

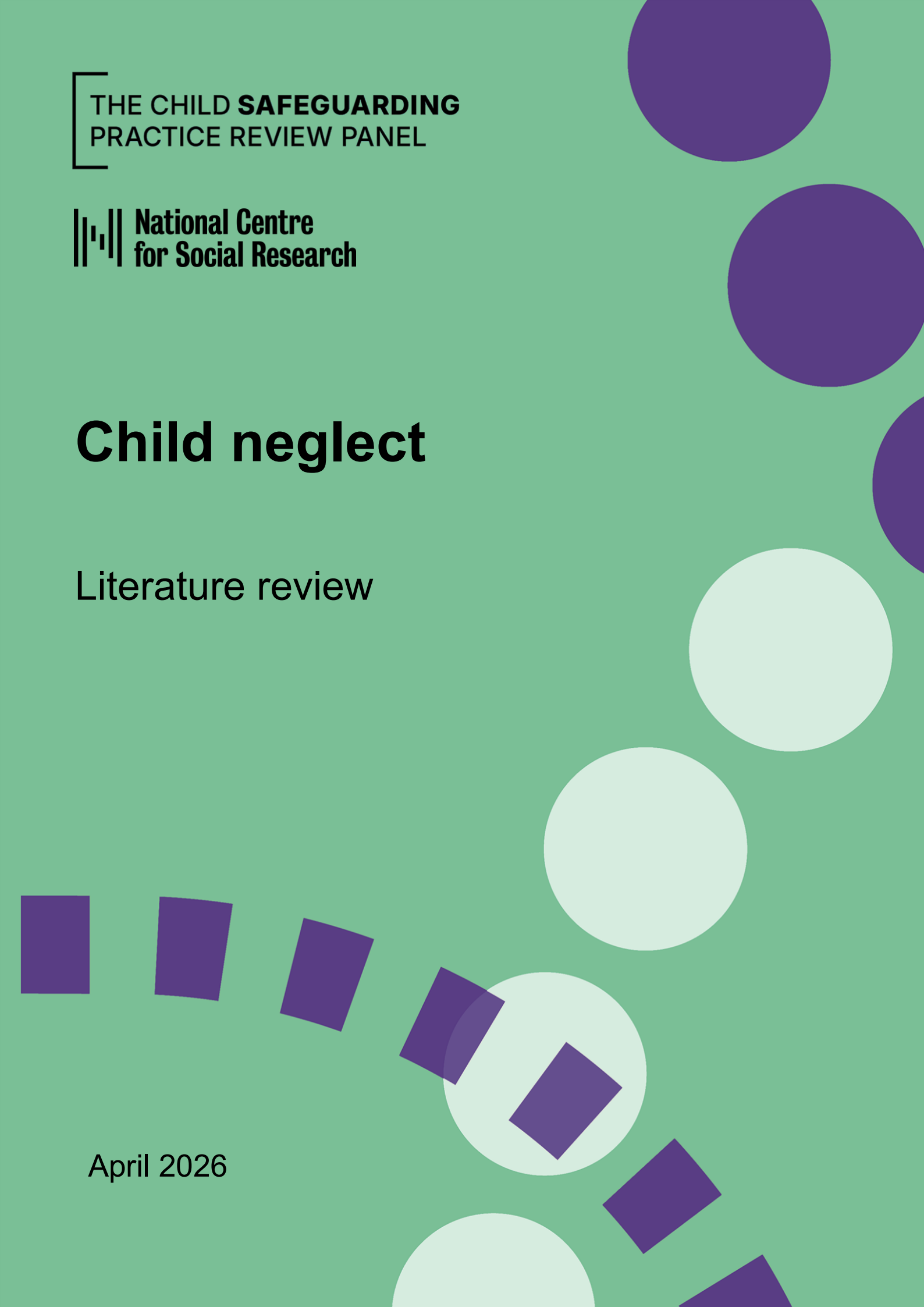
THE CHILD **SAFEGUARDING**  
PRACTICE REVIEW PANEL

 **National Centre  
for Social Research**

# Child neglect

Literature review

April 2026



© **Crown copyright 2026**

This publication (not including logos) is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

To view this licence:

visit [www.nationalarchives.gov.uk/doc/open-government-licence/version/3/](http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/)

email [psi@nationalarchives.gov.uk](mailto:psi@nationalarchives.gov.uk)

write to Information Policy Team, The National Archives, Kew, London, TW9 4DU

About this publication:

enquiries [www.education.gov.uk/contactus](http://www.education.gov.uk/contactus)

download [www.gov.uk/government/publications](http://www.gov.uk/government/publications)

# Contents

<b>1. Introduction</b>	<b>4</b>
<b>2. Definitions and understandings of neglect</b>	<b>5</b>
Types of neglect	6
Neglect and maltreatment	7
Neglect as abuse ([intentional] omission of care)	8
Neglect and emotional abuse	9
Theoretical frameworks	10
Measuring neglect	11
In summary	13
<b>3. Neglect across the childhood spectrum</b>	<b>14</b>
Early years	15
School age	16
Adolescence	17
Children who are neglected and other socio-demographic characteristics	19
In summary	21
<b>4. Profiling of neglect: protective and risk factors</b>	<b>23</b>
Protective factors (children)	23
Protective factors (parents/carers/families)	24
Protective factors (system-level)	25
Risks (children)	25
Risks (families)	26
Risks (system-level)	29
In summary	33
<b>5. Conclusion</b>	<b>34</b>
Primary references	35
Appendix A: Methodology	39
Review of Reviews	40
Supplementary search of evidence	42
Manual review of pre-identified grey literature sources	45
Shortlisting	46
An overview of the evidence base	46

# 1. Introduction

- 1.1 The Child Safeguarding Practice Review Panel has commissioned the National Centre for Social Research (NatGen) to conduct a literature review on the nature and impacts of child neglect.
- 1.2 The review was guided by the following research questions:
- What is neglect?
  - How do manifestations and impacts of neglect differ according to the age of the child?
  - What do we know about children who suffer neglect in relation to strengths, vulnerabilities and risks pertaining to:
    - the children themselves <sup>1</sup>
    - the families they live in <sup>2</sup>
    - the places they live <sup>3</sup>
- 1.3 In this review of the literature, we first discuss the evidence on understandings and definitions of child neglect. We then move to an exploration of studies which present evidence on the experiences of children of different ages: early years; school-age; adolescence. We then synthesise evidence on children's strengths, vulnerabilities and risks, framed in the literature as 'risk and protective factors'.
- 1.4 We highlight some of the gaps in the published literature on child neglect as well as present a discussion of some of the key points of contention within the body of literature: especially the conflation of neglect within broader understandings of maltreatment and neglect as an act of commission or omission. We review literature which looks at the impacts of neglect starting with developmental delays in early childhood leading to externalising and internalising behaviours in adolescence. Risk and protective factors are considered at the child-, family- and system-levels, and we draw on the considerable body of literature which discusses the relationships between poverty/deprivation and neglect. We also consider the experiences of children and young people with certain characteristics, although we acknowledge that the literature is limited here.
- 1.5 Our methodological approach to the review is included at Appendix A. We included a total of 41 papers for review: 30 as a result of our initial screening and shortlisting and a further 11 on the recommendation of panel members.

---

<sup>1</sup> This included differences between groups of children on the basis of age, race, ethnicity, religious background, socioeconomic background, sexual orientation, gender identity and special educational needs or disability.

<sup>2</sup> This included factors such as parental substance misuse, domestic violence, mental health needs, inadequate housing need, poverty and deprivation.

<sup>3</sup> This included the geographical location of children across different parts of England, including any differences between urban or rural areas.

## 2. Definitions and understandings of neglect

- 2.1 Between 2013 and 2023, cases of neglect have been the most significant primary factor in child protection cases in England.<sup>4</sup> However, despite the predominance of neglect as at least a contributing factor in children's social care cases and the impact of neglect on immediate and longer-term health and wellbeing and other outcomes, researchers have highlighted a dearth of literature (particularly scientific reviews) with a focus on neglect, leading to what has been dubbed a 'neglect of neglect' (Haslam & Taylor, 2022). Allnock (2016) draws on Dickens (2007) who also points out that cases recorded via child protection reports are likely to be the 'tip of the iceberg' with many cases not meeting the threshold for social care intervention. Allnock (2016) also highlights the lack of longitudinal studies on child maltreatment. Taylor and (2023) describe what they term as 'the paradox of neglect', being both 'everywhere and nowhere simultaneously'.
- 2.2 Definitional interpretations of 'neglect' differ depending on geographical contexts of where the research was carried out, primary data collection area of focus, and regional focus of any review or analysis of existing data. Whilst we have focused our search on the UK contexts, we have found the body of literature on child neglect to be centred predominantly around a US locus – as primary research sites and then with a corresponding impact on the focus of published review work (rapid evidence assessments, systematic, meta-analyses, and reviews of reviews).

---

<sup>4</sup> DfE's 'Children in Need data' records data on 'initial category of abuse' in child protection cases as five groups: 1) neglect; 2) physical; 3) sexual; 4) emotional; 5) multiple. Between 2013 and 2023 'neglect' features as the most prolific 'initial category of abuse' each year, ranging from 42% to 50% of total child protection cases. Figures for 2023 show a breakdown of initial categories of abuse as: neglect (49%); emotional (37%); physical (7%); sexual (4%); multiple (2%). Source: DfE, Children in Need data (2023): [https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/a6\\_cpp\\_initial\\_category\\_of\\_abuse\\_2013\\_to\\_2023](https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/a6_cpp_initial_category_of_abuse_2013_to_2023)). DfE also records data on 'children in need' by primary need at assessment. In 2023, more than half of children had 'abuse or neglect' identified as their primary need at assessment.

## Types of neglect

2.3 Several studies seek to categorise different types of neglect. Debelle and others (2022: 4) define neglect as the 'omission of caretaking behaviour that a child needs for healthy development'. They draw on Knutson and others (2005) and Mennen and others (2010), based on child protection case reviews, to suggest the following typologies:

### 2.4 Typologies of neglect<sup>5</sup>

- **Care (or physical) neglect:** carer fails to provide for the child's basic needs, such as food or clothing;
- **Environmental neglect:** when a serious health and safety hazard is present in a child's physical surroundings, or the house is not adequate in size or cleanliness;
- **Medical neglect:** failure to provide appropriate medical care when a child is in need of a medical assessment or treatment for injury, illness or disability;
- **Educational neglect:** carers failing to send the child to school or prevent the child from having a suitable education;
- **Supervisory neglect:** concerns a situation where a carer leaves a child alone or in inappropriate substitute care;
- **Emotional abuse<sup>6</sup>:** when children are deprived of their emotional needs (forming secure, positive attachments with adults)

2.5 Other reviewers have attempted to categorise neglect on the basis of omission vs commission (Allnock, 2016; Hackett, 2016; Hanson, 2016). Mulder and others (2018: 199) list 'poor quality of supervision, inadequate or insufficient availability of food, lack of school attendance, and lack of required medical attention' as potential negative experiences for the child which would be considered neglectful practices. They cite multiple types and subtypes of child neglect as proposed by different researchers:

- physical
- emotional
- medical
- mental health, and educational neglect (Erickson & Egeland, 2002)
- cognitive neglect (Slack and others, 2003)
- psychological and environmental neglect (Dubowitz and others, 2004)
- lack of supervision (Kaufman Kantor and others, 2004)
- denial of professional care and treatment (Knutson and others, 2004)

2.6 A lack of agreed definitions of the different types of neglect has led some researchers to suggest their own within which to frame their data collection, analysis or review work. Maguire and others (2015) for instance have suggested a

---

<sup>5</sup> Modified from Debelle and others (2022): 4.

