



THE CHILD **SAFEGUARDING**
PRACTICE REVIEW PANEL

“Why did it take so long to respond?”

Child neglect:
A thematic analysis

April 2026

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Executive summary: Child neglect – A thematic analysis

Foreword

Serious incidents involving child neglect come frequently to the attention of the Child Safeguarding Practice Review Panel. Whether it is in our discussions with Partnerships, through our regular webinars, or via our ongoing dialogue with practitioners we know neglect is one of the most challenging issues to deal with in practice. The aim of this thematic analysis, commissioned by the Panel, is to surface some of the complex issues which surround neglect, and to shine a very bright spotlight on how we can work together better to address it.

The need for an increased focus on neglect is undeniable. When Panel meets every fortnight to consider the latest incidents nationally where children have died or suffered particularly serious harm, we find that child neglect is either the most significant issue or a contributory background factor in over half of the incidents we consider.

Child neglect is an issue that impacts children and young people of all ages, from the tiniest babies through to adolescents on the cusp of adulthood, but its many different presentations and distressing and cumulative impacts are still not universally recognised or responded to consistently well. The child who inspired the title of this report reminds us of the urgent question that runs through every page: why, when the signs are so often visible, does it still take so long to respond to neglect? Child neglect's widespread prevalence, the potential for long-term harm to children's physical, emotional and social development and the challenges it presents for effective intervention make it one of the most pressing national safeguarding issues. Consequently, the Panel sees improving our collective response to child neglect as a critical safeguarding priority both nationally and locally, as well as a huge public health concern.

Government and the entire safeguarding community in England need to pay additional and urgent attention to child neglect. That is why we are proposing here an action plan to help develop practice in this crucial area. The Panel hopes that the content of this thematic analysis and its accompanying practical resources will help to share existing knowledge and understanding about child neglect in an accessible and useful way. We also hope that it will encourage both national and local reflection and positive action on how neglect is understood and responded to.

For our part, the Panel will continue to do all we can to share learning about child neglect and to take forward our proposed action plan. We want to keep neglect at the top of safeguarding agendas, both nationally and locally, and to develop additional useful and practical resources to support practitioners and safeguarding partnerships to respond more effectively to this vital safeguarding theme.

Sir David Holmes CBE

Chair, Child Safeguarding Practice Review Panel

The thematic analysis

This thematic analysis, commissioned by the Child Safeguarding Practice Review Panel, examines multi-agency responses to child neglect in cases of serious harm or death. Drawing primarily on extensive stakeholder engagement, an accompanying literature review, and a qualitative content analysis of 100 rapid reviews and 34 LCSPRs that have been considered by Panel, it explores how neglect is defined, identified, and addressed in England.

Key findings

This thematic analysis identified a number of recurring issues and systemic challenges across safeguarding practice in relation to child neglect. The following key findings highlight the most significant patterns observed in the analysis.

- **Prevalence and impact:** neglect is the most common form of child maltreatment in England, often co-occurring with other harms; its cumulative nature leads to long-term developmental, emotional, and social consequences
- **Definitional ambiguity:** terms like “persistence” and “serious impairment” are inconsistently interpreted, delaying intervention and contributing to fragmented responses
- **Systemic barriers:** high thresholds for intervention, consent frameworks, and under-resourced services hinder early help and coordinated safeguarding
- **Poverty and neglect:** while distinct, poverty and neglect are deeply intertwined. Practitioners often struggle to differentiate between structural hardship and parental omission
- **Underuse of tools:** evidence-based child neglect assessment tools are inconsistently used and applied, limiting their potential to support early identification and planning
- **Children’s voices:** children’s lived experiences are often absent from assessments and interventions

Practice challenges

The analysis surfaced a range of persistent practice challenges that hinder timely and effective responses to child neglect. These issues span across child neglect identification, assessment, intervention, and multi-agency collaboration, and reflect both procedural and cultural barriers within the safeguarding system.

Key practice challenges include:

- a reluctance to name neglect, especially when linked to poverty or parental vulnerability
- episodic and siloed responses that fail to capture cumulative harm

- generic interventions which lack sustained engagement; and
- limited multi-agency collaboration in relation to child neglect and inconsistent use of shared chronologies

Next steps

We ask that Government, all safeguarding partnerships and everyone with an interest in tackling child neglect, consider the content and findings of this thematic analysis and in particular the reflective questions at the end (page 38).

The Panel commits to working with Government departments, including the Department for Education (DfE), the Department of Health and Social Care (DHSC), the Home Office and the Ministry of Justice (MoJ), as well as all relevant partners on the following key areas which we believe require national attention.

Action Plan

1. Clarify and, if deemed necessary, update legal definitions of neglect

- Review the statutory definitions of neglect. Seek to address ambiguity around terms like “persistence” and “serious impairment,” ensuring they reflect cumulative harm and emotional neglect
- This analysis should support a shared national understanding of neglect across all agencies, including cumulative harm, emotional neglect and other forms of neglect that are less readily recognised such as educational and medical neglect – this work should also enable an informed national dialogue on how neglect is interpreted in practice
- It should also consider how definitions of neglect could support practitioners in understanding the impact of neglect (including longer term impact) on a child

2. Use of evidence-based neglect tools

- Government to work with the Panel, the relevant inspectorates, safeguarding partnerships, NSPCC, the What Works Centre for Children and Families (Foundations) and other interested parties to explore the evidence base for, implementation and use of existing evidence-based tools and to consider the benefits of having a standardised national multi-agency approach
- Commission a review of the existing evidence base on the implementation and use of evidence-based tools in relation to their usability, accessibility and effectiveness at a multi-agency level in supporting practitioner's identification, assessment and response to neglect and whether the use of tools leads to improved professional judgement and better outcomes for children - and, if this evidence does not exist, to explore the feasibility of an evaluation to improve the evidence base in this area

Action Plan

- Consider the forthcoming joint targeted area inspection (JTAI) on neglect, undertaken by Ofsted, the Care Quality Commission and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, as a mechanism for gathering evidence on current level of use and effective implementation of tools, their impact and the level of training undertaken on them within safeguarding partnerships – as well as considering where partnerships think they have implemented a tool well
- Work with the Panel to explore safeguarding partnerships' views through joint webinars with stakeholders including Ofsted and the NSPCC
- In considering the evidence gathered, assess whether a single national tool is desirable or necessary – the aim being to achieve a more consistent approach to practice in responding to neglect – grounded in a shared understanding of the evidence, consistent and skilled implementation, and multi-agency training and alignment
- The Panel to explore promising interventions and best practice in relation to child neglect and child maltreatment and will commission a guide to share evidence with practitioners of the most effective interventions to reduce child maltreatment and neglect

3. Strengthen statutory guidance to improve practitioners' understanding of how to work in a context where there is a lack of consent

- Encourage and share best practice in effective parental/family engagement within family help provision
- Share best practice in making available services less stigmatising for families to support positive engagement with practitioners and the overcoming of issues of consent
- Support the multi-agency workforce to have a shared understanding of what significant harm looks like in the context of neglect and when interventions can proceed without consent

4. Encourage a stronger focus on the child's daily lived experience in all neglect assessments

- To ensure that the child's experience remains central to neglect assessment and decision-making
- To enable practitioners to feel supported to develop and apply approaches that accurately reflect the child's voice when neglect is being assessed — understood not only through talking to the child but through observation, behaviour, emotional presentation and home conditions

The Panel will also work with safeguarding partnerships to highlight and disseminate the learning from this analysis through direct engagement with partnerships and through the creation of useful and accessible resources for practitioners which will be housed in the Child Neglect area on the new Panel's learning hub. Also, through webinars and through the sharing and promotion of the best neglect resources produced by other agencies that we come across in our work or that are brought to our attention.

Final thoughts

Neglect remains under-recognised and under-addressed. A strategic, child-centred, and trauma-informed approach is essential to ensure timely, effective, and compassionate safeguarding. The Panel still sees too many serious incidents where the 'bedroom' or 'house' of a child have not been seen by practitioners or where the child's daily lived experience has just not been fully explored or understood. Professional curiosity in exploring the child's whole life is crucial if we are to move forward.

The Panel is confident that with a renewed focus and investment in early intervention, robust national and local focus on improving responses to child neglect and a commitment to child-centred practice, there is an opportunity to build a more responsive and compassionate system that does not "neglect" neglect.

1. Introduction

- 1.1 The Panel hopes that the content of this thematic analysis and its accompanying resources will help to share existing knowledge and understanding about child neglect in an accessible and useful way and that it will also encourage both national and local reflection and action on how neglect is understood and responded to.
- 1.2 Government and the entire safeguarding community in England needs to pay additional and urgent attention to child neglect.

