports were available), arising from incidents occurring between April 2017 and September 2019, where children died or suffered serious harm and abuse was known or suspected (Dickens, Taylor, Cook, Cossar, Garstang, Hallett, et al., 2022). This was the ninth and final government-commissioned periodic analysis of SCRs, because these have now been replaced by a new system of rapid reviews, local child safeguarding practice reviews (LCSPRs) and national reviews. We have also written an overview of the nine reviews (Dickens, Taylor, Cook, Cossar, Garstang, & Rimmer, 2022) and have undertaken the first two annual reviews of LCSPRs for the national child safeguarding practice review panel (Dickens et al., 2021; Dickens, Taylor, Cook, Garstang, Hallett, Okpokiri, et al., 2022). All nine SCR reports and the historical overview are available free of charge on the *Research in Practice* serious care review website, along with sector-specific briefings (for children’s social care, education and early help, health and the police: <https://scr.researchinpractice.org.uk/>). The LCSPR reports are also freely available online.

RECOGNISING NEGLECT

One of the reasons for the high proportion of children identified as suffering or being at risk of neglect is the very wide definition used in England. This is given in statutory guidance issued by the government, known as *Working Together*. The 2018 edition defines neglect 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: a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

(HM Government, 2018)

It can be seen that the term ‘neglect’ encompasses very different forms of behaviour, ranging from pre-birth drug and alcohol misuse to not ensuring medical attention for a child’s illnesses or injuries, not keeping health appointments, dressing a child in clothing that is dirty or unsuitable for the time of year, poor diet, not ensuring good hygiene, injuries to children that result from not supervising them properly and not responding caringly when they are hurt or unhappy (NSPCC, 2022). However, key words in the definition are ‘persistent’ and ‘serious impairment’; one-off or occasional shortcomings would not warrant a child protection plan, and some level of ‘poor quality’ care is tolerated, in the interests of family autonomy and diversity of lifestyles in a democratic society. The challenge for child protection professionals is deciding when those limits have been passed. There are various assessment frameworks and tools that have been designed to assist with this, notably the Graded Care Profile (GCP) (Polnay et al., 2013), adopted and further

developed into GCP2 by the National Society for the Prevention of Cruelty to Children (NSPCC) (Margolis et al., 2022).

Previous periodic reviews of SCRs have found that extreme neglect leading directly to a child's death or serious impairment is relatively rare in England, and this was also the case in the 2017–2019 sample, as shown later in the paper. Neglect is a frequent background feature in the cases and can sometimes be the circumstances in which a death occurs, such as sudden unexpected death of an infant or suicide of an adolescent. There are debates about how much neglect contributes to these sad outcomes (as a direct cause, a contributory factor or 'simply' the context). The answer will vary according to the specific situation, but the message from the reviews is clear: neglect can be a serious form of harm in itself and even if it does not lead to death or serious harm at the time, the physical and psychological damage can be profound and long-lasting. Given the prevalence of neglect and its potentially devastating consequences, it has regularly been the subject of focused analysis in the overviews.

As long ago as the 2003–2005 report, the researchers found:

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 for practitioners. 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, p. 11)

Alongside the challenges of recognising when 'enough is enough', there is the related challenge of understanding the impact of poverty, deciding what allowance to make for it and how to help the family tackle it. It is important to remember that not all poor children are neglected and not all neglected children are poor, and many parents make astounding sacrifices to ensure that their children are not adversely affected by material hardship. However, looking back to the examples of neglectful care given above, it is clear that a lack of money will make things much harder for parents – affording to keep the house warm, replacing clothes as children grow, repairs to household equipment (fridge, cooker, etc.), a healthy diet, stimulating toys and sufficient hygiene products.

The relationship between deprivation and neglect has been debated over many years. It is now widely accepted that poverty is a 'contributory causal factor' for abuse and neglect (Bywaters et al., 2016), a position that has been further strengthened by international evidence in a review by Bywaters and Skinner (2022). They concluded that family poverty and inequality are 'key drivers' of harm to children, but emphasised that 'neither poverty nor any other single factor is necessary or sufficient for child abuse and neglect to occur'; poverty should not be seen as a stand-alone factor, but as 'intrinsic to other contributory factors, such as parental mental health or domestic abuse and violence' (Bywaters & Skinner, 2022). In addition, concerns have been raised about inconsistencies in professionals' responses to neglect. The likelihood of a family receiving an intervention is determined by factors other than the features of the case, such as differing thresholds across local authorities (Platt & Turney, 2014) and individual practitioners (Casey & Hackett, 2021) as well as resource scarcity. Narrow definitions of neglect are sometimes used to 'ration services' (Daniel, 2015, p. 86). In England, there is robust quantitative evidence for the 'inverse intervention law' – the finding that 'when comparing children living in neighbourhoods with equivalent levels of deprivation, a child in a less deprived local authority (larger geographical municipality) is more likely to experience a child protection intervention than a child in a more deprived local authority' (Webb et al., 2020, p. 110).