<sup>6</sup> Debelle and others (2022) suggest including emotional abuse (or a deprivation of emotional needs) within a topography of neglect, drawing on Welch and others (2013).

definition of educational neglect, which has also been borrowed by RCPCH (2022a).

In their understanding, educational neglect involves one or more of the following failures on the part of a parent/caregiver:

- failure to enrol a child of mandatory school age in school
- failure to comply with state requirements regarding school attendance
- failure to access/provide appropriate home schooling
- failure to avail of recommended special educational provision
- failure to cooperate with treatment if the child is experiencing mental, emotional or developmental problems associated with school, and treatment is offered
- failure to show an interest in the child's education at school and support their learning
- failure to provide a stimulating environment
- repeatedly keeping the child at home, thus failing to comply with state requirements
- allowing the child or youth to engage in chronic truancy

## Neglect and maltreatment

- 2.7 Through our review we observed a general conflation of 'neglect' with the wider term 'maltreatment'. This poses challenges for comparisons, estimates of prevalence, and drawing meaningful conclusions about risk and protective factors.<sup>7</sup>
- 2.8 Of the studies that categorised neglect within a broader classification of maltreatment, this was often alongside physical abuse, emotional abuse, sexual abuse. Timshel and others (2017:318), for example, conceptualise 'maltreatment' as covering child abuse – the intended actions of caregivers (but not necessarily intended consequences) causing harm or potential harm to the child and child neglect – the caregivers' failure to protect and provide for needs (physical, emotional, educational, medical and dental). Similarly, Radford and others (2011) draw on a definition of maltreatment by Butchart, Putney, Furniss, and Kahane (2006: 9):
- 'all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.'
- 2.9 Younas and Gutman (2023: 3687) cite the Centers for Disease Controls's (2014) definition of maltreatment: 'Child maltreatment is defined as any act of commission or omission by a parent, caregiver, or another person in a custodial role which results in actual harm, potential of harm, or threat of harm to a child'. Allnock (2016), Hackett (2016) and Hanson (2016) draw on Brandon and others (2014) who point

---

<sup>7</sup> This contrasts with the more prevalent use of 'child abuse' in the practice context.

out that in the UK context, the focus in the policy guidance is on the likelihood of significant harm (as opposed to actual harm).

## Neglect as abuse ([intentional] omission of care)

- 2.10 Most studies identified emphasise the diversity of neglect as a concept. Mulder and others (2018: 198), for example, describe neglect as a ‘heterogeneous construct’ characterised by ‘rather dissimilar negative child experiences’.
- 2.11 The central feature of many academic understandings of neglect is one based around neglect as an omission of care. Haworth and others (2024) highlight how ‘neglect’ is usually characterised as ‘an omission’, in contrast to abuse which is considered ‘an act’. Conceptualisations differ however around the extent to which that omission is a deliberate act, or whether it is an inevitable consequence of a lack of resource/capacity/capability. This, for example, is a key feature of research that explores the relationship between, poverty and neglect.
- 2.12 Many of the identified studies refer to either the DfE’s ‘Working Together to Safeguard Children’ (Haworth and others, 2024; Radford and others, 2011) or the World Health Organisation’s (WHO) (Haslam & Taylor, 2022; Maguire and others, 2014) definitions of neglect.

<b>Department for Education’s ‘Working Together’ definition of neglect<sup>8</sup></b>	<b>World Health Organisation’s definition of neglect (WHO)<sup>9</sup></b>
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>● provide adequate food, clothing, and shelter (including exclusion from home or abandonment)</li> <li>● protect a child from physical and emotional harm or danger</li> <li>● ensure adequate supervision (including the use of inadequate caregivers)</li> <li>● ensure access to appropriate medical care or treatment</li> </ul>	<p>Neglect refers to the failure of a parent to provide for the development of the child – where the parent is in a position to do so – in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions.</p> <p>Neglect is thus distinguished from circumstances of poverty in that neglect can occur only in cases where reasonable resources are available to the family or caregiver.</p>

<sup>8</sup> Department for Education (2023), ‘Working Together to Safeguard Children’, statutory guidance: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

<sup>9</sup> Krug and others (2002) *World report on violence and health*: World Health Organisation

- provide suitable education

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

- 2.13 The 'neglect as omission' conceptualisation refers to behaviour and standards that would be categorised as 'norms' in caregiving (usually parental or other familial) relationships, for example delivery of emotional care and support, provision of food and clothing, access to education, access to medical and dental treatment . Sometimes 'neglect' and 'abuse' are terms compared in the literature in terms of the degree of intentional harm inflicted. In such a conceptualisation, the key difference lies not so much in the fact that the child experiences harm, but in the level of intention behind the harm experienced. Some studies therefore present the concepts of neglect and abuse as a binary between unintentional and intentional harm where neglect is understood as an inability of the caregiver to meet the child's needs (which could include physical, emotional, material needs). In this categorisation, the intent of the caregiver is portrayed as relatively benign, even if the outcomes on the child's life are harmful. Neglect here is seen as a lack of capacity, of capability or of resource to meet the child's needs rather than a deliberate act of harm.
- 2.14 In other constructs, neglect is categorised as a form of abuse in itself. Some reviewers understand neglect not as a binary of 'benign' vs 'active' harm construct but suggest that an omission of care is not necessarily always due to an unintended deficit in resource, capability or capacity on the part of the caregiver. Neglect here is conceptualised still as an omission of care but that omission implies a more active choice on the part of the neglectful caregiver and is presented as much less benign than the 'well-intentioned but under-resourced' parent figure of other understandings. In this less benign version of neglect as omission, the caregiver is attributed as being a more active agent in the ultimately harmful impacts on the child or young person. The intent to harm is present and therefore neglect is conceptualised here as a form of abuse. As presented below, in 'profiling of neglect', these different conceptualisations are important when considering potential protective factors which can impact upon the degree and form of resilience exercised and experienced by the child who is neglected.

## Neglect and emotional abuse

- 2.15 Of all the different types of abuse and neglect (discussed further below), neglect is most commonly discussed in connection with emotional abuse. Some of the literature merges neglect with emotional abuse explicitly, almost treating them synonymously. RCPCH (2022a), for example, in their review of the literature on teenage neglect highlight how in the studies they reviewed, authors tended to conflate the terms 'emotional neglect' and 'emotional abuse'. They dealt with this by combining both under an umbrella term of 'psychological maltreatment'. Glickman and others (2021:2) define 'emotional neglect' as 'caregivers' persistent disregard of children's emotional needs, including failure to provide comfort when a child becomes scared or distressed'. Maguire and others (2015: 641) describe emotional

abuse as a 'persistent disregard of a child's emotional and psychological needs' and draw on Iwaniec (2006) and Gardner (2008) who point out that despite the depiction of emotional maltreatment as a distinct form, there is often substantial overlap with 'neglect' in general or other forms of neglect.<sup>10</sup>

## Theoretical frameworks

- 2.16 A number of theoretical frameworks are presented in the literature as a way of understanding the complex network of intersecting, environmental factors surrounding children who experience neglect from their parents/caregivers. Two common frameworks are Bronfenbrenner's ecological systems theory (1979 and 2000) and an adapted model by Belsky (1980).
- 2.17 In Belsky's model, cited by Mulder and others (2018) and Baldwin and others (2020), neglect is mapped on to four different domains:
- 1) the parenting experience as seen through the lens of their negative historic experience of being parented (repetition of generational negative parenting);
  - 2) child and family life in the nuclear family;
  - 3) the wider living environment;
  - 4) wider society's attitude towards children and treatment of children.
- 2.18 According to Baldwin and others (2020), Belsky identifies certain factors as being important in predicting whether or not a child will experience neglect. These include: children's age, health and behaviour, parental childhood experiences and emotional stability, and societal attitudes and practices with regards to childrearing. Belsky emphasises an imbalance of risk and protective factors as being present for the condition of child neglect to occur. This imbalance is also a feature in Cicchetti and Rizley's (1981) transactional model which Mulder and others (2018) also draw upon where the reciprocity of the relationship between child, parents/caregiver(s) and the environment is central. Another model cited by Mulder and others (2018) is Wolfe (1991) which conceptualises neglect at one point on an escalating spectrum of dysfunctional parenting behaviours.
- 2.19 Younas and Gutman (2023) in their review of parental risk and protective factors draw on Fraser and others's (1999) Risk and Resilience Ecological Framework which combines Bronfenbrenner's 1979 model with Fraser's (1997) Risk and Resilience Model to provide a framework in which both protective and risk factors can be understood at the micro (individual and family), mezzo (community) and macro (national) levels. Younas and Gutman (2023) in their review of parental risk and protective factors found more risk factors at the micro (individual and family) level as opposed to the mezzo and macro levels.
- 2.20 Lebrun and others (2016) apply an adapted version of Bronfenbrenner's ecological theory to their review of child maltreatment in refugee and immigrant families. They

---

<sup>10</sup> The DfE's (2023), 'Working Together to Safeguard Children', statutory guidance defines emotional abuse and neglect separately: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

build on the standard 'system' layers (child-, family-, wider society- levels) in use by other advocates of Bronfenbrenner's theory to introduce another two layers:

- 1) the 'ontosystem', referring to child developmental aspects from the pre-migratory experience (for example trauma exposure or other factors catalysing migration), and
- 2) the chronosystem, referring to the passage of time (of particular importance in a post-migration experience).

2.21 Having set out their adapted version of Bronfenbrenner for a post-migration context, they acknowledge that no studies they reviewed showed risk or protective factors at the meso- and wider-level systems.

2.22 Timshel and others (2017) also organised risk and protective factors related to family-related violence in refugee families within an ecological model of behaviour based on Bronfenbrenner (1979). Within the context of child protection, Bronfenbrenner's model can be understood as:

- 1) the microsystem (factors related to the individual and family);
- 2) the mesosystem (interactions between the individual's microsystems e.g. the family and school);
- 3) the exosystem (factors within the community, parent's working conditions), and;
- 4) the macrosystem (ethnicity, laws, politics, cultural factors).

2.23 Lang and others (2020) adapted Bronfenbrenner's model further to include other child characteristics, what they have described as the 'entire biopsychosocial environment of the child'. They have labelled these as:

- 'biochemical factors' (markers of inflammation, the immune system, cortisol) which all demonstrate physiological responses to stress and trauma
- 'genes and epigenetic factors' (mental health and substance use/misuse; physical health; brain structure; neurodevelopment; cognition and personality) which also can both influence a child's responses to trauma and can also be shaped by traumatic experiences
- 'social factors' (relationships; parenting; sexual behaviour; offending and antisocial behaviour) again potentially forming both trauma and trauma responses

2.24 The different understandings of neglect situated within Bronfenbrenner's ecological systems theory can be helpful for practice, support, and intervention as we understand the child's place within different contexts of layers of influence.