The current context for neglect and why it is such an important issue

- 1.3 Emotional maltreatment and child neglect are among the most difficult forms of abuse to measure in prevalence studies (Mathews and others, 2020). Despite variations in global data, these forms of maltreatment are consistently identified as the most common within families (Stoltenborgh and others, 2013). In the UK, the best available evidence suggests that one in 13 children aged 11 to 17 has experienced neglect, with one in 10 reporting severe neglect during their lifetime (Radford and others, 2011). As of 31 March 2025, neglect was the primary concern for just over half of the 49,400 children in England subject to child protection plans (DfE, 2025).
- 1.4 Neglect frequently appears in rapid reviews and local child safeguarding practice reviews (LCSPRs). The Child Safeguarding Practice Review Panel's Annual Reports consistently show that neglect is a common factor in cases involving death or serious harm. The forthcoming Annual Report (due to be published in late April 2026), will show that neglect was present in 60% of rapid reviews in 2024–2025. This is an increase from the previous year (49%).
- 1.5 Recorded child cruelty offences in England have also risen sharply. Between April 2017 and March 2023, recorded offences involving adults neglecting, mistreating, or assaulting children increased by 106% (NSPCC, 2024). In 2023–2024, 35,668 such offences were recorded, compared to 18,637 in 2017–2018 (Home Office, 2024; NSPCC, 2024a). This rise may reflect increased awareness and improved police recording practices (ONS, 2020). Despite the increase in recorded offences, prosecutions for neglect-related cruelty remain low, with few resulting in convictions (Degli Esposti and others, 2019). Government has tabled amendments to the Crime and Policing Bill to establish the register for people convicted of child cruelty (<https://www.gov.uk/government/news/new-register-for-people-convicted-of-child-cruelty-offences>).
- 1.6 The NSPCC also highlights contributing factors such as post-pandemic family strain, the cost-of-living crisis, and mounting pressures on the child protection system (NSPCC, 2024). Larkham & Ren (2025) also point to a vast reduction in local authority spending on early intervention children's services in England which they report has fallen by over £2 billion, since 2010–11, disproportionately affecting the most deprived areas. This decline has coincided with worsening outcomes for children, including a 40% rise in the number entering care over the last 20 years, often a consequence of neglect. Cuts to services such as children's centres and

youth work have reduced access to vital support, while increased demand and financial pressures have forced councils to prioritise crisis interventions over preventative care.

- 1.7 To address these challenges and deliver the reform that early intervention needs, the Independent Review of Children’s Social Care recommended dedicated funding for Family Help (MacAlister, 2022). While there has been recent welcome investment in early support, with over £500 million being invested in Best Start Family Hubs over the next three years, and £2.4bn for the Families First Partnership programme confirmed to 2028-29, research has shown the need for more sufficient and long-term funding targeted at areas with the highest need to help deliver these ambitions (Centre for Young Lives, 2025). The programme aims to shift the system toward earlier intervention, keeping more families safely together. These developments will require close monitoring to assess their impact.

Challenges addressing child neglect

- 1.8 Child neglect remains one of the most complex and persistent challenges in safeguarding practice.
- 1.9 The pervasive and cumulative nature of neglect often makes it difficult for practitioners and agencies to identify patterns of harm. While individual incidents may not meet statutory thresholds for intervention, their long-term impact can be profoundly damaging to children’s health and wellbeing.
- 1.10 Research highlights variation in practitioners’ ability and confidence to identify neglect, with notable gaps in training (Allnock, 2025). Even when concerns are recognised, practitioners often face substantial barriers to effective intervention. A recent YouGov poll of 700 safeguarding practitioners (McKay, 2024) found that despite the prevalence of neglect, many feel underprepared and under-resourced to respond.
- 1.11 This professional anxiety is compounded by systemic pressures, including rising care system costs that have diverted funding away from early intervention services—services that are critical to preventing escalation and supporting families to stay together (Franklin and others, 2023; Larkham & Ren, 2025).
- 1.12 A key challenge is the ‘normalisation’ of neglect. When referrals do not meet intervention thresholds, they often result in no action, leading to potential desensitisation among practitioners. This undermines the system’s ability to respond to the cumulative harm caused by neglect. McKay (2024) argues that the current system, which relies heavily on incident-based referrals, is ill-equipped to address the ongoing, low-level patterns characteristic of neglect.
- 1.13 The broader socio-economic context, particularly rising levels of poverty and ongoing cost-of-living pressures, further exacerbate the issue. Studies have shown that poverty is a complex risk factor for neglect, interacting with social and psychological factors to contribute directly through material hardship and indirectly through parental stress, social stigma and isolation (CSPRP, 2024c, NSPCC, 2024b). Evidence also shows that neglect occurs in affluent families, where risk could be linked to high parental expectations, emotional unavailability, limited

supervision or substance use. This can mask harm, delay risk identification and reduce professional curiosity. It is therefore important for practitioners to recognise that neglect can occur across all socio-economic groups (Bernard, 2019). Government's Child Poverty Strategy looks at how the Government can boost families' incomes through employment and the social security system, drive down the cost of essentials so parents can meet their children's fundamental needs, and strengthen local support to ensure families can access vital services when they need them.

- 1.14 A recurring theme across multiple reviews, highlighted in previous analyses over many years, is the fragmented, "stop-start" nature of professional responses to neglect. This pattern reflects a lack of sustained focus on the child's lived experience, with agencies often withdrawing support prematurely once immediate concerns appear resolved (Brandon and others, 2020; Dickens and others, 2022). Such lack of sustained focus not only allows persistent neglect to continue but also impedes a deeper understanding of its root causes. Interventions frequently prioritise adult needs—such as substance use or mental health—over the direct experiences of children (Ofsted, 2014). These findings underscore the need for safeguarding practices that are consistent, child-centred, and long-term in focus.
- 1.15 Despite over a decade of advocacy for a more integrated and responsive system (Action for Children, 2011; 2014), there remains no national strategy in England specifically addressing child neglect. The Panel is not proposing a national strategy, but instead commits to working with Government and all relevant partners to take forward the Action Plan set out at page 7.
- 1.16 However, there are emerging opportunities for reform. Following the Independent Review of Children's Social Care (MacAlister, 2022), new models of social care are being introduced nationally, with a welcome emphasis on prevention and Family Help, as mentioned above (paragraph 1.7, page 11).
- 1.17 The Children's Wellbeing and Schools Bill (UK Parliament, 2025) outlines Government's vision for children's services. Key proposals include:
 - strengthening safeguarding through multi-agency child protection teams
 - establishing a register for children in elective home education
 - enhancing mental health support in schools
 - measures to improve multi-agency information sharing, including: an information sharing duty that provides a clear legal basis to share information for the purposes of safeguarding and promotion of welfare and making provision for a Single Unique Identifier
- 1.18 These reforms represent a critical opportunity to embed a more proactive, coordinated and child-focused approach to tackling neglect.

Purpose and aim

- 1.19 The Panel's own discussions, along with recurrent themes from its Annual Reports and the national review into the deaths of Arthur Labinjo-Hughes and Star Hobson

(Child Protection in England, CSPRP, 2022), underscore the complexity of child neglect and the entrenched practice issues that require further exploration. This thematic analysis was commissioned by the Panel to deepen its understanding of the challenges in delivering effective responses to child neglect and to investigate the following key questions:

- what constitutes child neglect, and how is it understood by practitioners, children, and families?
- how do multi-agency groups identify and respond to children experiencing neglect?

1.20 A literature review was also commissioned from the National Centre for Social Research (NatCen, 2026) to explore:

- where and when neglect occurs, and the characteristics of affected children
- the risks and vulnerabilities these children face, their living conditions, and the impact of neglect on their development and wellbeing
- research and evidence on parental and caregiver neglect

1.21 Findings from the literature review are referenced throughout this report as relevant. Whilst this thematic analysis does not specifically address the impact of poor housing, the literature review points to relevant research.

Methodology

1.22 This analysis employed a multi-method approach to explore the key lines of enquiry outlined at paragraph 1.20. The methodology centred on insights gathered from extensive stakeholder engagement across five safeguarding partnership areas, aligned with rapid reviews on child neglect conducted in those regions. This was complemented by a limited thematic content analysis of a sample of 100 rapid reviews and 34 related LCSPRs.

Analysis of rapid reviews and LCSPRs

1.23 Between 2019–2023, the Panel received 283 rapid reviews in which neglect featured in children’s lives. While not all were formally notified as neglect cases, each demonstrated that neglect was a significant factor. From this pool, the team randomly selected 100 reviews for qualitative content analysis. Of these, 34 had progressed to LCSPRs, and were also included in the analysis.