The damaging impact of poverty on children's and families' wellbeing is widely acknowledged (for example, Daniel et al., 2010; Featherstone et al., 2019): what the causes are, the nature of its 'contribution' to neglect and what should be done about it are more contentious. Ridge (2009) categorises four main types of effect. There are psychological effects such as loss of self-esteem, anger, depression and anxiety; physical effects on people's health; relational effects on social and personal relationships; and practical effects, as poverty limits people's choices and options for parenting (Ridge, 2009, p. 19). All of these may increase the likelihood of children suffering harm from neglect, either through the direct effects of material hardship, or through indirect effects such as parental stress leading to poor quality care or not being emotionally available for the children.

Previous SCR reviews have noted the complex relationship with poverty, and the increasing number of cases where poverty is identified as a background feature of neglect. It was noted as a factor in 35 per cent of cases in the 2014–2017 report (Brandon et al., 2020) and as we shall see, had increased again to almost half in the 2017–2019 cohort. The extent to which this reflects a 'real' increase in poverty amongst the SCR population, a change in awareness and reporting style or some combination of those is open to debate, but there is evidence of increasing rates of children living in poverty in the UK (rising to 31 per cent of children in 2019–2020, the highest figure for 25 years: Joseph Rowntree Foundation, 2022, p. 11).

The overviews have highlighted the challenges that arise for safeguarding practice, especially the risks of ‘normalisation’. In areas of high socio-economic deprivation, levels of concern about neglect may be lower than they would be in less deprived areas because the issues present as ‘normal’ in the context of that neighbourhood (this is one factor behind the inverse intervention law mentioned above; another is that poorer areas tend to have fewer services available to intervene). It is important to take account of local circumstances and opportunities, as part of a well-informed assessment, but the risk is that the harms caused by neglect are not identified in a timely and accurate way. As the 2014–2017 analysis of SCRs put it:

The reviews suggest that professionals become accustomed to working in areas with large numbers of children and high deprivation. As a result there may be a normalisation and desensitisation to the warning signs of neglect, such as poor physical care, smelly and dirty clothes, or poor dental care.

(Brandon et al., 2020, p. 63)

Other reasons why practitioners may not address neglect include the difficulty of tackling the chronic problems that families may face. For instance, Kettle (2017, p. 33) found that social workers rarely had concerns about responding to a specific incident ‘which they perceived to be bounded and as a consequence relatively easy to make sense of’. However, it could be more difficult to identify the tipping point to justify intervention in cases of long-term neglect. Other factors include media, political and agency pressures to deal with the highest profile, most obviously dangerous cases (Legood et al., 2016); and limited resources (time, services and funding). Horwath (2007, p. 1285) for instance identifies personal, professional and organisational factors as the ‘missing’ or unrecognised ‘assessment domains’ in relation to child neglect.

Given the risks of not dealing effectively with neglect, and that the challenges have been identified in SCRs over the years (see e.g. Brandon et al., 2013; Daniel, 2015; NSPCC, 2022, we chose to focus on neglect again in the final periodic review.

METHODS

The review of the 2017–2019 SCRs was a mixed-methods study, using quantitative data on the whole cohort of 235 cases, for which 166 reports were available, and focusing on a purposive sample for in-depth qualitative analysis on particular themes. There are various reasons why reports might not be available, often to do with delays due to criminal proceedings; the transition to the new reviewing system and the impact of Covid may also have affected timeliness for this cohort. Where we did not have a report, we were able to get basic details from the ‘significant incident notification’ forms (SINs) which were supplied to us by the Department for Education.