## Measuring neglect

2.25 Haworth and others (2024) describe 'neglect' as the 'most subjective' of all legal constructs related to child welfare on a continuum which varies in terms of both

frequency and type (Haworth and others, 2024 citing Dubowitz and others, 2005; Zuravin, 1999). They cite a global systematic review (2017) undertaken for NICE which did not find any high-quality evidence for predictive validity of any tools for identifying neglect. Social workers and other practitioners are therefore working in an environment where assessments are, by necessity, carried out with high degrees of subjectivity, and in circumstances which can be characterised by transience, frequent change as relationships and family dynamics develop, and volatility. Duman and others (2024) undertook a mapping exercise of neglect assessment tools in use by 42 local authorities. Eighteen individual neglect measurement tools were reported with only two having undergone psychometric testing. Duman and others highlight the subjective nature of some tools which rely on the significant application of professional judgement and the risks of using tools with 'low-quality accuracy' on generating both false positives and false negatives. They also stress the disparity between their practice review and some of the more academic literature which they attribute to the length of time for publication of peer-reviewed academic literature, which is often at odds with the fast pace of child welfare and protection practice.

- 2.26 Haworth and others (2024) highlight how a lack of clarity around the definition of neglect has had an impact on the ability to develop precise and accurate measurements and tools to assist in identification and assessment. They draw on a wide range of literature which documents the lack of a robust evidence base on measures of neglect and which demonstrates how a lack of measures is resulting in practitioners relying on more subjective approaches in their assessments. They use an adapted version of Horworth's (2007) typology of neglect in reviewing measures. This is based on six types of neglect: emotional; medical; physical; educational; lack of supervision and guidance; and social. Haworth and others (2024) describe how such a typology has been adopted by some organisations within the children's sector in the UK, for example, Action for Children. In their review of neglect measurement tools, Haworth and others (2024) found that no one tool assessed all neglect types and that neglect severity was measured but chronicity was not easily captured by any of the tools they reviewed. They found only four studies which met their inclusion criteria and only one tool, Ontario Child Neglect Index (Trocme's CNI)<sup>11</sup>, which they found simple enough to be used in social work practice. But their assessment of that one tool is also accompanied by caveats around translation and replicability to a UK context. They call for a practice-informed study to inform the development of a tool which can be used to assess and measure neglect in the context of social work practice in the UK. They argue that an evidence-based, valid and reliable child neglect measurement tool would be likely to significantly improve standards of multi-agency social work assessments.
- 2.27 Glickman and others (2021) in their study of the relationship between emotional neglect in childhood, depression at aged 18 and the potential mediating factor of peer support at aged 15, developed a working empirical definition of emotional neglect based on questions within the cohort study around parental attention, monitoring and support over time aggregated into a quantitative index of exposure to emotional neglect, then categorised to reflect the severity of exposure.

---

<sup>11</sup> Trocme, N. (1996). Development and preliminary evaluation of the Ontario Child Neglect Index. *Child Maltreatment*, 1(2): 145–155.

- 2.28 Radford and others (2011) carried out primary data collection on neglect amongst different age groups. Their questions around neglect focus on a number of aspects of potential omission of appropriate adult care, including absence of physical care, lack of healthcare, educational neglect, poor levels of supervision and monitoring, and a caregiver being unresponsive to a child's emotional needs.

## In summary

- 2.29 Much of the existing research literature considers child neglect under the broader understanding of 'maltreatment', making it challenging to disaggregate the experiences and impacts of child neglect from other forms of abuse or to make sense of neglect as a different form of harm/abuse. The UK-based literature devotes considerable discussion to the extent to which neglect is an act of 'omission or commission', and the resulting classification (or not) as neglect as a form of intentional abuse. Some studies however also highlight that irrespective of whether or not neglect is intended, the impacts are still significantly damaging to children's wellbeing and outcomes. Forms of neglect can include: care or physical neglect; environmental; medical; educational; supervisory; and emotional. Of the other forms of maltreatment, neglect is most commonly-discussed in the literature as being linked with emotional abuse. Much of the literature discusses the impact of neglect within the context of Bronfenbrenner's ecological systems theory (or adapted versions thereof). There is no one agreed tool to measure neglect in use in the UK and social workers are working in a context of, by necessity, significant subjectivity for screening, identification, and assessment.

### 3. Neglect across the childhood spectrum

- 3.1 The range and disparity of data on reported neglect in the literature makes it difficult to draw any meaningful conclusions on prevalence across the different age groups. Haslam and Taylor (2022) state that neglect is estimated to affect almost one in five children and adolescents in community samples (Cohen, Menon, Shorey, Le, & Temple, 2017; Stoltenborgh, Bakermans-Kranenburg, & Van Ijzendoorn, 2013), and up to 92% of maltreated young people (Shields & Cicchetti, 2001).
- 3.2 In determining whether maltreatment should be considered 'severe', the researchers applied definitions in use in child protection practice, based on frequency, multiplicity of forms, if it was defined by the victim as being abuse or if it would fall into a category of abuse under criminal law. Radford and others (2011) built on a previous NSPCC child maltreatment study and reported on the differences between their primary data collection on child maltreatment between 1998 and 2008. They found that reported childhood experiences of physical and sexual abuse had declined over the ten years but found no significant changes in reported prevalence of neglect between their 1998 and 2008 studies.
- 3.3 Through their secondary data analysis of two linked datasets (questionnaires administered to mothers as part of a UK-based birth cohort study and an administrative dataset of child welfare records) Debelle and others (2022) found that out of 157 cases of neglect, 41 were medical neglect (failing to secure medical attention when necessary or refusal to take the child to a medical appointment). Neglect was also found to be a contributory factor in another 101 referrals, mainly for burns (spill scalds, contact burns, flame burns) and dog bites. They also cite James-Ellison and others (2009) who report that children aged under 3 presenting with burns of any kind are at risk of abuse or neglect recurrence before the age of 6.
- 3.4 Radford and others (2011:18) reviewed prevalence of abuse and neglect in 28 studies. This body of literature reported a wide range of prevalence for all types of abuse. However, the range for reported neglect was the largest: prevalence for reported neglect at any time of childhood ranged from 6% to 41.5%. Radford and others attribute this to differentiated child experiences by geography, and conceptual and methodological disparities. Both prevalence and reported qualitative experience will differ depending on data sources. For example, some studies base their findings on secondary analysis of welfare reports or case reviews whereas others use primary data methods with adults on their recalled experience of abuse and neglect, with children of different ages or with parents/carers (where we might expect a degree of under-reporting). We might also expect different prevalence rates depending on whether or not participants were based on a random probability sample<sup>12</sup> or on a self-selecting opt-in sample<sup>13</sup> (Radford and others, 2011). Measures used to assess prevalence also have an impact on results. Radford and others draw on Hamby and Finkelhor (2000) who highlight the differences in

---

<sup>12</sup> Where participants are invited to take part based on certain demographic criteria imposed by a researcher.

<sup>13</sup> Where participants choose whether or not to take part based on whether or not they think they match the profile of the study's population of interest.

reported prevalence depending on whether studies are using validated measures<sup>14</sup>, questions differentiated by age using behavioural descriptions, questions which are using legal terminology, or questions which ask participants to self-label their experiences as constituting 'abuse'.

- 3.5 Haslam & Taylor (2022) also draw on O'Hara and others (2015) who found unique effects of neglect on child cognitive development (vocabulary test scores) compared to that of other forms of maltreatment. They also cite Geoffroy and others's (2016) study which evidences the impact of neglect on cognition across the life-course. Maguire and others (2015) cite Fishbein and others (2009) who found that the impact on children of experiencing emotional or physical neglect was lower general intelligence and poorer executive decision in comparison with children who had not experienced neglect. Kaufman and others (1994) (1994) found an association between the severity of neglect and an impact on intelligence quotient (IQ), with those suffering the most severe form of neglect experiencing the biggest impact on their IQ. Likewise, Kantor and colleagues (2004) found that children who had been neglected had lower academic overall scores than non-neglected children, with the physically neglected children being the most impacted and thus having the lowest intellectual performance. Allnock (2016) draws on Brandon and others (2014) who evidence the cumulative impact of harm, i.e. the longer a child is exposed to neglect, the greater the impact will be.
- 3.6 In reviewing the literature on the relationship between child neglect (and abuse) and poverty and deprivation, Bywaters and others (2022) highlight the association between children's ages and the poverty-neglect relationship. They also cite Raissian and Bullinger (2017) who found that the impact of an increase in the minimum wage on neglect was greatest in pre-school aged children and not significant in adolescents, potentially attributable to differences in type and intensity of parenting necessity for different ages. They suggest that parental socio-economic circumstances are key to younger children, but young people's behaviour is the key driver for older children. Other sources (including Hood and others, 2020) provide evidence that poverty is a greater risk factor for abuse and neglect in the early years than in adolescence. Bywaters and others (2022) have hypothesised that this may reflect the fact that in the early years children are more reliant on adults and under closer supervision compared to the teenage years.
- 3.7 We present here the evidence according to age group (early years, school-aged, adolescence) and the limited available evidence around non-age-related characteristics.

## Early years

- 3.8 The RCPCH (2022b) reviewed studies on neglect and the early years. They report that in infants aged 0-20 months, neglect was associated with avoidant and insecure attachment and passive or withdrawn behaviour. Children aged 20-30 months who had experienced neglect demonstrated less positive social interaction than non-neglected children. Neglected children aged 3-4 years were delayed in both receptive and expressive language development. As children grow older (aged

---

<sup>14</sup> Factors which match criteria around what is considered to be 'neglect'.

4-6 years), neglect was found to have an impact on their executive function, self-esteem, cognitive skills and language skills.

- 3.9 In observational studies of children aged 20-30 months, neglected children were found to demonstrate greater negativity, less positive social interaction, to be more passive and spend more time alone than control groups. In children aged 3-4 years, neglected children had not been enabled to use language appropriately in social situations when compared with non-neglected children. They were also found to have greater likelihood of experiencing developmental delay, particularly language delay. In children aged 4-6, children who are neglected demonstrated lower levels of executive function and significantly less developed language skills. The RCPCH (2022b) review found that the impact on language delay in young children becomes more evident as children grow older, with children who are neglected having more syntactic delays, producing less complex language and showing reduced vocabulary than control groups. Regarding emotional attachment, observations of neglected children's perceptions found that they were less likely to expect parents to relieve distress (either in themselves or others) than abused or non-neglected children. In attachment assessments (Stronach and others, 2011), neglected children were also found to depict their mother as less emotionally available to them than non-neglected children and to perceive their relationship with their mother to be less fulfilling, safe and reliable.
- 3.10 The RCPCH review also found that children experiencing neglect had cognitive delays, had not been supported to emotionally regulate and so demonstrate disruptive behaviour and higher levels of conduct problems (as rated by mothers) in comparison to both children who had experienced abuse and non-maltreated children. Teachers also recognised the impact of neglect on children, noting that they struggled to manage their behaviour. The review also reported that children who had experienced neglect were more likely to perceive others as feeling hurt, sad or anxious when compared with abused or non-maltreated children. Neglected children were also more likely to describe themselves as angry towards others, anxious, and ashamed. By the age of 42 months, neglected children also demonstrated more apathy / withdrawal and hyperactivity / distractibility.