1.24 A framework tool was developed to analyse qualitative data on key practice issues, examples of good practice, and any learning and reflective questions for consideration that emerged.

Fieldwork

1.25 A subset of five rapid reviews was selected for in-depth fieldwork involving practitioners, experts, and families with lived experience. These reviews were

purposely chosen to reflect diversity in gender, ethnicity, disability, and geography. The fieldwork included group interviews, meetings, roundtables and a webinar.

- Group interviews were conducted at each of the five sites, involving 37 frontline practitioners who had worked directly with the children and families; these sessions explored what had worked well, what could have been improved, and addressed the key questions in this analysis.
- Meetings were held with 60 senior managers from strategic groups, including education and third-sector organisations.
- Roundtable discussions brought together 40 experts and leaders from health, police, education, and children’s social care/family help.
- A webinar was convened with 25 independent reviewers of LCSPRs and scrutineers from various safeguarding partnerships, focusing on barriers and enablers to effective practice.

1.26 To ensure the inclusion of children and families, interviews with two children who had experienced neglect and one parent were conducted, and two meetings with 10 parents from family advocacy groups were held. These discussions explored their experiences with services, what they found helpful, what they wished had been done differently, and their suggestions for improving practice.

1.27 Targeted engagement was undertaken with practitioners and experts specialising in safeguarding children from Black and other minoritised communities and those with disabilities or special educational needs (SEN). These consultations helped to reveal gaps in current practice, particularly around cultural humility, unconscious bias, and the visibility of children with additional needs within safeguarding responses.

1.28 Ethical considerations were central to the process, with a focus on informed consent, minimising harm, and enabling meaningful participation. The Department for Education Research Ethics Checklist guided this work. An Equality Impact Framework was also applied to ensure inclusive analysis across all consultations.

A note on language

1.29 We acknowledge that language used to describe children, their families and communities can be contested and evolves over time. Below are some notes on language used in this document.

- We use the terms ‘child’ and ‘children’ to refer to individuals under 18, in line with legal definitions, we recognise that some young people aged 16–17 may prefer not to be referred to as ‘children’.
- The term ‘parent or carer’ includes any adult in a parental or caregiving role: biological parents, stepparents, relatives, adoptive parents, and foster carers.
- ‘Strategic leaders’ refers to senior figures such as heads of service, team managers, designated health practitioners, senior police officers and educational leaders.

- ‘Practitioners’ refers to those in direct practice, including social workers, health visitors, police constables, teachers, and third-sector workers.
- We have adopted first-person language throughout the thematic analysis, to place the individual before any characteristic, for example, using “children with disabilities” rather than “disabled children” – this promotes dignity, inclusivity, and a fuller appreciation of each individual’s identity beyond any single attribute.

2. The prevalence, nature and impacts of neglect

2.1 Child neglect remains the most prevalent form of child maltreatment in England and Wales, yet it is persistently under-recognised and under-researched—a phenomenon described as the “neglect of neglect” (Haslam & Taylor, 2022; Allnock, 2016). The Child Safeguarding Practice Review Panel’s forthcoming Annual Report will show that neglect was present in 60% of rapid reviews in 2024–2025 (CSPRP, 2026). This chapter draws on what is known from previous Panel reports and the accompanying literature review, about how neglect manifests.

Typologies and conceptual complexity

2.2 Neglect is typically defined as the failure to meet a child’s basic physical and psychological needs, often through omission rather than commission (Debelle and others, 2022; DfE, 2026). The literature and case reviews identify several overlapping categories:

- Physical neglect: inadequate provision of food, clothing, hygiene
- Medical neglect: failure to seek or follow medical advice
- Educational neglect: failure to send the child to school or preventing the child from having a suitable education
- Emotional neglect: absence of affection or emotional responsiveness
- Supervisory neglect: leaving children unsupervised or with inappropriate caregivers
- Environmental neglect: unsafe or unsanitary living conditions

2.3 The Panel’s 2022–2023 report found that neglect often co-occurred with other forms of harm, including physical and domestic abuse, and was frequently present in cases involving sudden unexplained death in infancy (SUDI), suicidality, and criminal exploitation (CSPRP, 2024a).

Neglect across the childhood spectrum

2.4 The literature and case reviews show that neglect manifests differently across developmental stages:

2.5 Early years: children under five are particularly vulnerable. The 2023–2024 Panel Annual Report highlighted that neglect in this age group often involved children not being brought to health appointments, inadequate home conditions, and lack of supervision, contributing to serious harm or death (CSPRP, 2024c). Literature reviews echo these findings, noting developmental delays, insecure attachment, and language deficits (NatGen, 2026).

- 2.6 School-age children: neglected children aged 5–11 often struggle with peer relationships, exhibit low self-esteem, and face academic challenges (Maguire and others, 2015). The Panel’s reports found that neglect in this age group was frequently overlooked due to episodic responses and a lack of cumulative risk assessment (CSPRP, 2024a).
- 2.7 Adolescents: neglect in adolescence is associated with externalising behaviours (aggression, substance use, delinquency) and internalising symptoms (depression, anxiety, post-traumatic stress disorder) (NatCen, 2026). The Panel’s 2023–2024 report emphasised the invisibility of adolescents in safeguarding responses, especially in cases involving mental health and extrafamilial harm (CSPRP, 2024a).

Risk and protective factors

- 2.8 Neglect arises from a complex interplay of individual, familial, and systemic factors. NatCen’s (2026) review found the following risks within the wider literature:
- child-level risks: disability and perceived behavioural problems
 - parental risks: mental illness, substance use, domestic violence, and a history of childhood abuse
 - family-level risks: poverty, social isolation, large family size, and unstable housing
 - systemic risks: structural inequalities, professional bias, and under-resourced services
- 2.9 The Panel’s reports consistently highlight that neglect is often normalised by practitioners in families experiencing chronic adversity. Practitioners may become desensitised to poor living conditions or parental non-engagement, delaying intervention until serious harm occurs (CSPRP, 2024a, 2024c).
- 2.10 Protective factors found by NatCen’s (2026) review include:
- child resilience, such as high self-esteem and availability of peer support
 - positive family functioning, including kinship care (with fewer behavioural problems, fewer mental health disorders and better wellbeing than children placed in non-kin foster care)
 - community-level supports, such as school engagement and collective efficacy

Impacts and outcomes of neglect

- 2.11 Neglect has cumulative and long-lasting effects. Early exposure is linked to developmental delays, while prolonged neglect increases the risk of mental health disorders, poor educational attainment, and social exclusion (NatCen, 2026). The Panel’s 2023–2024 report emphasised that neglect often precedes serious harm and death, even when not the direct cause (CSPRP, 2024a).

- 2.12 Adults who experienced neglect in childhood are more likely to suffer from depression, post-traumatic stress disorder (PTSD), substance use, and interpersonal difficulties (NatCen, 2026). The literature and case reviews underscore the importance of early identification and holistic – or proactive and comprehensive – child-centred responses to mitigate these outcomes.

Summary

- 2.13 Neglect is a multifaceted and pervasive form of harm that manifests across all stages of childhood, often through chronic omissions in care, supervision, and emotional support. It is most commonly observed as physical, emotional, medical, educational, supervisory or environmental neglect, and frequently co-occurs with other forms of abuse. The literature review and case reviews conducted consistently highlight that neglect is often normalised, episodically assessed, and under-identified—particularly in adolescents and in families experiencing chronic adversity. Its impacts are cumulative and far-reaching, affecting children’s development, mental health, relationships, and life outcomes.

3. Challenges in the definition of neglect

- 3.1 In England, the Children Act 1989 and Working Together to Safeguard Children (HM Government, 2026) provide the legal framework for addressing neglect. However, its definition remains contested and inconsistently applied.
- 3.2 This section critically examines the statutory definition and its practical implications, highlighting how ambiguity—particularly around terms like “persistence” and “serious impairment”—can delay identification and intervention. It also explores how framing neglect as parental failure, omission versus commission, and narrowly defined harm shapes professional judgement and multi-agency responses.
- 3.3 Based on data drawn from rapid reviews, LCSPRs, fieldwork with stakeholders, and lived experiences, the analysis underscores the need for a clearer, more inclusive, and child-centred definition to support timely and consistent safeguarding practice.