As well as cases involving neglect, our qualitative sample focused on cases where there were issues regarding professional practice, missing voice of the child and child sexual abuse. The overall sample had 49 cases, chosen to capture the four themes and to reflect, as far as possible, the overall cohort in terms of age and gender; the fatal or non-fatal nature of the incident; and geographical region. Most of the cases contained more than one of these themes, and this overlap was productive for our analysis.

The in-depth analysis of neglect drew specifically on 12 SCRs from the qualitative sample, using a reflexive thematic analysis (RTA) approach (Braun & Clarke, 2022). The principles of the RTA approach by Braun and Clarke were adopted, by which each line of the dataset, i.e. the SCR reporting, was explored and coded. These codes were clustered to create themes which reflected the content of the SCRS which occurred across the dataset. RTA is used across multiple paradigms and theoretical perspectives to explore and expose patterns within the data. RTA uses researcher subjectivity and by doing so ensures that coding and the development and creation of themes are centred in the data themselves (Braun & Clarke, 2019). The themes generated within the dataset here were created following thoughtful, in-depth engagement with the dataset.

The cases included two that had ended in the death of a child and ten where the outcome was serious harm. Pinpointing whether neglect was the principal cause for the SCR is a challenge – in two it certainly was; in three the focus was neglect and another form of abuse; one was for sexual abuse which then uncovered co-existing neglect; two cases were not known to children’s social care; and for the final four it was unclear from the information provided. There was a breadth of ages, from under one year to 17, a mix of boys and girls, different needs, family circumstances, ethnicity and geographic location.

Five broad themes emerged from the analysis: neglect in the context of poverty (the ‘normalisation of neglect’, the main theme of this paper), the complexities around identifying neglect, challenges of information exchange between different agencies and professionals, issues of dealing with difference, and patterns of disengagement and withdrawal from services.

We acknowledge that the 12 SCRs chosen for in-depth analysis are not necessarily representative of all cases of neglect. As noted earlier, SCRs are undertaken when a child has died or suffered serious harm, and abuse was known or suspected; and in the harm cases there are concerns about multiagency working. They are therefore not representative of all child protection or neglect cases, rather a 'tip of the iceberg'. They will not reflect cases where there has been effective multiagency working that has had a positive impact on a child or family's life – although there are often instances of good practice even in cases with a poor outcome. However, our findings are consistent with other research and inspections of child safeguarding services (e.g. Ofsted, 2018, and we had a multidisciplinary research team with experienced members from children's social care, health and the police. Our analysis of the data benefited from our joint working and discussions and from helpful oversight by our DfE advisory group, giving us confidence in the findings.

QUANTITATIVE FINDINGS

From the cohort of 235 cases over the 30-month period, there were 131 cases related to deaths and 104 to non-fatal serious harm. As in all previous periodic reviews, the largest proportion of incidents related to the youngest children, with 86 (37 per cent) aged under one year; but the number of SCRs relating to children over the age of 16 has been gradually increasing over time and this time they made up nearly a fifth of the cases (19 per cent in 2017–2019). Sudden unexpected deaths of infants (SUDI) and suicide were the most frequent causes of death, both occurring 21 times (each 16 per cent of the deaths) although it is important to appreciate that SUDI and suicide also occur with no question of neglect or abuse being a contributory factor.

There were six cases where extreme neglect had led directly to the death of a child (5 per cent of the deaths), and 22 cases of non-fatal serious harm where neglect was the triggering factor for the SCR (23 per cent). Both these proportions are somewhat higher than in previous overviews, but we cannot say for sure whether this represents higher incidence or different awareness and reporting. As a background factor (rather than the immediate cause of the SCR), neglect appeared in nearly three-quarters of the 166 reports (124, 74.7 per cent), an almost identical proportion to the 2014–2017 review. Features of neglect were apparent in 69 out of the 105 fatal cases where there was a report (66 per cent) and 55 out of the 61 non-fatal serious harm cases where there was a report (90 per cent).

Poverty was identified as a background factor in 82 of the reports, 49 per cent, up from 35 per cent in the 2014–2017 periodic review. Other frequent background factors were domestic abuse (in 55 per cent of the reports) and poor parental mental health (also 55 per cent); and mental health problems for the child were reported in 69 per cent of the reports relating to children aged 11–15.