## School age

- 3.11 Maguire and others (2015) reviewed studies which explored the social behaviour and friendships of children experiencing neglect<sup>15</sup>:
- Manly and others (1994, 2001) found that the impact for children aged 5–11 years of physical neglect was greater difficulties in social competence than children who had not experienced neglect. Children in control groups rated those children who had experienced neglect as being 'more aggressive'.
  - De Paúl and Arruabarrena (1995) found that physically neglected children (5–11 years) had greater difficulties in establishing and maintaining relationships with their peers than non-neglected children.

---

<sup>15</sup> Kaufman & Cicchetti 1989; Manly and others 1994, 2001; De Paúl & Arruabarrena 1995; Bolger and others 1998; Kinard 1999; Finzi and others 2002, 2003; Kim & Cicchetti 2010

- Bolger and others (1998) found that children who had experienced more chronic maltreatment were perceived to be less popular and gained fewer friends over time in comparison with control groups.
  - Three studies (Kaufman & Cicchetti 1989; Lynch & Cicchetti 1998; Kim & Cicchetti 2006) found neglected children had lower self-esteem. Lynch and Cicchetti (1998) (7- to 12-year-olds) reported an association between severity of neglect and self-esteem: the more severe the neglect, the lower the child's self-esteem. They also found evidence that those from 'violent neighbourhoods' experienced more severe forms of neglect.
- 3.12 RCPCH (2022c) also undertook a review of the literature on school-aged children (aged 5-14, although they acknowledge that the majority of studies refer to children aged 7-11). Their review found mixed evidence of the impact on disciplinary behaviour and school suspensions between neglected children and non-maltreated children. They reported that the impact on older children of experiencing neglect within the 5-14 age bracket was severe behavioural problems when compared with children who had not been neglected. Most common externalised features for those experiencing emotional abuse and neglect were antagonism and aggression. Internalising effects saw a higher frequency for anxiety and depression. Children who were neglected exhibit difficulties in being accepted by other children, making friends and developing reciprocated friendships.
- 3.13 The RCPCH review also found that neglected children demonstrated difficulties in completing domestic skills or personal care skills when compared with non-maltreated children. Children who had experienced neglect had lower self-esteem than non-maltreated children with a clear association between the severity of neglect and the level of self-esteem (the more severe the level of neglect, the lower the self-esteem). Depression was associated with physical neglect and neglected children with an insecure attachment to their mother showed more depressive symptoms. RCPCH reviewed one study which found that neglected children had less effective coping strategies, as a result of the neglect they had experienced, and were more likely to inhibit the expression of negative emotions than non-maltreated children.

## Adolescence

- 3.14 Maguire and others (2015) cite Kantor and others (2004) who identified that neglected younger people in the older age category had significantly more behavioural difficulties than children who had not experienced neglect. Maguire and others (2015) also draw on literature which evidences that the most commonly-recorded behavioural issue among young people of this age group was 'externalising behaviour'. This is defined as aggressive, assaultive, destructive, anti-social/delinquent behaviour (Reidy 1977; Reyome 1993; Manly and others 1994, 2001; De Paúl & Arruabarrena 1995; Cullerton-Sen and others 2008). Allnock (2016), Hackett (2016) and Hanson (2016) in their presentation of the impacts of neglect across the life course draw on literature which also highlights the externalising nature of behaviour in adolescence, as a result of neglect (for example, anti-social behaviour, violence and conflict. Another study (Kendall-Tackett & Eckenrode 1996) found that neglected children aged 11-14 years displayed more behavioural problems and had more suspensions than non-neglected young people

of the same age in the same school. Maguire and others (2015) also review the literature on internalising features, defined as being withdrawn, demonstrating somatic complaints and anxiety/depression. Three studies (Reyome 1993; Bolger & Patterson 2001; Valentino and others, 2008) showed more internalising behaviour demonstrated by neglected young people than young people who had not experienced neglect. Bolger and Patterson (2001) highlighted that for these children this was characterised by a feeling of 'external control', i.e. those children who were more withdrawn felt that they had little influence over what happened to them in life. Haslam and Taylor (2022) reviewed 21 articles which explored five different indicators of adolescent interpersonal functioning. Around half of the papers investigating quality of peer relationships found that neglect, particularly emotional neglect, is associated with reduced relationship quality.

- 3.15 Naughton and others (2017) also report on internalising features of neglected adolescents. They found that neglect was associated with alcohol related problems (3 studies), substance misuse (2 studies), delinquency for boys (1 study), and teenage pregnancy (1 study). Dating violence victimization was also associated with neglect. They found that neglected boys showed greater school engagement than neglected girls (1 study). They draw on Tyler and others (2008) who hypothesized that the girls became more depressed and withdrawn, thus becoming less involved with school. They go on to suggest that as society places greater emphasis on male independence, the impact on neglect on boys' school involvement may be less than that for girls. Allnock (2016), Hackett (2016) and Hanson (2016) associate depression, ADHD symptoms, social withdrawal and social isolation in adolescence with exposure to neglect. In line with other studies, Raws (2016) draws on a systematic review by (Cardiff Child Protection Systematic Reviews/NSPCC, 2014) which found the impact of neglect on adolescents was both internalising (depression, symptoms associated with PTSD) and externalising features (aggression delinquency, substance misuse, risk-taking behaviours). Raws (2016) also draws on the Rochester Youth Development Study, a longitudinal study, which has shown that maltreatment which begins during adolescence causes more damage than neglect which started and ceased at an earlier point in childhood.
- 3.16 RCPCH (2022a) reviewed the literature on neglect in adolescents aged 13-17, experiencing any form of neglect, including physical, emotional, supervisory, medical, educational, nutritional and/or emotional maltreatment. They reported on the following 'internalising features' associated with neglect: depression, anxiety, withdrawal, somatic complaints, self-esteem, symptoms associated with PTSD, and suicidality. The majority of studies they reviewed reported an association between internalising features and neglect. Depression and symptoms associated with PTSD featured particularly strongly with experiences of neglect either in adolescence or as a response in adolescence to earlier (and ongoing) neglect.
- 3.17 RCPCH also reviewed the effects of neglect on externalising behaviours, defined as aggression, hostility and delinquent behaviour. One study found a positive association between neglect and delinquent behaviour whereas another study found an association for boys but not girls. Two studies found no association between delinquent behaviours and neglect. Regarding risk-taking behaviours, two comparative studies found associations between substance use (marijuana, cocaine, heroin, amphetamines, multiple drug use) and neglected adolescents when compared with non-maltreated control groups. One comparative study also found that neglected adolescents were more likely to demonstrate alcohol related problems than control groups. In other comparative studies showing no

associations, the control groups were adolescents experiencing other forms of maltreatment as opposed to non-maltreated young people. The RCPCH review also cites another study which combined gang activity, arrest, physical assault, substance misuse and unprotected sex into 'risky behaviour' and found a positive association between neglect or emotional maltreatment and 'risky behaviour'.

- 3.18 Raws (2016) in their study on adolescent neglect reviewed literature which found there to be a higher risk of neglect where a family is headed by a lone parent (Swift, 1995; Daniel and Taylor, 2006). They also found there to be a risk associated with family restructuring, for example, a tendency for older adolescents to be forced out of the family home when a step-parent joins the family (Rees and Rutherford, 2001; Rees and Siakeu, 2004). Parental risk factors include alcohol or drug misuse (Advisory Council on the Misuse of Drugs, 2003;
- 3.19 Tunnard, 2004); parental mental ill health (Ethier and others, 2000); domestic abuse (Cleaver and others, 2011). Hooper and others (2007) found that one potential protective factor can be the neglected young person's own peer-support. One study found that sudden, unexpected life events experienced by parents/carers can precipitate a period of (temporary) neglect (Evans, 2022) but that, in contrast to chronic neglect, neglect associated with temporary life events then pass over time.

## Children who are neglected and other socio-demographic characteristics

- 3.20 The evidence for the relationship between neglect and children/family characteristics not associated with age is sparse. We discuss below the association between poverty/deprivation and neglect as a wider systemic influence. In this section, we focus on the limited evidence on child-level individual characteristics.

### Ethnicity

- 3.21 Bywaters and others (2022) have reviewed the data in the UK on the ethnicity of children involved with child protections services. They highlight the challenges in presenting data on ethnicity as dependent on out-of-date census data when local and regional pictures are usually much more fluid and rapidly changing than Census data (carried out every ten years) can capture. They draw on earlier work (Bywaters and others (2017; 2018) which found that, at the whole local authority level in England, mixed heritage children had the highest and Asian children the lowest rates of both child protection plans (CPPs) and Children Looked After (CLA).<sup>16</sup> Rates of CPPs amongst Asian children were about half those for White children and only a quarter for CLA. Rates for Black children in this sample were around 10% higher than for White children for CLA but around 20% lower for CPP. Baldwin and others's (2020) analysis of prevalence and ethnicity found that after adjusting for measures of socio-economic status, differences in risks between ethnic groups were no longer present, which they link to findings from other studies in both the US and the UK which have explained the over-representation of certain ethnic groups in child welfare groups by a corresponding prevalence among deprived communities (Bywaters, Brady, Sparks, & Bos, 2014; Putnam-Hornstein,

<sup>16</sup> Child Protection Plan and Children Looked After

Needell, King, & Johnson-Motoyama, 2013; Wulczyn, Gibbons, Snowden, & Lery, 2013).

- 3.22 It is important to consider data on ethnicity within the context of child protection against the association between ethnicity and the wider systemic issue of poverty and deprivation and the relationship between poverty and neglect. Bywaters and others (2022) point out that children from ethnic minorities were much more likely than White children to be living in disadvantaged areas. They found that after controlling for deprivation, Black and Asian children are much less likely than White children to be on CPPs or to be CLA.
- 3.23 Bywaters and others (2022: 11) in their review of the literature on the links between poverty and child abuse and neglect point out that 'ethnic differences were less visible in these studies than might be expected given their scale and significance'. Bywaters and others (2019) reported that the scale of some inequities between groups of children were very large. When deprivation was controlled for, they found that Asian children were five times less likely than White children to be looked after in the most deprived 20% of neighbourhoods. They also highlight a difference in the links between socio-demographic status and child protection between different categories of ethnicity. They draw on Hood and others (2021) who found that in low deprivation neighbourhoods (quintiles 1 to 3) Black children had higher CPP and CLA rates than those for White British children, unlike in the high deprivation quintiles. They hypothesise that this disparity may reflect systemic discrimination accompanied by greater visibility of children from minority ethnic backgrounds in areas where they are less populous. They also draw on Dettlaff and Boyd (2020: 238) who argue that the disproportionate numbers of Black children and young people in foster care is a result of: 'structural racism and acknowledge that, as with other forms of oppression, racism is not merely a personal ideology based on racial prejudice, but a system that involves institutional policies and practices, cultural messages, and individual actions and beliefs'.
- 3.24 Bywaters and others (2022) point that out much of the research literature controls for ethnicity rather than examining in detail the intersection between ethnicity and child protection. In their review they report that where data exists, they tend to confirm higher rates of reported or substantiated maltreatment amongst Black than White populations in both the US and the UK. They call for more attention to be paid, particularly involving members of minority communities as co-producers, to understanding these patterns and implications for service delivery.
- 3.25 Taylor and others (2023) through their work on serious case reviews found some practitioners to be struggling with cultural difference and that some practitioners may sub-consciously perceive families 'through a lens of bias and stereotype', with a risk of normalising neglect and leaving children unsupported. Dickens and others (2022) in their review of local child safeguarding practice reviews highlight the 'invisibility' of race and ethnicity in case review documentation where they found it necessary to check the Serious Incident Notification documentation to establish the family's ethnicity. They also referred to 'troubling silence and problematic expressions' in describing minoritised children and families. This can result in adultification of minoritised children, where they are not afforded the same level of vulnerability as their White peers.