Variability across jurisdictions

- 3.4 Child neglect is defined differently across the UK, leading to inconsistencies in identification and intervention. In England, the Children Act 1989 and Working Together to Safeguard Children (HM Government, 2026) define neglect as the “persistent failure to meet a child’s basic physical and/or psychological needs,” with emphasis on persistence and serious impairment.
- 3.5 In contrast, Wales (under the Social Services and Well-being [Wales] Act 2014) and Northern Ireland (via Co-operating to Safeguard Children and Young People, 2017) have removed the requirement for persistence, recognising that even short-term neglect can cause significant harm and that waiting for patterns may delay support.
- 3.6 Scotland, like England, retains the persistence criterion, potentially contributing to delayed responses. These definitional differences pose challenges for practitioners working across jurisdictions and raise questions about how statutory language shapes thresholds for intervention.

Ambiguity and thresholds: Barriers to early intervention

- 3.7 While statutory definitions of neglect offer a framework for safeguarding, their practical use is often hindered by ambiguity—particularly around “persistence” and “serious impairment.” These terms lack clear guidance, leading to inconsistent interpretation and delayed responses.
- 3.8 Practitioners we spoke to during the fieldwork reported uncertainty about what constitutes a “prolonged period” or how to assess “serious impairment,” fostering a threshold-driven culture where early signs—like inconsistent supervision or emotional neglect—may be overlooked. Discussions suggested that neglect is often treated as a chronic issue, requiring repeated incidents before action is taken or support is given. This “wait-and-see” approach was illustrated by a stakeholder who

is often asked the following referral question: “How long has the neglect been going on?”

- 3.9 The focus on “serious impairment” also tends to prioritise physical harm, often at the expense of emotional and developmental wellbeing. As a result, long-term impacts may be missed when harm isn’t immediately visible. Greater understanding is needed to support professional judgement and enable earlier, more proactive responses. Recognising the cumulative nature of neglect—regardless of persistence or visible harm—is essential to more effective safeguarding. To address some of these issues, the Panel’s action plan includes an action around clarifying the legal definitions of neglect (Action Plan point 1, page 7).

Early intervention and missed opportunities

- 3.10 Despite growing recognition of the importance of early support, statutory definitions and thresholds often delay intervention in neglect cases. Terms like “persistence” and “serious impairment” mean many concerns fall below the threshold, even when children are clearly at risk.
- 3.11 Evidence from rapid reviews and LCSPRs shows that early signs—such as inconsistent supervision or emotional withdrawal—are frequently missed or met with short-term support that fails to address underlying issues. Practitioners often repeat interventions despite previous failures.
- 3.12 This threshold-driven model fosters a reactive “wait-and-see” approach, delaying action or the provision of support until harm escalates. Practitioners report frustration and demoralisation as a result.
- 3.13 Proposed reforms in the Children’s Wellbeing and Schools Bill, aligned with statutory guidance in Working Together to Safeguard Children (2026) and the introduction of the Families First Partnership (FFP) programme, aim to change this culture. The introduction of multi-agency child protection teams in each safeguarding partnership and measures to improve data sharing aim to enable earlier identification of support needs and risk; and enhance proactive joined-up work on early intervention and prevention through Family Help. Reforms to Family Help - being introduced nationally through the FFP programme – will embed multi-disciplinary teams in the heart of communities, to wrap support around families at the earliest opportunity. These teams will be connected with Best Start Family Hubs to ensure a joined up and integrated approach to the help, support and protection system.
- 3.14 To improve outcomes, safeguarding must move beyond rigid thresholds and ensure it is reflecting a proactive, developmentally informed approach. Early intervention should be seen as essential to preventing harm and supporting long-term wellbeing.

Parental responsibility: Omission vs. commission and criminal thresholds

- 3.15 England's statutory definition of neglect centres on parental failure to provide adequate care, reflecting legal duties under domestic and international law (e.g., The United Nations Convention on the Rights of the Child, Article 27). However, this framing emphasises omission over the promotion of nurturing, responsive care.
- 3.16 Practitioners often view neglect as passive or unintentional, linked to poverty, mental health, or trauma. Fieldwork revealed that even harmful acts—like locking a child in a room—may be seen as coping strategies rather than deliberate harm.
- 3.17 The boundary between safeguarding and criminal neglect is unclear. While the Children and Young Persons Act 1933 criminalises wilful neglect, proving intent is difficult, and limited guidance leads to inconsistent responses and missed accountability.
- 3.18 Greater understanding is needed on the spectrum between omission and commission, and on navigating the interface between safeguarding and criminal law. Practitioners must be supported to recognise when behaviours—passive or active—pose risk or constitute criminal neglect, with a consistent focus on the child's right to safe, nurturing care.

Expanding the definition: Types of neglect

- 3.19 England's statutory definition of neglect outlines specific categories—such as lack of food, shelter, supervision, and emotional care—but remains narrow. This limited scope can constrain professional understanding and lead to fragmented responses.
- 3.20 Fieldwork and reviews analysed reveal overlooked forms of harm, including dental neglect, unsafe sleeping, and denial of mental health care, often treated as isolated issues rather than signs of broader neglect. Categorising neglect can help target support, but responses often focus on surface-level fixes rather than deeper concerns like emotional unavailability or disrupted routines.
- 3.21 Language matters too. Terms like “dental neglect” must clearly convey both parental responsibility and impact on the child. Parents involved in this thematic analysis noted that professional concerns are often misunderstood, underscoring the need for clearer communication.
- 3.22 To improve identification and response, the definition of neglect should be broadened to reflect the full range of children's needs and the cumulative impact of unmet care. A more integrated approach would support assessments that capture the full picture of children's experiences and more effective interventions.

Professional perspectives and systemic barriers

- 3.23 A recurring issue raised in the fieldwork for this analysis is the lack of a shared, operational definition of child neglect among practitioners. This ambiguity leads to

inconsistent thresholds, fragmented responses, and uncertainty in decision-making across sectors like social care, health, education, and policing.

- 3.24 The role of schools in identifying and responding to early signs of neglect is important. However, our fieldwork activity identified evidence where schools feel that their concerns and referrals are not sufficiently considered or taken forward in multi-agency assessments and discussions. Schools in some cases highlighted that they stopped sending referrals to the Multi-Agency Safeguarding Hub (MASH) because they were continually pushed back and instead took to providing compensatory care as a means of protecting children. This is important but fails to address the underlying causes of the neglect and harm caused to children. Fieldwork also highlighted evidence of schools not receiving feedback or being kept sufficiently informed when decisions were made around concerns identified by the school.
- 3.25 Poor school attendance also reduces the protective factor of school and removes the other indicators of neglect from the sight of key practitioners. For school/nursery aged children, it is often the education practitioners who are the first to notice and then are consistently recording the signs of poor hygiene, lack of access to appropriate food and child disclosures etc. So, when attendance is poor, that oversight cannot be relied upon to be as effective. Improving attendance at school is a powerful strategy to support children suffering neglect, because it also provides easier access to many of the standard pastoral support services that schools routinely offer.
- 3.26 Stakeholders described neglect as complex and multi-dimensional, often requiring subjective judgement. Without agreed terminology or thresholds, concerns are delayed, miscommunication increases, and procedural escalation replaces collaborative problem-solving.
- 3.27 The emphasis on proving persistence or serious impairment can leave children in harmful environments while practitioners gather evidence. Differing interpretations of neglect can contribute to repeated but unacted-upon concerns.
- 3.28 Systemic challenges—high caseloads, limited resources, and inconsistent training—further hinder effective responses. Practitioners in the fieldwork, and evident in wider research, said they feel overwhelmed and unsupported, navigating uncertainty that can result in missed opportunities to protect children (McKay, 2024).
- 3.29 To improve outcomes, greater shared understanding of neglect across all agencies is needed. These would enhance professional confidence, consistency, and collaboration—ensuring timely, appropriate support for children affected by neglect.

Voices of children and parents

- 3.30 Children and families affected by neglect offer powerful insight into the real-world impact of delayed intervention and definitional ambiguity. Their experiences reveal both the emotional toll of neglect and the systemic failures that often compound it.

- 3.31 The children and young people we spoke to described feelings of fear, loneliness, and being unheard. One young adult recalled repeated child protection involvement that failed to provide consistent support, leaving her feeling abandoned by both her parents and the system. Frequent social worker changes eroded trust, and her silence stemmed from a belief that no one would listen. An 11-year-old shared similar frustration, describing how delays in recognising her neglect prolonged her suffering and left her feeling invisible.
- 3.32 Parents also voiced concerns, particularly about the stigma of the term “neglect,” which they felt implied blame rather than recognising the impact of poverty, domestic abuse, or mental health struggles. One parent said:
- “It’s not neglect—it’s life. What good is counselling if you can’t afford to feed and clothe your children?”
- 3.33 These testimonies highlight the need for a more compassionate, context-aware approach—one that keeps the child’s wellbeing central while acknowledging the broader challenges families face. A more empathetic, rounded understanding of neglect is essential for building trust, improving outcomes, and delivering meaningful support.