QUALITATIVE FINDINGS: THEMES AROUND NEGLECT

Moving on to the neglect subsample, eight of the 12 SCRs identified poverty as a characteristic of the family background. The other four reports did not indicate whether poverty was relevant or not. Two of the families had only one child, and two had two; the others were identified as multiple child households, with up to five siblings. Some of the families had children who were now adults; older siblings were likely to have been exposed to chronic neglect over a more extended timeframe than their younger siblings.

The consequences of neglect

The in-depth cases show powerfully how damaging the consequences of long-term neglect can be. One involved a 3-year-old girl who was admitted to hospital with a life-threatening illness. The girl, given the pseudonym of Rosie in the report, was then discovered to be severely malnourished, in poor physical health and developmentally delayed. There had been a safeguarding referral from midwifery services to children's social care in the antenatal period, but that opportunity for a pre-birth assessment of parenting capacity was missed. She had been seen by a number of professionals in her first two years, but all appointments were task-focused (weight, hip dysplasia, infection) rather than looking more comprehensively at her development and daily lived experience. Her weight dropped significantly below normal levels for her age and continued to sit below them. Rosie was not weight bearing at one year, she was not walking by 20 months, and failed to meet most of her developmental milestones. However, there was no recording of the Ages and Stages Questionnaire being undertaken at any of the health visitor reviews (which would have been expected). Rosie's parents missed appointments for her and resisted a number of parenting interventions that were offered (on the

child protection implications of missed health appointments, see Powell & Appleton, 2012). The neglect that Rosie experienced means she will need specialist care for the rest of her life.

Although this pattern of parental withdrawal is mainly relevant to younger children, older children may pull away from possible help themselves and hide the signs of their neglect (Ofsted, 2018). One SCR describes such a case, finding:

The elder sibling carried the heavy burden about what was happening within the family over a period of many years. ... 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.

Issues of professional practice

Four of the 12 SCRs found practitioners struggling to deal with issues of cultural difference. Consciously or not, practitioners may view families through lenses of bias and stereotype, which may affect the standards of care expected, possibly seeing them as 'normal' for that culture and leaving children at risk of neglect and abuse. Moreover, there may also be a fear of being seen as racist or prejudiced when asking families who are from different backgrounds about their care of the children (Laming, 2003). One of the reviews in the subsample, concerned with working with Pakistani families, noted that this fear could contribute to 'a lack of curiosity and potentially a reluctance to ask or challenge things in case this may be viewed as offensive'. In two other cases, involving families from under-represented cultures, biases and assumptions about behaviour led to the children being identified as perpetrators of crime and anti-social behaviour, rather than being vulnerable in their own right. Although there were many meetings about the families, the SCRs both found a lack of focus on education, health, domestic abuse, suspected sexual abuse and neglect. They concluded that practitioners had a poor understanding of cultural beliefs and lifestyles and the impact these might have on children.

Police officers will regularly attend incidents where they come into contact with children and young people who have been neglected and are living in circumstances that are harmful to their welfare. Effective training for police officers to recognise and respond to neglect is therefore essential, and for receiving and conveying information to other agencies and professionals. Some SCRs expressed concern about these issues: one called for 'an explicit focus in policy and training on the distinction between neglect caused by poverty and other forms of neglect'. But there were also examples of good practice from police officers. In one case, where the police had been asked to undertake a 'safe and well' check, they checked the cupboards for food and noted that there were age-appropriate toys. They subsequently submitted the appropriate documentation and passed the information back to the midwife.

Neglect and poverty

We found SCR authors commenting on the links between deprivation and the normalisation of neglect. In one case the review author visited the neighbourhood and found that 'poverty in the area is palpable', commenting on the pressures on services from high levels of deprivation, poor housing, a high birth rate, high numbers of children with special educational needs or disabilities, and a high proportion of families from Black and minority ethnic groups. Another review found:

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.

The review author also reflected on a series of similar SCRs in the area:

[There are] a number of reviews underway ... where there has been a delayed response to aspects of neglectful parenting, and in many of these cases the families have experienced significant poverty which appears to inhibit professionals from being assertive in their interactions with parents, meaning they do not respond to clear risks presented to children.

Two of the SCRs emphasised the need for specific training to help practitioners assess the extent to which poverty was contributing to neglect, alongside other causes and possible forms of ill-treatment. One notable consequence of

normalising poverty in areas of high deprivation and times of increased economic need is that social workers and other professionals focus on providing practical support, such as help with budgeting, provision of baby goods and rehousing applications, rather than seeing and responding to the indicators of neglect:

Professionals lost sight of the domestic abuse and violence that had been reported and became focused on the housing situation; the view being that if the family had secure and appropriate housing then 'everything would be alright'.