## Other socio-demographic characteristics

3.26 There was very limited evidence on individual characteristics and neglect. This included:

- experiences of young people who are LGBTQ+
- no studies considered any association between religion and neglect
- some evidence of the differentiated experience of child neglect in relation to mothers and fathers.
- several studies referred to the paucity of evidence on neglect and children with special educational needs and disabilities (SEND). In their review Maguire and others (2015) found only one study (Sobsey and others, 1997) which considered the experiences of disabled children, and this did not describe any of the specific features observed neglected children with disabilities. Bywaters and others (2022) also found that none of the studies they reviewed examined the potential intersection of child health or disability in relation to poverty or deprivation and maltreatment. Jones and others (2008) cited in White and others (2014) reviewed the risk of violence against children living with disabilities. 'Violence' was defined as physical violence, sexual violence, emotional abuse, neglect and any combination of those. They found that Disabled children were at increased risk of abuse and neglect in comparison to non-disabled children. Lang and others (2020) also reviewed Norman (2012) who found that Disabled children are at higher risk of physical, emotional and sexual abuse, and neglect.<sup>17</sup>

3.27 White and others (2014) reviewed two studies (Kohl and others, 2009 and Drake and others, 2006) which found that childhood disability increased the risk of maltreatment recurrence. Child disability as a risk factor was not however replicated in Connell and others (2009). The same study found that child diagnosis of mental health difficulties also did not predict recurrence.

## In summary

3.28 There is limited available evidence on the experiences of children with certain characteristics, including children with SEND, young people who are LGBTQ+ and the experiences of families of different religions/faiths. The discussion of the relationship between ethnicity and neglect is not always clear and is sometimes retrospectively fitted as a lens through which to view conclusions of a study as opposed to being a key research question from the outset. In practice reviews, ethnicity is often disregarded as part of the analysis and understanding of the child and family circumstances. The impacts of neglect start in the early years with key development milestones being missed, leading to lower levels of 'social competence' and difficulties making and maintaining friendships as neglected

---

<sup>17</sup> Within a US context, the Child Welfare Information Gateway based within the Children's Bureau, have produced a (2018) bulletin aimed at child welfare professionals on the risk and prevention of maltreatment of children with disabilities which includes a review of statistics related to children with disabilities and maltreatment in a US context: <https://www.childwelfare.gov/resources/risk-and-prevention-maltreatment-children-disabilities/#:~:text=It%20examines%20the%20problem%20in,be%20freely%20reproduced%20and%20distributed.>

children progress through school. Across the childhood age spectrum, but especially in adolescence, neglect can result in both internalising and externalising behaviours, including depression, symptoms associated with PTSD, aggressive and violent behaviour, substance misuse and risk-taking behaviour.

## 4. Profiling of neglect: protective and risk factors

- 4.1 In this section, we consider the available evidence around neglect and protective and risk factors. Where possible we have presented the evidence which focuses solely on neglect in isolation, as opposed to maltreatment more broadly. Across the body of literature ostensibly covering ‘protective factors’, we can see two framings. The first conceptualises ‘protective factors’ as circumstances which essentially make for a hostile environment for neglect to take place in the first place. The second understanding is framed less as an environment for neglect to take place and more as a mediator response against the potential harm caused by neglect. Much of this discussion is structured around the concept of ‘resilience’ as a response to neglect. In this conceptualisation, protective factors are understood more as a harm reduction measure. Risk factors also have a dual understanding in the literature. Some studies present risks as the individual or cumulative factors which can generate a fertile environment for neglect to take place. Other framings present ‘risk factors’ more as the outcomes of neglect – the harmful effects on children and young people. It is not always clear therefore in the literature what is being concluded about causality and the nature of the association or relationship between risk and neglect.
- 4.2 Yoon and others (2021) have highlighted that a lack of conceptual and definitional clarity around ‘resilience’ limited their ability to review and synthesise findings from primary research on resilient responses to child maltreatment. They point to analogous treatment of ‘resilience’ and ‘protective factors’ in the literature whilst also citing studies which have suggested that ‘protective factors’ should be distinguished from ‘promotive factors’. This distinction speaks to the debate discussed above around conceptual murkiness of mechanisms and outcomes/causes and effects.
- 4.3 We discuss the evidence here in relation to three levels: the individual child; parents/carers/family; the wider structural system. This last layer encompasses different aspects: the child protection system, the neighbourhood and community (with a particular focus on poverty and deprivation), the school environment. There is limited evidence on the role of the child protection system, beyond a presentation of numbers of referrals and statistics around child in need and child protection cases. Many studies refer to the lack of evidence at the structural (or what Bronfenbrenner would categorise as the macro-level of the ecological system).

### Protective factors (children)

- 4.4 Resilience to neglect was considered by several studies. Definitions and understanding of resilience are broad. Jean-Thorn and others (2023: 2827) define resilience as ‘the ability to adapt positively in the face of adversity’. They also point out that literature on resilience at the child level with a focus on individualised behaviour can have the effect of placing an unfair burden on children or young people to self-heal from the effects of the neglect imposed upon them, whilst

simultaneously reducing the expectation at the institutional level to respond in a protective or mediating way.

- 4.5 Haworth and others (2024) identify child-level resilience, in particular higher levels of self-esteem and flexible coping strategies, as being a key protective factor, not to neglect taking place per se, but rather as mechanisms through which neglect-induced harm can be reduced or countered. Lang and others (2020: 2) describe resilience as ‘complex and dynamic processes of adaption to stressors that involve the activation of a variety of protective factors’. They draw on literature which attribute resilience to ‘every level of the bioecological spectrum’.
- 4.6 Social support from the wider community, particularly peer support, was also highlighted as a potential protective factor in mediating against the effects of adverse childhood experiences (ACEs). Glickman and others (2021) highlight how young people’s perceptions of strong peer support may ameliorate the association between ACEs and depression into adulthood. Glickman and others contextualise their findings within other research involving adults which reported that childhood adversity (including emotional neglect) was associated with later depression and that social support was linked to a decrease in adulthood depressive symptoms. Using birth cohort study data, Glickman and others (2021) set out to test whether peer social support in mid adolescence moderates the relationship between childhood emotional neglect and later depression. They measured emotional neglect, defined as an absence of parental attention and support, at seven assessment points from the ages of 8 to 17.5 and then combined this with a measurement of peer social support at aged 15 and of depressive symptoms at aged 18. They found that mild, moderate and high levels of exposure to childhood emotional neglect were significantly associated with increased depressive symptoms at aged 18, compared to no exposure. They also found that increased levels of peer support at aged 15 were associated with decreased levels of depressive symptoms, even after accounting for emotional neglect.

## **Protective factors (parents/carers/families)**

- 4.7 Haworth and others (2024) identify ‘positive family functioning’ as a key protective factor, especially stability, mutual support and open communication. Younas and Gutman (2023) found parental experience of social support to be a significant protective factor, even in families where the parent was experiencing cumulative risk factors (for example, low maternal education, low satisfaction with housing conditions, and economic hardship) and where the mother had also experienced abuse herself. Fathers’ involvement in the child’s daily activities was also found to be a protective factor.
- 4.8 Lang and others (2020) draw on Winokur and others (2014) who reviewed outcomes for children removed from home due to abuse or neglect who had subsequently been placed in kinship care (i.e. with extended family) versus non-kin foster care. They reported that children placed in kinship care after suffering abuse or neglect had fewer behavioural problems, fewer mental health disorders and better wellbeing than children placed in non-kin foster care.

## Protective factors (system-level)

- 4.9 Communities, community institutions and the school environment are considered as having a potential role in forming protective factors to mitigating the effects of neglect or of helping to foster resilience among children who have been subject to neglect. Jean-Thorn and others (2023), through a review of 44 studies, consider risk and protective factors at the community level which could have an influence over a child's levels of resilience. They draw on Chapple and Vaske (2010) to report that 'better school organisation' can have a positive impact on young people who have experienced educational, emotional, and physical neglect. Jean-Thorn and others (2023) make the distinction between 'internalising' and 'externalising' behaviours in children and young people's responses to maltreatment. Jean-Thorn and others cite four studies which examine young people's resilience in response to 'collective efficacy', 'social cohesion' or 'solidarity' defined as neighbours' 'willingness to intervene for the common good'. They cite Sasser and others (2019) who found that young people were more likely to demonstrate fewer externalised behaviour traits in areas where they perceived higher levels of collective efficacy. In most other studies cited, through their references to young people as 'maltreated' it was unclear whether the young people's experiences met the definition of 'neglect' or whether they had experienced other forms of maltreatment.
- 4.10 Haworth and others (2024) identify accurate and evidence-based multi-agency assessments as being a key protective factor supporting a neglected child.

## Risks (children)

- 4.11 Mulder and others (2018) cite Stith and others (2009) who examined through meta-analysis<sup>18</sup> risk factors for different kinds of child maltreatment. They concluded that main predictors for neglect were the nature of the parent-relationship and the parent's perception of the child as being problematic. Haworth and others (2024) identify child risk factors as the age of the child (the younger the child, the greater degree of risk) and potential parental scapegoating of the child. Baldwin and others (2020) cite studies which identify certain risk factors relating to the child, including age, ethnicity, disability and birthweight (Putnam-Hornstein & Needell, 2011; Sidebotham & Heron, 2006; White, Hindley, & Jones, 2014).
- 4.12 The presentation of risks and outcomes combine in some studies making causation and direct associations challenging to untangle. Radford and others (2011) reported findings from their child maltreatment survey that abuse and neglect was found to be associated with children's and young people's poorer emotional wellbeing, including current thoughts about self-harm and suicidal ideation.
- 4.13 Glickman and others (2021) review the literature on the connection between childhood emotional neglect and longer-term mental health impacts, which shows the association with poorer development outcomes, including maladaptive behaviours, lower self-esteem and psychopathology in adulthood. They also draw on studies which found that emotional neglect has a stronger association with

---

<sup>18</sup> Quantification of the available research findings

depression than other forms of abuse and neglect, including physical abuse, physical neglect and sexual abuse.