Summary: Towards a clearer, child-centred definition

- 3.34 This analysis highlights the challenges posed by England’s current definition of child neglect. Ambiguity around terms like “persistence” and “serious impairment” leads to inconsistent thresholds, delayed interventions, and missed opportunities to safeguard children. The narrow focus on parental omission and limited harm categories fails to reflect the full range of children’s needs and lived experiences of neglect or the complexity of family life.
- 3.35 Practitioners face systemic barriers—unclear definitions, limited resources, and a lack of shared understanding—while children often feel unheard and unsupported. Parents, too, express frustration at being judged without recognition of the socio-economic pressures they face.
- 3.36 To improve outcomes, a clearer, more inclusive, and child-centred definition of neglect is needed. This must be supported by practical guidance, cross-sector training, and a commitment to listening to children and families.

4. Recognising and responding to child neglect: Navigating complexity in practice

- 4.1 This chapter explores the ongoing challenges in identifying and responding to neglect beyond the definitional, practical and systemic challenges identified in the previous chapter, drawing on evidence from rapid reviews, stakeholder engagement, and practitioner fieldwork.
- 4.2 While many practitioners say they feel confident in recognising neglect, practice reveals a more complex reality. Reluctance to name neglect—especially when linked to poverty or parental vulnerability—can obscure harm. Structural barriers like referral thresholds, consent frameworks, and fragmented assessments can further delay intervention.
- 4.3 This chapter is structured around four key themes. Together, these themes highlight the need for a more strategic, child-centred and multi-agency approach to child neglect – one that supports the exercise of professional judgement and ensures early signs of harm are not missed.
- 4.4 The four key themes are:
- identifying child neglect
 - from identification to action
 - assessing child neglect
 - approaches and interventions

Identifying child neglect

Confidence versus clarity over the response required

- 4.5 Practitioners working with children often feel confident in recognising neglect, yet this confidence does not always lead to consistent or clear action. Evidence from serious case reviews, rapid reviews, and stakeholder engagement reveals wide variation in how neglect is identified and addressed across agencies.
- 4.6 Although over 90% of practitioners surveyed by the NSPCC (McKay, 2024) reported confidence in spotting neglect, many were unsure how to respond. This gap is worsened by neglect’s cumulative and often low-level nature, which can mask its severity when signs—like poor hygiene or missed appointments—are viewed in isolation.
- 4.7 A major barrier is the reluctance to explicitly name neglect. Practitioners often use neutral terms like “unsafe sleeping practices” or “poor home conditions,” especially

when neglect appears unintentional or linked to poverty or parental vulnerability (Bullock and others, 2019). While accurate descriptions are important, failing to label neglect as neglect can lead to fragmented interventions and obscure the child's lived experience.

- 4.8 When neglect isn't named, concerns are often dismissed as isolated or minor. Reviews show that a full understanding of harm typically emerges only after serious incidents when the full picture is seen for the first time and missed chances for early intervention stand out more clearly. This underscores the need to support practitioners in recognising and articulating neglect as a distinct form of harm requiring a coordinated, child-focused response.

Poverty and neglect: intersections and tensions

- 4.9 The relationship between poverty and child neglect is complex and often misunderstood. Poverty is not the same as neglect, but it can both mask and intensify neglectful parenting. Practitioners can face challenges in distinguishing where a family is struggling due to limited resources and where neglect is linked to parental capacity or intention.
- 4.10 NSPCC data show over half of practitioners have seen rising neglect cases, with 90% attributing this to poverty and continuing cost-of-living pressures. Schools and third-sector organisations increasingly provide essentials—food, clothing, toiletries—through “compensatory care,” which, while vital, can obscure parenting concerns and create a false sense of family stability (McKay, 2024).
- 4.11 Practitioners may hesitate to label neglect when linked to poverty, fearing stigma or overlooking structural inequalities. This can hinder honest conversations with parents and lead to fragmented safeguarding responses, especially when the provision of practical support is not recognised as part of the response to wider concerns.
- 4.12 Poverty often intersects with other disadvantages—disability, racism, isolation—compounding risks. Black and minoritised families are disproportionately affected, facing economic hardship and systemic barriers that impact parental wellbeing and children's opportunities.
- 4.13 Only some children living in poverty are neglected, and neglect also occurs in affluent families, where it may also be overlooked due to assumptions about socioeconomic status. Practitioners must assess neglect based on children's lived experiences, not just family circumstances.
- 4.14 Neglect involves a lack of responsiveness to the needs of a child – including both their physical and emotional needs. When a lack of sensitivity to a child's needs is demonstrated by a parent or carer, irrespective of the resources available to the family, the child is placed at increased risk of experiencing neglect.
- 4.15 Defining neglect in relation to poverty remains challenging. While the World Health Organisation's definition of neglect suggests neglect occurs only when resources are available, practitioners highlight cases of wilful neglect in low-income families. A nuanced, ecological approach is therefore needed to identify and respond effectively to child neglect — one that considers parenting capacity, resources, and broader social contexts (Krug and others, 2002).

From identification to action

Systemic barriers to effective response

- 4.16 Even when neglect is recognised, systemic and procedural barriers often prevent timely and effective action. These barriers exist at multiple levels—within organisational processes, professional cultures, and statutory frameworks—and can result in fragmented responses that fail to meet children’s needs.

Consent frameworks and parental engagement

- 4.17 One of the most frequently cited challenges is the requirement to obtain parental consent before initiating Family Help assessments and support and services. While consent is a vital principle in working with families, the current framework can act as a barrier when parents decline support. Practitioners reported that when consent is withheld, services are often unable to proceed unless the threshold for significant harm is met—by which point the child’s situation may have deteriorated significantly.
- 4.18 This binary approach to consent—where parents are asked to say “yes” or “no” without deeper exploration—can obscure children’s needs and delay intervention. Practitioners described feeling constrained by this process, particularly when parents were reluctant to engage or feared the consequences of professional involvement. There was limited evidence of efforts to understand why parents did not accept services, how their worries or fears could be addressed, and how to engage with them as partners to address their concerns. To this end, the Panel’s action plan includes an action around strengthening statutory guidance to improve practitioners’ understanding of how to work in a context where there is a lack of consent. (Action Plan point 3, page 8)

The ‘Front Door’ and thresholds for action

- 4.19 The interface between universal services and the Multi-Agency Safeguarding Hub (MASH)—often referred to as the ‘front door’—was another area of concern. Practitioners who spoke to the thematic analysis team often described a lack of clarity and consistency in how referrals for neglect were handled. Many referrals were rejected for not meeting the threshold for statutory intervention, even when there was evidence of cumulative harm.
- 4.20 Rapid reviews and fieldwork revealed that referrals often lacked sufficient detail, failed to include chronologies, or focused narrowly on practical concerns. This limited the ability of MASH teams to assess the full picture. In some cases, practitioners expressed a sense of futility, feeling that their concerns were not taken seriously or that making a referral would not lead to meaningful action.
- 4.21 The concept of “significant harm” was seen as particularly problematic in the context of neglect. Unlike physical or sexual abuse, neglect often unfolds gradually and may not present as an immediate crisis. This can make it harder to demonstrate that a child is at risk of significant harm, even when their needs are clearly unmet.

Fragmented information sharing and episodic responses

- 4.22 Another systemic issue is the lack of consistent information sharing between agencies. When practitioners do not share concerns or practical support is provided—such as food, clothing, or hygiene products—other agencies may

assume that a family is coping. This can lead to episodic interventions that address immediate issues without recognising the underlying neglect.

- 4.23 The analysis found that some agencies did not appreciate the safeguarding relevance of the support they were providing, while others were unaware that such support was being offered. This fragmentation can hinder effective multi-agency working and prevents the development of a holistic understanding of children's lives and family circumstances.

Organisational pressures and resource constraints

- 4.24 Finally, wider systemic pressures—such as high caseloads, limited resources, and workforce turnover—were seen to impact both the quality and consistency of responses to neglect. Practitioners described feeling overwhelmed, with limited time to build relationships, complete thorough assessments, or follow up on concerns. These pressures can lead to a “stop-start” approach, where children's needs are repeatedly assessed but not meaningfully addressed.
- 4.25 In some areas, innovative local practices—such as daily multi-agency meetings or shared chronologies—were helping to mitigate these challenges. However, such approaches were not widespread and often relied on individual leadership rather than strategic planning.