In another:

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.

So, there is a danger that practitioners miss the signs of neglect when it becomes normalised and confuse them with the signs of poverty. They may then take little if any action about neglect, and instead focus their attention and activity on the material aspects; whilst these may well be challenging tasks in their own right, they may be psychologically easier than confronting a family about neglectful care.

Neglect as a smokescreen

But there is another side to the normalisation of neglect: not only that it becomes routine and is missed, but also that it becomes routine and is so overwhelming that it stops practitioners seeing other forms of abuse that may be occurring. There were two striking examples of this in our qualitative sample (there is a separate paper that focuses on the learning about child sexual abuse from the SCRs: Garstang et al., 2023). In one of the families referred to earlier, the children were viewed as perpetrators of criminal activity, and not seen as vulnerable individuals. There were few attempts to talk to them separately or consider the reality of their daily lives where they experienced squalor and fear and were missing school and education. There were disclosures of sexual abuse and sexualised behaviour, but these were not investigated because the focus remained on the other complex and demanding issues. It may also be that in some ways it is 'safer' for child welfare professionals to focus on neglect because it is more familiar, and also less likely to disrupt the goal of building an empowering relationship with the family – allowance can be made for poverty, but one cannot make similar allowance for deliberate sexual assault of a child. So, in a parallel to our earlier comment, whilst it may be psychologically easier to deal with poverty than confront a family about neglectful care, it may also be easier to stay focused on neglect rather than confront a family about sexual abuse. Likewise in the other case, although there was considerable social care involvement with the family concerning neglect, criminality and anti-social behaviour, allegations of sexual abuse were not investigated further.

MESSAGES FOR PRACTICE

What then are the messages for practice? First and foremost, that although at times it may be hard to tell the difference between neglect and poverty, this is something that must be addressed, in order that professionals' efforts are spent on the correct issue.

This message echoes a US study of the relationship between neglect and poverty by Font and Maguire-Jack (2020). They start by observing that 'Whether poverty contributes to neglect is not widely disputed; what remains contentious is whether what is often reported or labelled as neglect simply *is* poverty.' They investigated this by using administrative data to trace the outcomes for young people who had been brought up in conditions of poverty and been the subject of child protection intervention on the grounds of alleged neglect, comparing them with the outcomes for children who had 'only' lived in poverty. They found that the young people with backgrounds of neglect had substantially worse outcomes, such as lower rates of high school graduation and regular employment, and higher rates of teenage parenthood and imprisonment, than the young people without neglect allegations who were exposed to similar lengths and depths of poverty (Font & Maguire-Jack, 2020). The lesson is that neglect is different from poverty and adds to the harm.

Training and effective supervision will, as usual, be vital elements; so too will manageable workloads and reliable systems for recording and sharing information. There have been calls for the adoption of 'poverty-aware' models of practice in child safeguarding [e.g. Saar-Heiman & Gupta, 2020].

The wider uptake of tools such as the GCP2 is also likely to be effective, provided staff have suitable training, supervision and time to use them properly. GCP2 is designed to help practitioners assess the strengths and weaknesses of

parental care across four different domains: the child's needs for physical care, safety, love and esteem. The key point is that it must be used skilfully and sensitively, with practitioners and parents/carers working together to identify the areas for change, the intervention required and how to measure progress. Other tools and approaches that could be used include Signs of Safety (Turnell & Edwards, 1999) and the Strengths and Difficulties Questionnaire (Goodman, 2001). A note of caution however: a recent systematic review emphasises the dearth of tools suitable for assessing neglect and the lack of a robust evidence base for any of those in use (Haworth et al., 2022).

There also needs to be a culture of collaborative working between the different agencies and professions involved, and determination to equip all staff with the confidence and skills to enable them to work with clients from different ethnic and cultural backgrounds.