- 4.14 RCPCH (2022c) found children experiencing neglect before the age of 11 years were at increased risk for depression in early adulthood. The age of onset of depression was also younger among those who had been neglected than non-maltreated control groups. Adults who had experienced neglect were also more likely to have co-morbid diagnoses such as post-traumatic stress disorder, substance abuse, antisocial personality disorder, or dysthymia.
- 4.15 Lang and others (2020) review Bailey and others (2018) who studied the association between childhood trauma and later development of psychotic disorders. Their review included 41 studies, of which 29 were included as part of their meta-analysis with 4680 participants in total. They found that childhood sexual abuse and neglect were significantly correlated with severity of hallucinations. Sexual abuse and physical or emotional neglect was also associated with delusion severity. Schizophrenia symptoms were associated with childhood neglect. Lang and others also draw on Fusar-Poli and others's (2017) systematic review and meta-analysis of environmental factors associated with ultra-high risk for psychosis, including childhood abuse and neglect. Lang and others through their review also found that neglect doubled the odds of childhood behaviour and conduct disorder, increased the risk of anxiety, depression, eating disorders, alcohol misuse and dependence, suicidal behaviour, risky sexual behaviour, STIs (including HIV), smoking, and obesity.

## Risks (families)

- 4.16 Risk factors at the family-level focussed on parental experience of trauma and trauma responses, as well as socio-economic contexts, and family demographic characteristics.

### Parental characteristics

- 4.17 Mulder and others's (2018) meta-analysis found the strongest predictors for child neglect as being present in the ecological spaces of closest proximity to the child, i.e. the relationship between the primary caregiver and the child. They cite Stith and others (2009) who found strong effects for high levels of parental stress, parental and low levels of parental self-esteem as predictors for neglect. They concluded that parental characteristics such as a history of offending/involvement with the criminal justice system, a history of mental health difficulties, parental experience of being abused as a child, and a low parental educational level have the strongest effects as predictors for adults to neglect their children. Haworth and others (2024) identify parental risk factors as being substance use, mental health issues, domestic violence, and an absence of support and social connections.
- 4.18 Baldwin and others (2020) reference studies which identify parental risk factors, including: parental age, childhood abuse history and mental illness, domestic violence, marital status, family size and social isolation (Brown, Cohen, Johnson, & Salzinger, 1998; Dixon, Browne, & Hamilton-Giachritsis, 2005; Li, Godinet, & Arnsberger, 2011; Putnam-Hornstein & Needell, 2011; Sidebotham & Heron, 2006; Windham and others, 2004; Wu and others, 2004). In their analysis of child welfare

records, Baldwin and others (2020) found that mothers who neglected their children were significantly younger, were more likely to be White, and to have lower levels of education than non-neglected children. These mothers also had significantly poorer mental health and were more likely to have smoked, binge drank or to have used recreational drugs during pregnancy. Compared to other mothers, the mothers of children who had been 'in need' due to abuse or neglect were also more likely to be living without a partner, have moved address more recently, and have more children living in their household. Measures of socio-economic status indicated that mothers of children who had been 'in need' due to abuse or neglect were poorer; were more likely to be living in social housing, and more likely to be in receipt of means-tested welfare benefits. Fathers of children who had been 'in need' due to abuse or neglect were more likely to have been unemployed at the antenatal stage.

- 4.19 In Younas and Gutman's (2023) review of parental risk factors, it is not always possible to isolate risk factors related to neglect from those associated with maltreatment. However, their review found 34 studies of parental mental health as a potential risk factor for child maltreatment with 21 finding an association (particularly with mothers' presentation of BPD, PTSD and depression). Twenty-five studies examined the relationship between parental experience of being abused and the maltreatment of their own children with 21 showing a positive association. Eighteen out of 28 studies found a positive association between parental substance abuse and child maltreatment. 'Marital discord' was found to be a risk factor in five out of six studies. And two studies found an association between parental lack of social support and maltreatment. Younas and Gutman (2023) found intimate partner violence (IPV) to be a risk factor across all maltreatment types.
- 4.20 White and others (2014) focussed specifically on the recurrence of maltreatment and found the following risk factors at the family level for maltreatment recurrence: caregiver or parental history of substance abuse (alcohol misuse, illicit drug use, or both); and poor parent-child relationships (one study), poverty (three studies), larger numbers of children (three studies), low levels of social or family support (two studies), lone parenthood (two studies), the presence of domestic violence (one study), mental health problems (three studies) and substance misuse (four studies).
- 4.21 In their review of prevalence and risk factors associated with dental neglect, Khalid and others (2022) found statistically significant risk factors to include parental education level, occupation, maternal dental anxiety, irregular visits to the dentist, and single-parent status. Other risk factors found included being a refugee child, being a child of immigrant parents, living in a deprived area, and low socio-economic status.

### Focus on the role of the mother

- 4.22 Baldwin and others (2020) also draw on Mersky and others (2009), Sidebotham & Heron (2006) and Zuravin (1988) to emphasise the associations between child maltreatment and a combination of factors including mother's age, educational achievement, employment status, deprivation and eventual family size, all of which can contribute to what is described as 'chronic sociodemographic stress'. However, even once socio-demographic characteristics had been controlled for, Baldwin and others (2020) found an association between maternal mental illness and child maltreatment. This correlates with other studies (Dixon and others, 2005; Sidebotham & Heron, 2006; White and others, 2014; Windham and others, 2004). Baldwin and others (2020) suggest that parental mental ill-health can have an

impact on parents' capacity to respond to their child's physical and emotional needs (Cleaver, Unell, & Aldgate, 2011). Baldwin and others (2020) also found that smoking in pregnancy was associated with subsequent recorded child maltreatment concerns. They suggest that this could be an early indicator of an inability to think about the needs of the child and later maternal difficulty in responding to the needs of the child, building on work by Pickett, Wilkinson, & Wakschlag (2009).

- 4.23 Judd and others (2023) in their systematic review and meta-analysis of the association between parental unemployment and adverse childhood experiences, found that paternal/any parental unemployment was associated with a 54% increase of neglect whereas no association was found between maternal unemployment and ACEs. This review identified 12 studies which examined associations between parental unemployment and neglect. Quantitative modelling found a 54% increased risk of neglect associated with paternal/any parental unemployment compared with no association with maternal unemployment. Judd and others (2023) suggest that this may be attributable to poorer mental wellbeing in unemployed men than unemployed women because of what they describe as 'lower perceived social approval' of unemployed men affecting parental behaviours. Deprivation and socio-economic disadvantage have been shown to impact stress levels on parents and therefore increase the likelihood of neglect (Baldwin and others, 2020 drawing on Berger, 2004 and Hillson & Kuiper, 1994).
- 4.24 Through a series of reviews for Research in Practice, Allnock (2016), Hackett (2016) and Hanson (2016) all highlight the visibility of mothers as a focus in policy, practice and research around child maltreatment, which can risk minimising the role of fathers in contributing both risk and protective factors to children's lives. Hanson (2016) and Turney (2000) underline how this can result in mother-blaming for neglect and maltreatment. Hackett (2016: 19) also points out that a 'preoccupation with mothers is also a feature of the wider literature on child neglect', sometimes attributing blame to a mother in a situation where she might not be able to exercise much control. Hanson (2016: 19) reports a concern around the likelihood of some professionals to place undue responsibility on to mothers for maltreatment and letting 'males who are abusive off the hook'.

### Families with experiences of migration

- 4.25 In their review of child maltreatment in refugee and immigrant families, Lebrun and others (2016) found that out of 18 studies, 11 explored associations between country of origin and type of maltreatment. The results generally show that children of immigrant families are most frequently reported for physical abuse and to a lesser extent for physical neglect and emotional/educational neglect. The studies they reviewed showed that immigrant families have several risk factors in common with non-immigrant families, for example high levels of family stress. The review of risk factors of involvement in child protection services in immigrant families also included living in a step-parenthood family, being in a single-parent family, living in a family with a low educational level, living in a large-family household, being witness to domestic violence against the caregiver.
- 4.26 Relating to refugee parents specifically, potential risk factors for physical abuse and neglect included parental experience in the country of origin, namely trauma and emotional difficulties. The evidence on parents' (insecure) immigration status was mixed. Millett (2016) suggests that an insecure immigration status can be a risk factor for child maltreatment because of the high levels of accompanying stress.

However, Millett also draws on Dettlaff and others (2012) who conversely highlight that having an undocumented immigration status can act as a deterrent for abuse as parents do not want to come to the attention of child protection (and immigration) services. Lebrun and others (2016) however suggest that there is no higher risk of maltreatment for children in families with a migration history than non-immigrant families. They hypothesise that over-representation of immigrant families within the child protection services (in a US context) could be attributable to 'harsher discipline practices' among some immigrant or refugee families, or to correlated factors such as the intersection between poverty and immigration and/or professional bias in the child protection system.

- 4.27 Millet and others (2016) cited community studies which found that some immigrant groups, primarily from Latin American had higher rates of physical neglect and neglectful supervision that remained present after multivariate controls were added. Examples were given of risks of not having enough food at home, not taking a child to a doctor when needed and leaving a child in unsafe places. They also however cited child protection data which showed no lower rates or no differences in neglect between immigrant and non-immigrant groups.

## Risks (system-level)

- 4.28 Mulder and others (2018) through their application of Bronfenbrenner's and Belsky's theoretical models found that risk factors were present in most ecological contexts around the child. However, they were less able to place significant risks in the context of the wider environment around the child because of the quality of the evidence which supported an association between neglect and environmental factors.

## Economic deprivation

- 4.29 Socio-economic deprivation was found to be a key risk factor for neglect. DeBelle and others (2022) in their review of cases presenting at a hospital in one city in England found that most cases originated from families living in areas characterised by widespread socio-economic deprivation. Younas and Gutman (2023) found economic deprivation and social isolation to be the most prevalent risk factors associated with maltreatment. This included low household income, low financial resources, poverty, and welfare receipt. Living in a disadvantaged neighbourhood was found to be associated with neglect, as was maternal use of mental health services.
- 4.30 Skinner and others (2023) conducted a systematic review on child abuse and neglect, which they also term 'maltreatment', which found that poverty was consistently and strongly associated with maltreatment. They suggest that financial difficulties can lead to psychological distress, relationships problems and disrupted parenting, which ultimately can lead to an increased likelihood of child abuse and neglect. The literature suggests that this can happen in two ways (linked to the spectrum of intention of harm, discussed above). Some studies for instance have suggested that parents under financial pressure are more likely to parent harshly (Font & Maguire-Jack, 2020). Others argue that parental behaviours and attitudes are restricted by poverty, leading to the possibility of neglect through a lack of financial and time resources (Cooper & Stewart, 2020).