Assessing child neglect

Missed opportunities and incomplete pictures

- 4.26 Once concerns about neglect are identified and referrals are accepted, the next critical step is assessment. However, evidence from rapid reviews and fieldwork reveals that assessments of child neglect are frequently inconsistent, overly narrow, and fail to capture the full complexity of children's lives. These shortcomings limit the ability of practitioners to understand the nature and impact of neglect, and to plan effective interventions.

Single-agency assessments and fragmented information

- 4.27 Too often, the Panel sees serious incidents involving child neglect where assessments have been conducted from a single-agency perspective, without drawing on the knowledge and insights of other practitioners involved in the child's life. Schools and health practitioners are sometimes unaware that an assessment is taking place or are asked to contribute without sufficient context. This results in incomplete or superficial information, and a failure to build a full picture of the child's circumstances.
- 4.28 Chronologies—essential for understanding cumulative harm—are frequently absent or limited to one agency's records. Without a shared, multi-agency chronology, patterns of neglect over time are easily missed, and interventions may focus on isolated incidents rather than the broader context.

Overemphasis on children's behaviour

- 4.29 Another consistent theme that comes through the cases considered in this thematic analysis is that assessments have focused disproportionately on children's

behaviour, rather than exploring the parenting context that shapes it. For example, children are described as “consistently late for school” or “out of control,” without consideration of parental responsibilities or the emotional environment at home. This framing can inadvertently blame children for the consequences of neglect and obscure the need for support to parents.

- 4.30 Where significant family contextual issues are identified—such as mental health issues, domestic abuse, or learning disabilities—assessments frequently fail to analyse how these affect parenting capacity or ability to change. As a result, the root causes of neglect are not fully explored, and plans may address symptoms rather than the underlying issues. The Panel’s most recent national review explores some of these contextual issues including the effects of cumulative harm (Protecting all vulnerable babies better, CSPRP 2026).

Missing children’s voices and lived experiences

- 4.31 Despite statutory guidance emphasising the importance of hearing from children, our analysis shows that their voices are often absent from child neglect assessments (Working Together to Safeguard Children, HM Government, 2026). Including the child’s voice in assessments brings a powerful perspective to the lived experience of that child. Children are not always seen alone or in safe spaces, and pre-verbal children or those with communication needs are particularly likely to be overlooked. The focus on ensuring the child’s voice was captured was lacking in many of the interactions with practitioners. There were occasions when there was an over-reliance on accepting adult accounts and views to inform decision-making rather than ensuring that the children’s rights were considered, their views were sought and their lived experience captured. Children’s schools often developed positive relationships with children and established supportive and trusting relationships where the children felt able to share worries and concerns. However, there was over-reliance and focus on the early involvement and voices of parents and adults in the children’s lives and children’s views were not always fully explored, nor clear or sought. This limits practitioners’ understanding of what neglect feels like from the child’s perspective.
- 4.32 A consistent theme across the reviews we considered was the lack of observation of parent–child interactions, which are crucial for understanding attachment, emotional availability, and the quality of care. Without this, assessments risk becoming procedural rather than relational.

Limited consideration of diversity and intersectionality

- 4.33 Race, ethnicity, culture, and other aspects of identity are often insufficiently considered in child neglect assessments. Practitioners rarely used tools such as the Culturagram to explore family contexts, and there was little evidence of reflection on how discrimination, racism, or cultural beliefs might influence parenting or professional responses. This gap undermines efforts to provide equitable and culturally competent support. (Read a definition of Culturagrams from Social Work: <https://socialworkculturagram.weebly.com/culturagrams.html>)

Overlooking co-occurring harm

- 4.34 Neglect rarely occurs in isolation, yet assessments often fail to consider whether other forms of abuse—such as physical, emotional, or sexual harm (as referenced in the Panel’s national [review](#) into child sexual abuse within the family environment)—may also be present. It is often only through later reviews that the

full extent of harm becomes visible. This highlights the need for child neglect assessments to ask broader questions about the child's safety and wellbeing across all domains.

Underuse of neglect tools and frameworks

- 4.35 Although a range of tools exist to support the assessment of neglect—such as the Graded Care Profile 2 (GCP2) and the Quality-of-Care tool—these are rarely used in practice. Where they are used, they can help practitioners structure their thinking, build a shared understanding, and engage parents in constructive conversations. However, many practitioners reported a lack of training, time, or clarity about when and how to use these tools.
- 4.36 Some areas demonstrated promising practice, such as multi-agency chronologies or shared use of neglect toolkits. However, these examples were the exception rather than the norm. There is a need for a more consistent approach to the use of neglect assessment tools, to the most effective ways of implementing them in practice, and to assessing their impact over time. The Panel's literature review (<https://childsafeguarding.independent-panel.uk/publication/child-neglect-literature-review>) explores the limited evidence base for various available neglect tools (paragraph 2.25, page 11). The Panel is also proposing an action for itself and Government that examines the use of evidence-based neglect assessment tools.

Working with diverse groups of children

- 4.37 Understanding and responding to child neglect requires a nuanced approach that recognises the diverse identities and lived experiences of children. This includes children with special educational needs (SEN), disabilities, and those from minoritised ethnic and cultural communities. Evidence from rapid reviews and stakeholder interviews highlights that these groups are often underserved or misunderstood within safeguarding systems.
- 4.38 Children with disabilities may experience neglect in ways that are less visible or harder to articulate—such as not being brought to medical appointments, lack of stimulation, or inadequate communication support. Practitioners reported uncertainty in assessing neglect where disability intersects with parental stress or systemic barriers to care. Similarly, children with SEN may be perceived as “difficult” or “challenging,” leading to behavioural concerns being prioritised over unmet emotional or developmental needs. Children with disabilities often need higher parental input and resources to achieve their potential because their needs are different and/or higher. There have been situations where families have been recognised for “good enough” parenting except for the child with disability because they had greater needs than the parents could provide.
- 4.39 Children from Black and other minoritised communities face additional risks linked to racism, cultural misunderstanding, and systemic exclusion. The equity, equality, diversity and inclusion (EEDI) interviews revealed that safeguarding reviews rarely explore the cultural context of parenting or the impact of discrimination on family wellbeing, aligning with the Panel's recent report on race, racism and safeguarding (CSRP, 2025). As noted above, there was limited use of tools like the Culturagram, and few reviewers had received training in cultural competence or humility. This gap contributes to a lack of trust between families and practitioners, and to missed opportunities for early support.

4.40 To address these issues, safeguarding practice must be inclusive, culturally competent, and tailored to each child's lived experience. This includes:

- using tools that support equity and are culturally and contextually responsive
- ensuring safeguarding review panels and teams reflect the communities they serve
- embedding EEDI principles in all aspects of safeguarding—from referral to review

Tools and frameworks: underused assets

4.41 A range of tools and frameworks have been developed to support practitioners in identifying, assessing, and responding to child neglect. These tools are designed to bring structure, consistency, and clarity to what is often a complex and emotionally charged area of practice. However, evidence from this analysis suggests that these resources are underused, inconsistently applied, and rarely embedded within strategic or organisational frameworks.

Available tools and their purpose

4.42 Tools such as the Graded Care Profile 2 (GCP2) and the Quality-of-Care tool are designed to help practitioners assess the quality of care children receive across key domains—physical, emotional, developmental, and safety. These tools offer a structured way to evaluate parenting against normative expectations and can support conversations with parents about strengths and areas for improvement.

4.43 The GCP2, for example, has been evaluated by the NSPCC and found to be effective in helping practitioners identify child neglect and engage families in a constructive way (Smith and others, 2018). It includes tailored templates for different age groups and encourages a multi-agency approach to assessment. Similarly, the Quality-of-Care tool, developed in partnership with Hounslow Safeguarding Children Partnership, assesses parental care across five domains and is designed to be used collaboratively.

Barriers to use in practice

4.44 Despite their potential usefulness, these tools are not widely or consistently used. Practitioners in the fieldwork reported several barriers:

- lack of training or familiarity with the tools
- time constraints, with some viewing the tools as too lengthy or burdensome
- unclear expectations about when and how to use them
- limited integration into local procedures, audits, or performance frameworks

4.45 In many areas, the use of neglect tools is optional rather than expected, and there is little oversight or accountability for their application. As a result, opportunities to build a shared understanding of child neglect and to support consistent decision-making are often missed.

Missed opportunities for multi-agency collaboration

4.46 Where tools were used, they were often applied by a single agency rather than as part of a coordinated, multi-agency response. This limits their effectiveness and reinforces siloed working. In contrast, areas that used shared chronologies or multi-

agency versions of neglect tools reported that assessments better represented the array of children's experiences and better-informed their planning.