A number of local child safeguarding partnerships have introduced 'neglect strategies', and they were referred to in four of the 12 SCRs. There are variations between them, but in broad terms a neglect strategy is intended to show a partnership-wide commitment to reducing neglect by identifying guiding principles and priorities and improving awareness. They may offer definitions of neglect of various kinds, its impact on children at different stages of their development, and measures of success in tackling neglect. They will set out the way in which practitioners should be identifying neglect and identify the tools that are available for them to use when they suspect or are addressing it. Such strategies give an important high-level message about the priority attached to the issue, but the challenge, as always, is to ensure that they make a difference at practice level. Moreover, it is important that such neglect strategies do not themselves become another layer of bureaucracy which can hamper an effective response to neglect. As Daniel (2015, p. 88) observes, 'a distance has ... developed between common-sense empathy with the unhappiness of hungry, tired, unkempt and distressed children, and an overly bureaucratic and anxiety-ridden system for reaching out to help them'.

There is also a need to help families with financial and material aspects, whilst keeping careful watch for possible neglect and abuse. Often the best way to safeguard children will be to support them, their parents and their wider family, including support to address poverty. It may be useful to expand and adapt the ways that social workers and other practitioners work, not only with individual families but engaging more with local communities, neighbourhood groups, food banks, faith-based organisations and so on, to build networks of support for families. McCartan et al. (2018) give a useful summary of this sort of approach, linked with the development of a practice framework for social workers to tackle poverty in Northern Ireland (see Office of Social Services, 2018). Such work is essential, but it is also vital to keep a clear eye on the wellbeing of the children. Across the UK, there are calls to improve services to better balance the requirements of protecting children and supporting families (e.g. MacAlister, 2022; McGregor & Devaney, 2020). There may be opportunities for organisations outside the statutory sector to play a part. The organisation Home Start is a good example of such an approach throughout the UK, providing trained volunteers to help families with young children (www.home-start.org.uk/). At the time of writing, winter 2022–2023, the UK is in a period of rapidly rising costs and economic hardship, and facing a lengthy recession, so such support will be needed more than ever by many parents and children.

It may also be helpful to develop a national campaign to raise awareness of the signs and harms of neglect, and what people should do if they are concerned about a child (and indeed, to inform children themselves what they can do). The NSPCC has a website called Neglect Matters (<https://www.nspcc.org.uk/globalassets/documents/advice-and-info/neglect-matters.pdf>) that provides clear and useful information like this. It could be developed further, but in doing so it would be essential not to demonise parents who may have many difficulties themselves, be struggling to make ends meet and provide consistent care for their children. A similar website on neglect from Action for Children (<https://www.actionforchildren.org.uk/our-work-and-impact/children-and-families/neglect-and-abuse/>) helpfully points out that parents may not know they are neglecting their children. The current economic challenges make astute and sensitive messaging more important than ever if it is to be acceptable and effective.

CONCLUSION

This paper has drawn out the key findings about child neglect from the 2017–2019 review of SCRs in England and highlighted key messages for practice. It has focused on the normalisation of neglect, in particular the dynamic between neglect and poverty. It is a long-standing and well-known issue, but it is especially important for policy makers, managers and practitioners to get to grips with this complex relationship at a time of rising poverty. There are powerful overlaps, and action is needed to help families on both sides; but the overlaps can be deceptive, and it is essential that workers are trained and supported to distinguish between poverty and neglect.

Finally on the theme of normalisation, Morris et al. (2018) have discussed how poverty has become normalised and often invisible in social work practice in England. Their study found that on the whole, assessments, decision-making and action took little or no account of poverty, and they characterise poverty as the 'wallpaper' of practice, 'too big to tackle and too familiar to notice' (and see McCartan et al., 2018). Neglect might be seen similarly, but the wallpaper

analogy bears further thought. Wallpaper may become 'invisible' after a short time, but even though people no longer notice it, it colours the whole room – it affects the light and the way that every item of furniture appears. So it is with neglect: often unnoticed, often confused with poverty, and yet the largest category for child protection plans and so overpowering that it can become a smokescreen that hides other forms of ill-treatment. It is this paradox that practice has to recognise and address, to better safeguard children from neglect.

ACKNOWLEDGEMENTS

The authors thank the Department for Education for funding this work.

CONFLICT OF INTEREST STATEMENT

None of the authors declares a conflict of interest.

ETHICS APPROVAL

Ethical approval was granted by the University of East Anglia.

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How to cite this article: Taylor, J., Dickens, J., Garstang, J., Cook, L., Hallett, N. & Molloy, E. (2024) Tackling the ‘normalisation of neglect’: Messages from child protection reviews in England. *Child Abuse Review*, e2841. Available from: <https://doi.org/10.1002/car.2841>