- 4.31 Skinner and others (2023) also draw on literature which discussed the ways in which neighbourhood or community deprivation can exacerbate family-effects of poverty, particularly safety, criminality, job prospects, social capital, and interactions between neighbours (Maguire-Jack, Yoon, and others, 2022). Skinner and others (2022) also highlight how poverty can rarely be considered an isolated factor in child abuse and neglect. Rather, it needs to be seen in connection to other contributory factors. They draw on their earlier work to suggest these include parental mental health, substance misuse or domestic abuse and violence. They also cite Saar-Heiman and Gupta (2020: 1180–1181) to suggest several ways practice should be adapted to take an approach which is more mindful of the potential impact which poverty has on families. These practices include ensuring that all families have access to income maximisation, debt management, employment and housing advice in a timely way and developing a ‘poverty-aware workforce’.
- 4.32 Bywaters and others (2022) cite Walsh and others (2019) who reported that in Australia, children who experienced poverty were three times more likely to experience abuse, neglect, or being witness to domestic violence compared with those who had not experienced poverty. Bywaters and others (2022) also cited a study within the UK context which reported that in a national sample of Scottish children, those living in households in the lowest quintile of household income were almost 12 times more likely to experience three or more ACEs by the age of 8 compared with those in the highest quintile. They highlight debates in the literature around whether or not poverty itself should be considered an ‘adverse childhood experience’ or whether this would potentially be ‘conceptually muddled’ and might risk overlooking other social determinants of health.
- 4.33 Bywaters and others (2022) have explored the relationship between poverty and family involvement with the child protection system within an English context. They have reported that a child in the most deprived ten percent of small neighbourhoods is over ten times more likely to be on a CPP or CLA than a child in the least deprived decile. They hypothesise that rates of substantiated maltreatment should not substantially differ between equally deprived small neighbourhood areas in more and in less deprived local authorities. However, they draw on studies which have shown that local authorities with lower average deprivation were found to have been intervening more frequently than local authorities with high average deprivation. They cite work by Webb and others (2020) who identified another pattern which they have termed the ‘inequalities intervention law’ where local authorities with high inequality but low deprivation reported looked after children rates of five times that of local authorities with low inequality and high deprivation. They suggest that living in poverty in areas of low deprivation might place extra stress on families, which will then have an impact on abuse and neglectful behaviours.
- 4.34 Bywaters and others (2022) also highlight work which refers ‘system conditions’ (Hood and others, 2020, 2021) whereby child protection re-referrals in England were found to be significantly higher for children living in more deprived areas of less deprived local authorities than areas of similar levels of deprivation in less deprived local authorities. Bywaters and others (2022:75) also cite Hood and others (2020) who reported social workers in the UK finding it more difficult to engage middle class parents and the possibility of ‘social workers feeling intimidated by parents who were wealthy or well educated’.

- 4.35 Haworth and others (2024) build on the argument referenced earlier that systemic-level failure to prevent child maltreatment could be considered an act of state neglect. They argue that we should be considering wider social and political contexts as key actors in the network of influences around a child who is experiencing neglect. This chimes with Allnock (2016) who highlights that focussing on individual parents (especially mothers) potentially risks minimising the wider social determinants of neglect. Poverty, insecure housing and a political failure to address these two harms are contexts in which those who are trying to support a neglected child are practising. Bywaters and others (2022) also draw on Pemberton's (2016:8) concept of social harms which shifts the focus from the parent, individual child and the family to a structural, state-level layer. Bywaters and others suggest that this type of focus enables a centring not on whether harms were intended but the extent to which they could have been prevented. They draw on the example of the state's intentional creation of the status of being 'no recourse to public funds' within a broader policy of the creation of a 'compliant environment' for immigration as one example of this in England. Stringent cuts to local authority spending as part of austerity policies is another example. They cite Jolly (2019: 3) who argue that this kind of statutory neglect occurs 'when children have experiences as a result of law or policy that would meet the definition of neglect if as a result of action by a parent or carer'.
- 4.36 Effective assessment and neglect measurement tools can help to identify how wider societal contexts can influence a child's more immediate living environment. Haworth and others (2024) highlight the challenges and inherent problems with tools which are meant to predict future neglect and how the relationship between risk factors for and consequences of abuse can lead to confusion and complexity for accurately predicting the likelihood of future neglect.
- 4.37 Cooper and Stewart (2020) (cited in Bywaters, 2022) situate their discussion of the relationship between household income and children's outcomes in the context of two theoretical models: the 'investment' model (Duncan and others, 2014) and the 'family stress model' (Conger and others, 2000). The investment model focuses on the capacity of parents to buy goods and services which enable children to achieve positive outcomes. Cooper and Stewart (2020) argue that the investment model enables wealthier families to have access to a greater range of social and cultural capital. The family stress model highlights the impact of poverty on parents' emotional wellbeing with a resulting increased risk of child maltreatment.

### Essentialising deprivation and neglect

- 4.38 There are also however notes of caution sounded in the research literature around making assumptions about the association between poverty and maltreatment. Bywaters and others (2022, citing Bywaters 2017) highlight from their review of the data on child protection plans that almost half came from more affluent areas. Some studies (Bilson & Martin, 2017; Bywaters and others, 2017) have questioned the 'investigative orientation' of the English child protection system and the over-emphasis it places on its hyperfocus on the experiences of families in areas of higher deprivation.
- 4.39 Roskam and others (2022) have attempted to explain the link between socio-economic status and neglect and other forms of maltreatment through the lens of parental burnout as a mediator. They draw on literature which report on the co-

occurrence of multiple risk factors in low-SES<sup>19</sup> families. We have already discussed above how literature treats cumulative risk factors. Roskam and others (2022) suggest an argument that this multiplicity of stressors can contribute to parental burnout which can in turn lead to abuse and neglect. They define parental burnout as having four key symptoms:

- emotional exhaustion
- emotional distancing
- feeling fed-up with the parenting role
- a feeling of contrast between the parent they want to be and the parent they are

4.40 Through their review of the literature, they claim the relationship between parental burnout and neglect to be causal, by drawing on Brianda and others (2020) who claimed that the relationship between parental burnout and child maltreatment is causal because they found that ‘interventions aimed at reducing burnout symptoms reduce neglect and violence proportionally to the decrease in parental burnout symptoms’. Roskam and others (2022) draw on theory (Mikolajczak & Roskam, 2018) which suggests that parental burnout occurs when there is an imbalance between the risk factors (stress-enhancing) which parents are exposed to and the resources available to them to cope (stress-alleviating). They hypothesise that parents experiencing poverty and deprivation could be dealing with the kind of chronic stress imbalance which can lead to burnout. They also suggest that the risk of maltreatment by parents experiencing poverty and deprivation is more likely to be considered neglect than violence which they attribute to difficulties those parents will have in focussing on the emotional, educational and physical needs of their children. They argue that positioning child maltreatment in ‘a broader context of parental suffering and exhaustion that can affect all families’ can help to reduce the stigma and alienation felt by those families experiencing deprivation.

4.41 Bywaters and others (2022) make the case for child protection services to recognise and help mitigate the impact of employment, financial and housing conditions on family life, partly to reduce the feelings of stigma which families who are struggling financially can feel and what that can mean for their engagement with services. Morris and others (2018) reported that social workers often felt that they lacked the skills to deal with family finances, and/or had ambivalent attitudes to families’ poverty, creating barriers in their relationships with families. This can add to parents’ feeling of stigma and marginalisation. Bywaters and others (2022) and Taylor and others (2023) cite Morris and others (2018: 77) who reported that child protection practitioners tend to see poverty as the ‘wallpaper of practice: too big to tackle and too familiar to notice’. Taylor and others (2023: 9) take the wallpaper analogy further by describing the relationship between poverty and neglect as being all-pervasive: ‘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.’ Bywaters and others 2016(50) (cited in Bywaters and others 2020) argue that addressing family poverty ‘is likely to have a positive effect on reducing both the extent and severity of child abuse and neglect in childhood, on the socio-economic consequences of child abuse and neglect in adult life and on the wider economic costs’. Allnock (2016),

---

<sup>19</sup> Socioeconomic status

Hackett (2016) and Hanson (2016) highlight the strong contributory and causal relationship which poverty can have with all forms of maltreatment.

- 4.42 There is also, however, a sub-set of studies which focus on the experience of neglect within more affluent families (Bernard 2019; Bernard, and Greenwood; Bernard and others (2023). Bernard and Greenwood (2019) report that neglect in more affluent families is more likely to be emotional in nature, and therefore easier to mask from professionals. An 'outsourcing of parenting', a lack of investment of parental time, and parental detachment from their children can be contributory factors to young people's emotional and behavioural difficulties which can bring them to the attention of children's support services. However, professionals can sometimes be reluctant to intervene to support children in wealthier families, attributable to professional perception of affluent families' access to powerful support networks, the purchasing power to access legal support to challenge the referral process, a subtle difference in power dynamics, and the perception that wealthier families are cognisant of their rights and complaint processes. Bernard and (2023) also document how the ability to purchase private therapeutic services may benefit the child, this is accompanied by a risk of problematising the child's response to neglect, as opposed to the act of neglect itself.

## In summary

- 4.43 The literature is not always clear on a causal relationship between certain characteristics, features and the risk of neglect taking place. Some of the literature discusses responses to neglect through the lens of children and young people's resilience. However, it has also been highlighted that a focus on resilience risks placing an inappropriate expectation on the young person to develop a strength response to their experiences of neglect as opposed to focussing on the act of neglect and how to prevent it from taking place. Risk and protective factors are discussed at the child-, family-, and system-levels. There is a hyper focus in some of the literature on the role of the mother (sometimes in the context of abuse perpetrated by a father or father figure), which can sometimes risk minimising wider social determinants of neglect. Peer social support was considered a key protective factor across all levels, from individual children (especially in adolescence) through to the role of the community. At the child- and family-levels, it is not always possible to distinguish from impacts of experiencing neglect and risks of neglect taking place, especially related to mental health difficulties, for example. At the system-level, the relationship between poverty/deprivation and neglect is much discussed. Much of the literature emphasises that whilst neglect is certainly not inevitable in a family experiencing poverty (and that neglect, especially emotional neglect can also occur in more affluent families), the impact of hardship and financial stress can result in high levels of stress and an environment where abuse and neglect are more likely to occur.

## 5. Conclusion

- 5.1 Neglect is the most common reason children are involved with children's social care and the impacts of neglect are clear across the childhood age spectrum. Impact begins with development delays in the early years and can reach far into adulthood, becoming more pervasive the longer a young person is exposed to neglect; the importance of understanding cumulative harm is therefore clear. However, the dearth of research literature, especially in a UK context, has been described as a 'neglect of neglect'. Some researchers attribute this to the challenges for social work practice to effectively respond to behaviours which are so prevalent and overwhelming as to be close to impossible to mitigate against.<sup>20</sup> This combined with wider systemic challenges such as poverty and deprivation can mean that the task ahead for social care practitioners and multi-agency partners can seem enormous.
- 5.2 Understandings of neglect differ according to the extent to which the act of neglect is an intentional act of abuse, or a response to systemic circumstances ('omission vs commission'). In the UK, the impact of harm in definitional understandings includes a focus on the likelihood of (as well as actual) harm. The conflation of neglect under the more umbrella term of 'maltreatment' can make it difficult to focus on risk and protective factors, as well as impacts of neglect. And the causal relationship between risk and protective factors and neglect is not always clear.
- 5.3 Possibly because of the focus on mothers in birth cohort studies, studies undertaken using secondary data analysis tend to highlight the role of the mother at the expense of shedding light on a father's input and behaviour. This however can also be true in studies which do present evidence of a father's harmful behaviour, and which still focus on the role of the mother, for example highlighting a mother's lack of action to prevent a father's abuse. This can lead to a sense of 'mother blaming' in studies on child neglect.
- 5.4 Lived experience, the voices of parents, and especially the voices of children and young people are noticeably absent from the literature.<sup>21</sup> The length of time necessary for the academic publication process can mean that academic studies can seem out of step with the reality of practice. The literature is under-developed around the experiences of children and young people with SEND, young people who are LGBTQ+, families of different religions, families who are at the more affluent end of the wealth spectrum, and families of different ethnicities. Ethnicity can sometimes be an invisible factor in case reviews and developing understandings of a family's experiences. Whilst an RCT-style study would not be appropriate for obvious ethical reasons, secondary data analysis of a cohort of children across the childhood spectrum and/or a longitudinal survey on child neglect would go some way towards a) developing an understanding of the experiences of children, young people, and families with certain characteristics and b) understanding the impacts of neglect across the life course.