- 4.47 For example, in Norfolk, combined agency chronologies were used to analyse and reflect on children's needs and the effectiveness of interventions. This approach enabled practitioners to see patterns over time and across services, supporting more accurate identification of neglect and more targeted responses.

The need for strategic implementation

- 4.48 The analysis found little evidence that safeguarding children's partnerships were providing strategic leadership on the use of neglect tools. Most local neglect strategies did not reference specific tools or provide guidance on their use. There was also limited evidence of evaluation, audit, or feedback from children and families about how these tools were experienced in practice. Creating the conditions for practitioners to use tools effectively and intervene early is also essential (for example, having time for reflective supervision and having a manageable workload that enables time for relational practice).
- 4.49 Practitioners expressed a desire for a more consistent approach to neglect tools, supported by training, leadership, and integration into local systems. A strategic, evidence-informed framework could help ensure that tools are used not only to assess neglect but also to support early identification, guide intervention, and monitor change over time.

Equity in assessment and planning

- 4.50 Assessment frameworks must be capable of capturing the full complexity of children's lives—including the intersecting impacts of disability, race, religion, and social exclusion. Yet evidence from the analysis shows that assessments often lack depth in these areas. Practitioners rarely consider how cultural beliefs, language barriers, or systemic racism may shape parenting or influence engagement with services.
- 4.51 Children from Black and other minoritised communities were underrepresented in the sample of LCSPRs, and where they were included, cultural context was often absent from analysis. Similarly, there was little evidence of how religious beliefs or gender identity were considered in assessments. This omission risks reinforcing bias and delivering generic interventions that fail to meet children's specific needs.
- 4.52 Embedding equity in assessment requires:
- training practitioners in unconscious bias and cultural humility
 - using structured tools (e.g., Culturagram, GCP2) to explore family context
 - ensuring children's voices are heard, especially those with communication needs or disabilities

Approaches and interventions: Gaps, generality, and over-optimism

- 4.53 Effective intervention is critical to safeguarding children experiencing neglect. It should ensure their immediate safety, support their development, and promote long-term wellbeing. However, evidence from rapid reviews and fieldwork reveals that interventions are often poorly aligned with children’s needs, overly generic, and too brief to create meaningful change.

Disconnect between assessment and intervention

- 4.54 The analysis found that child neglect assessments that had come to the attention of Panel had not consistently led to clear, timely, or effective plans. In many cases, practitioners identified neglect and recommended support but were unable to proceed due to lack of parental consent. Even when plans were initiated, they were frequently short-lived or superficial, failing to address the root causes of neglect or the complexity of family dynamics. We have to remember that these are a subset of cases where a child had gone on to suffer serious harm but the consistency of this finding in cases coming to Panel demands our attention and reflection.
- 4.55 This disconnect was particularly evident in cases where children did not meet the threshold for statutory intervention. Without access to more intensive support, children continued to live with unmet needs, and practitioners were left relying on universal services or adopting a “wait and see” approach.

Generic and untailed support

- 4.56 In cases coming to the attention of Panel, the analysis found that interventions were often generic, lacking specificity or adaptation to children’s developmental stages. Plans commonly included parenting classes, home visits, or referrals to specialist services, but these were not always linked to the child’s lived experience or the nature of the neglect. Adolescents, for example, were sometimes offered the same support as younger children, despite facing distinct risks such as exploitation or disengagement from education.
- 4.57 There was also limited attention given to family relationships or the quality of parent–child interactions. Plans focused on practical tasks—such as cleaning the home or attending appointments—without exploring whether these changes were sustainable or meaningful for the child.

Over-optimism and premature case closure

- 4.58 A recurring theme in cases coming to the attention of Panel and considered in this analysis was the tendency to interpret minor improvements as signs of success, leading to premature closure of cases. In some cases, interventions lasted only a few months and were closed once parents had attended a course or made superficial changes. There was little evidence of follow-up to assess whether children’s outcomes had improved or whether risks had been mitigated. Evidence showed a lack of consistency in conducting physical checks on the child and checking living conditions in the home, resulting in children living in home environments that were often appalling.
- 4.59 Practitioners described feeling pressured to close cases due to high workloads, particularly in social care. This contributed to a cycle of short-term engagement,

repeated referrals, and escalating concerns, with children’s situations deteriorating over time.

Lack of integrated, family-centred approaches

- 4.60 Many families experiencing neglect also face complex challenges, including adult mental health issues, learning disabilities, substance use, and domestic abuse. However, interventions in cases considered in this analysis rarely adopted a consistent “Think Family” approach that addressed both children’s and adults’ needs in a coordinated way. There was limited collaboration between children’s and adult services, and little consideration of how parental vulnerabilities affected parenting capacity.
- 4.61 Plans often also failed to account for the practical realities of families’ lives. Parents were expected to attend multiple appointments or complete tasks without support, and there was often little flexibility or creativity in how services were delivered.

Summary: Towards a strategic, child-centred response

- 4.62 This chapter has highlighted the persistent and multifaceted challenges in identifying and responding to child neglect. Despite growing awareness and professional confidence, neglect remains inconsistently recognised, inadequately named, and too often addressed through fragmented or short-term interventions. The cumulative nature of neglect, its frequent entanglement with poverty, and the systemic barriers within safeguarding frameworks all contribute to a landscape where children’s needs are not always seen or met.
- 4.63 We understand that practitioners face real challenges and dilemmas in practice — always needing to balance understanding of and respect for families’ individual circumstances with the imperative to act in children’s best interests. Yet the evidence is clear: failing to name and respond to neglect in a timely and coordinated way can lead to escalating harm and missed opportunities for early intervention.

5. Conclusion: Towards a better response and equitable approach to child neglect

- 5.1 This concluding chapter brings together the key insights emerging from this report, highlighting persistent challenges and systemic shortcomings in how child neglect is understood and addressed. The current system remains largely reactive, often intervening only after neglect has become entrenched, while effective early help is often hindered by procedural barriers and a lack of proactive engagement. Compounding these challenges are the complexities of poverty and parental vulnerability, which demand nuanced, trauma-informed approaches rather than simplistic or stigmatising responses. Addressing these interconnected issues requires a fundamental shift towards clarity, consistency, and child-centred practice across all levels of the safeguarding system.

Ambiguity and inconsistency in definitions

- 5.2 The terms ‘persistence’ and ‘serious impairment’ are central to identifying and responding to child neglect, yet they remain poorly defined across statutory and professional frameworks. This vagueness leads to subjective interpretations by practitioners, resulting in inconsistent thresholds for intervention. The absence of a shared, cross-agency understanding contributes to fragmented and delayed responses, undermining the effectiveness of safeguarding efforts. This inconsistency also raises critical questions about the adequacy of the current statutory definition of neglect, which may not reflect the complexity and cumulative nature of harm. In our Action Plan (point 1, page 7) we have recommended that Government reviews the current legal definitions of neglect.

Delayed and reactive responses

- 5.3 A recurring theme in case reviews is the tendency for services to respond only once neglect becomes entrenched. The emphasis on meeting statutory thresholds often discourages early, preventive engagement. Practitioners may feel constrained by the need to demonstrate a pattern of harm before action can be taken, which allows neglect to persist and escalate. This reactive model not only delays support but also increases the risk of long-term developmental harm to the child. A shift towards proactive, needs-based intervention—rather than threshold-driven responses—is essential for effective safeguarding.

Narrow focus on physical neglect

- 5.4 Neglect is frequently conceptualised in terms of lack of physical care—such as inadequate food, clothing, or hygiene—while other forms of neglect receive less attention. Emotional neglect, avoidable developmental delays, and contextual factors like educational disengagement, not bringing children to medical appointments or unmet mental health needs are more often overlooked. Moreover, neglect is typically framed as a failure to act (omission), which can obscure harmful acts of commission, such as emotional neglect. This narrow lens limits the scope of assessments and interventions, potentially missing critical aspects of a child’s lived

experience. In the resources that we have created to accompany this thematic analysis we have explored the different ways in which neglect can arise.

Poverty and parental vulnerability

- 5.5 While poverty is a significant risk factor for neglect, it is not synonymous with neglect. The challenge for practitioners lies in distinguishing between the effects of socioeconomic hardship and those stemming from inadequate parenting. Material support may temporarily alleviate visible symptoms of neglect but can mask deeper relational or emotional issues. Additionally, parents facing poverty may be reluctant to engage with parenting support services, either due to stigma or fear of judgement. This complexity requires nuanced, trauma-informed approaches that address both structural inequalities and individual family dynamics. It also requires very practical approaches. For instance, benefits maximisation, enabling other sources of responsive and practical financial or in-kind support and/or support with budgeting all with the aim of helping to alleviate financial hardship.

Barriers to Family Help

- 5.6 The requirement for parental consent before providing early help can create significant delays in support. In some cases, parents may be given the impression that participation is entirely voluntary, without understanding the potential consequences of turning down or refusing support. This can lead to situations where children remain in harmful environments while practitioners wait for consent which may never come. Working Together to Safeguard Children (2026) and the Families First Partnership (FFP) programme provide guidance on consent and ways to effectively engage families.

Assessment and voice of the child

- 5.7 Assessments often lack a holistic, multi-agency perspective and may fail to adequately capture the child's voice. Children's views, feelings, and experiences are sometimes overlooked or misinterpreted, particularly when their behaviour is seen as problematic rather than symptomatic of unmet needs. Cultural and environmental contexts are also insufficiently considered, leading to assessments that may not fully reflect the child's daily lived reality. Strengthening the role of the child's perspective in assessments is crucial for ensuring that interventions are both appropriate and effective. Including the voice of the child in safeguarding assessments and considering a child's lived experience is important and therefore the Panel is proposing a specific action around this in its action plan (Action Plan point 4, page 8).

Addressing diversity and inclusion in safeguarding

- 5.8 A more responsive approach to child neglect must also recognise the diverse identities and experiences of children. Evidence from this thematic analysis and supporting EEDI analysis highlights persistent gaps in how race, ethnicity, disability, and cultural context are considered in safeguarding responses. Children from Black and other minoritised communities, those with disabilities, and those with special educational needs are often underrepresented in reviews and underserved in practice. Cultural assumptions, unconscious bias, and limited use of diversity-sensitive tools contribute to inequitable outcomes. To ensure all children are safeguarded effectively, systems must embed cultural competence, inclusive assessment frameworks, and representation in decision-making processes. This would enable those systems to recognise when cultural norms are used to deflect

attention from neglect, whilst also challenging any bias that leads to culturally different parenting being wrongly interpreted as neglect.

Underuse of tools and frameworks

- 5.9 Evidence-based child neglect tools are designed to support consistent and objective assessments of neglect. However, these tools are often underutilised due to a lack of training, confidence, or integration into everyday practice. Investing in workforce development and embedding these tools into routine practice has the potential to enhance the quality and consistency of assessments. Evidence shows that tools can be underused even where the workforce is trained and confident in using them. This may result from other workforce pressures and competing demands, such as high caseloads, which prevent the use of tools from being effectively embedded. Therefore, creating the right conditions is essential (Action Plan point 2, page 7).

Weaknesses in intervention and planning

- 5.10 Interventions for child neglect are frequently generic, short-term, and insufficiently tailored to the child's developmental stage or specific needs. Minor improvements in home conditions may lead to premature case closures, even when underlying issues remain unresolved. Furthermore, adult-focused problems such as parental mental health, substance use, or domestic abuse are often inadequately addressed in child protection plans. Effective intervention requires a more holistic, whole-family approach that is sustained, individualised, and responsive to changing circumstances.

Systemic barriers to identification and response: multi-agency working

- 5.11 A critical theme emerging from this analysis is the pivotal role of Multi-Agency Safeguarding Hubs (MASH) in identifying and responding to child neglect. While MASHs are designed to facilitate early, coordinated intervention through multi-agency collaboration, the evidence reveals significant barriers at this interface. Referrals for neglect often fail to meet unclear and inconsistently applied thresholds, with a focus on isolated incidents rather than cumulative harm. Practitioners report frustration with the lack of feedback, transparency, and responsiveness, leading to a sense of futility and disengagement. The quality of referrals is also a concern, with insufficient detail and limited multi-agency input. To improve outcomes, there is a pressing need for clearer thresholds, better use of neglect assessment tools, stronger multi-agency collaboration, and a strategic, child-focused approach to neglect at the MASH level. We will seek to address this through the proposals in the Action Plan (page 7).

Systemic and structural challenges

- 5.12 High caseloads, limited resources, and workforce instability significantly hinder the ability of practitioners to respond effectively to child neglect. Strategic leadership and accountability mechanisms are often weak, resulting in a lack of coordinated action and long-term planning. Although the legal framework allows for criminal prosecution in cases of severe neglect, such measures are rarely pursued, reflecting both evidentiary challenges and a reluctance to criminalise parents. Addressing these systemic issues is essential for creating a more responsive and resilient safeguarding system.

Children's experiences

- 5.13 Children affected by neglect often describe feeling invisible, unheard, and unsupported. Frequent changes in social workers, delays in decision-making, and inconsistent relationships with practitioners contribute to a sense of instability and mistrust. These experiences can have lasting impacts on their emotional wellbeing and development. Listening to children, validating their experiences, and ensuring continuity of care are fundamental to effective safeguarding (Action Plan point 4, page 8).

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The title of this thematic analysis, "*Why did it take so long to respond?*" is based on anonymised testimony from a child involved in a recently published Local Child Safeguarding Practice Review. It reflects a theme heard across multiple reviews.

Reflective questions

The following reflective questions are included to help practitioners, managers and leaders consider their responses to child neglect. We hope you will find them useful to help consider and improve your local responses to this key safeguarding issue.

Reflective questions for practice

These are designed to support frontline professionals in evaluating their own practice and decision-making.

Understanding and identifying neglect

1. How confident am I in identifying the early signs of neglect, especially when they fall below statutory thresholds?
2. Have I tested other explanations, challenging my initial assumptions?
3. Is there disguised compliance and what evidence supports or challenges this view?
4. Do I feel equipped to distinguish between neglect and the effects of poverty? What tools or support do I need to do this better?
5. Have I ever hesitated to name neglect in my records or conversations about cases? What influenced that decision?

Child-centred practice

6. How do I ensure the child's voice and lived experience are central in my assessments and interventions?
7. When was the last time I reflected on how neglect might feel from the child's perspective? How well do I understand how neglect may impact children of different ages?
8. Do I routinely consider how parental vulnerabilities (e.g. mental health, substance use, domestic abuse) impact parenting capacity?

Multi-agency working

9. How effectively do I share information with other agencies, especially when providing compensatory care?

Reflective questions for practice

10. Have I used neglect assessment tools (e.g. Graded Care Profile 2)? If not, what are the barriers to using them?
11. Do I feel supported by the system when making referrals for neglect? What could improve that process?

Intervention and planning

12. Are the interventions I offer tailored to the child's developmental stage and specific needs?
13. How do I assess whether a plan is making a meaningful difference in the child's life?
14. What strategies do I use to build trust and engagement with parents, especially when consent is a barrier?

Reflective questions for senior managers and strategic leaders

These are intended to support oversight, strategic planning, and system-level improvements.

Systemic and strategic oversight

1. Does our local neglect strategy provide a clear practice framework and guidance for working with families in poverty? When did we last review it? Have we benchmarked it against the neglect strategy developed by other areas similar to us?
2. How do we ensure consistency in how neglect is defined and understood across agencies within our Safeguarding Partnership?
3. Are our thresholds for intervention clear, consistent, and responsive to cumulative harm? How do we know that?

Leadership and culture

4. What culture exists in our organisation around naming and responding to neglect? Are staff supported to act early?
5. How do we promote a trauma-informed, non-stigmatising approach to working with families affected by neglect? When did we last audit the training we offer across the partnership on the theme of child neglect?
6. Are we fostering a learning environment where practitioners feel safe to reflect on and challenge poor practice around neglect?
7. How do we ensure that safeguarding assessments concerning neglect consider a family's intersecting factors such as poverty, race and socioeconomic context, so that assumptions or biases about families from marginalised communities do not shape the way their parenting is framed?

Multi-agency collaboration

8. How well does our Multi-Agency Safeguarding Hub (MASH) respond to neglect concerns? Are cumulative harms considered? Are we handling neglect referrals effectively?
9. Are neglect tools and frameworks embedded in practice across agencies? How do we monitor their use and effectiveness?

Reflective questions for senior managers and strategic leaders

10. What multi-agency/joint processes are in place e.g. cross-agency dip sampling, joint auditing programmes/chronologies etc and how do we track improvement over time?
11. What mechanisms are in place to ensure children's voices are heard and acted upon in assessments and planning? How well do we consider each child separately within a household and the impact on them of neglect?

Monitoring and improvement

12. How do we audit the quality of referrals and assessments related to neglect? What does multi-agency scrutiny look like and how does it feed back into system learning?
13. Are we tracking outcomes for children who receive early help or child in need plans? What does the data tell us about our effectiveness in tackling early signs of neglect?
14. What feedback do we receive from children and families about their experiences with our services where we have intervened in relation to concerns about neglect?

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