---

<sup>20</sup> This finding was reinforced by an NSPCC study which was published as this literature review was being finalised: McKay E (2024) 'Too little, too late: The multi-agency response to identifying and tackling neglect'.

<sup>21</sup> One notable exception to this is a 2024 NSPCC study: Dutton A & Sisyk K (2024) 'Exploring what young people in Together for Childhood know, think, and do about child abuse'.

## Primary references<sup>22</sup>

- Allnock D (2016) 'Exploring the relationship between neglect and adult-perpetrated intra-familial child sexual abuse: Evidence scope 2', Research in Practice, NSPCC, Action for Children\*. Available at: [https://media.actionforchildren.org.uk/documents/child\\_neglect\\_evidence\\_scope\\_two\\_july16-1.pdf](https://media.actionforchildren.org.uk/documents/child_neglect_evidence_scope_two_july16-1.pdf)
- Baldwin H, Biehal N, Allgar V, Cusworth L, Pickett K (2020) Antenatal risk factors for child maltreatment: Linkage of data from a birth cohort study to child welfare records. *Child Abuse Negl.* 2020 Sep;107:104605. Available at: <https://doi.org/10.1016/j.chiabu.2020.104605> Epub 2020 Jun 23. PMID: 32590228
- Bernard C (2019) Recognizing and addressing child neglect in affluent families. *Child & Family Social Work.* 2019; 24: 340–347. Available at: <https://doi.org/10.1111/cfs.12619>\*
- Bernard C and Greenwood T (2019) 'We're giving you the sack'—Social Workers' Perspectives of Intervening in Affluent Families When There Are Concerns about Child Neglect. *The British Journal of Social Work*, 49(8), pp. 2266-2282\* Available at: <https://doi.org/10.1093/bjsw/bcz003>
- Bernard C, Greenwood T & Henri T (2023) A qualitative study of the perspectives of designated safeguarding leads responding to child protection concerns in fee-paying schools. *Child Abuse Review*, 32(6), e2830. Available from: <https://doi.org/10.1002/car.2830>\*
- Bywaters P, Skinner, G (2022) 'The Relationship Between Poverty and Child Abuse and Neglect: New Evidence', University of Huddersfield for the Nuffield Foundation. Available at: <https://www.nuffieldfoundation.org/wp-content/uploads/2022/03/Full-report-relationship-between-poverty-child-abuse-and-neglect.pdf>
- Debelle G, Efstathiou N, Khan R, Williamson A, Summan M, Taylor J (2022) The Typology and Topography of Child Abuse and Neglect: The Experience of a Tertiary Children's Centre. *Int J Environ Res Public Health.* 2022 Jul 5;19(13):8213. <https://doi.org/10.3390/ijerph19138213> PMID: 35805871; PMCID: PMC9266617
- Dickens J, Taylor J, Cook L, Garstang J, Hallett N, Okpokiri C and Rimmer, J (2022) 'Annual review of local child safeguarding practice reviews', The Child Safeguarding Practice Review Panel\* Available at: [https://assets.publishing.service.gov.uk/media/63989e75e90e077c34f20384/Annual\\_review\\_of\\_local\\_child\\_safeguarding\\_practice\\_reviews.pdf](https://assets.publishing.service.gov.uk/media/63989e75e90e077c34f20384/Annual_review_of_local_child_safeguarding_practice_reviews.pdf)
- Duman M, Bekaert S, Cocks A & Appleton JV (2024) Mapping local policy approaches to child neglect assessment practice and use of tools in England. *Child Abuse Review*, e2842. <https://doi.org/10.1002/car.2842>\*
- Gartland D, Riggs E, Muyeen S, Giallo R, Afifi TO, MacMillan H, Herrman H, Bulford E, Brown SJ (2018) What factors are associated with resilient outcomes in children exposed to social adversity? A systematic review. *BMJ Open.* 2019 Apr

<sup>22</sup> References marked with a \* were suggested by the case review team/members of the safeguarding panel.

11;9(4):e024870. Available at: <https://doi.org/10.1136/bmjopen-2018-024870>. PMID: 30975671; PMCID: PMC6500354

Glickman EA, Choi KW, Lussier AA, Smith BJ, Dunn EC (2021) Childhood Emotional Neglect and Adolescent Depression: Assessing the Protective Role of Peer Social Support in a Longitudinal Birth Cohort. *Front Psychiatry*. 2021 Aug 9;12:681176. Available at: <https://doi.org/10.3389/fpsy.2021.681176>. PMID: 34434126; PMCID: PMC8381469

Hackett S (2016) 'Exploring the relationship between neglect and harmful sexual behaviours in children and young people: Evidence scope 3', Research in Practice, NSPCC, Action for Children\* Available at: [https://www.mertonscp.org.uk/wp-content/uploads/2019/03/child\\_neglect\\_evidence\\_scope\\_three\\_july16.pdf](https://www.mertonscp.org.uk/wp-content/uploads/2019/03/child_neglect_evidence_scope_three_july16.pdf)

Hanson E (2016) 'Exploring the relationship between neglect and child sexual exploitation: Evidence scope 1', Research in Practice, NSPCC, Action for Children\* Available at: [https://media.actionforchildren.org.uk/documents/child\\_neglect\\_evidence\\_scope\\_on\\_e\\_july16-1.pdf](https://media.actionforchildren.org.uk/documents/child_neglect_evidence_scope_on_e_july16-1.pdf)

Haslam Z, Taylor EP (2022) The relationship between child neglect and adolescent interpersonal functioning: A systematic review. *Child Abuse Negl*. 2022 Mar;125:105510. <https://doi.org/10.1016/j.chiabu.2022.105510> Epub 2022 Jan 22. PMID: 35078090

Haworth S, Schaub J, Kidney, E, & Montgomery P. (2024) A Systematic Review of Measures of Child Neglect. *Research on Social Work Practice*, 34(1), 17-40. <https://doi.org/10.1177/10497315221138066>

Hunter AA, Flores G (2020) Social determinants of health and child maltreatment: a systematic review. *Pediatr Res*. 2021 Jan;89(2):269-274. <https://doi.org/10.1038/s41390-020-01175-x> Epub 2020 Sep 25. PMID: 32977325

Jean-Thorn, A., Tremblay-Perreault, A., Dubé, V., & Hébert, M (2023) A Systematic Review of Community-Level Protective Factors in Children Exposed to Maltreatment. *Trauma, Violence, & Abuse*, 24(4), 2827-2842. <https://doi.org/10.1177/15248380221117234>

Judd N, Hughes K, Bellis MA, Hardcastle K, Amos R (2023) Is parental unemployment associated with increased risk of adverse childhood experiences? A systematic review and meta-analysis. *J Public Health (Oxf)*. 2023 Nov 29;45(4):829-839. <https://doi.org/10.1093/pubmed/fdad069> PMID: 37253685; PMCID: PMC10687894

Khalid G, Metzner F, Pawils S (2022) Prevalence of dental neglect and associated risk factors in children and adolescents—A systematic review. *Int J Paediatr Dent*. 2022; 32: 436–446. <https://doi.org/10.1111/ipd.12923>

Lang J, Kerr DM, Petri-Romão P, McKee T, Smith H, Wilson N, Zavrou M, Shiels P, Minnis H. (2020) The hallmarks of childhood abuse and neglect: A systematic review. *PLoS One*. 2020 Dec 8;15(12):e0243639. <https://doi.org/10.1371/journal.pone.0243639>. Erratum in: *PLoS One*. 2023 Dec 28;18(12):e0296550. <https://doi.org/10.1371/journal.pone.0296550> PMID: 33290423; PMCID: PMC7723263

- LeBrun A, Hassan G, Boivin M, Fraser SL, Dufour S, Lavergne C (2016) Review of child maltreatment in immigrant and refugee families. *Can J Public Health*. 2016 Mar 14;106(7 Suppl 2):eS45-56. <https://doi.org/10.17269/cjph.106.4838> PMID: 26978697; PMCID: PMC6972055
- Maguire SA, Williams B, Naughton AM, Cowley LE, Tempest V, Mann MK, Teague M, Kemp AM (2015) A systematic review of the emotional, behavioural and cognitive features exhibited by school-aged children experiencing neglect or emotional abuse. *Child Care Health Dev*. 2015 Sep;41(5):641-53. <https://doi.org/10.1111/cch.12227> Epub 2015 Mar 3. PMID: 25733080
- Millett LS (2016) The Healthy Immigrant Paradox and Child Maltreatment: A Systematic Review. *J Immigr Minor Health*. 2016 Oct;18(5):1199-1215. <https://doi.org/10.1007/s10903-016-0373-7> PMID: 26914837
- Morris K, Mason W, Bywaters P, and (2018) Social work, poverty, and child welfare interventions. *Child & Family Social Work*. 2018; 23: 364–372. <https://doi.org/10.1111/cfs.12423>\*
- Mulder TM, Kuiper KC, van der Put CE, Stams GJM, Assink M (2018) Risk factors for child neglect: A meta-analytic review. *Child Abuse Negl*. 2018 Mar;77:198-210. <https://doi.org/10.1016/j.chiabu.2018.01.006> PMID: 29358122
- Naughton AM, Cowley LE, Tempest V, Maguire SA, Mann MK, Kemp AM (2017) Ask Me! self-reported features of adolescents experiencing neglect or emotional maltreatment: a rapid systematic review. *Child Care Health Dev*. 2017 May;43(3):348-360. <https://doi.org/10.1111/cch.12440> Epub 2017 Feb 26. PMID: 28238208
- Radford H, Corral S, Bradley C, Fisher H, Bassett, C, Howat, N and Collishaw, S (2011) 'Child abuse and neglect in the UK today', NSPCC. Available at: <https://learning.nspcc.org.uk/media/1042/child-abuse-neglect-uk-today-research-report.pdf>
- Raw, P (2016) 'Understanding adolescent neglect: troubled teens- a study of the link between parenting and troubled teens', The Children's Society. Available at: <https://www.childrensociety.org.uk/sites/default/files/2021-01/troubled-teens-full-report.pdf>
- RCPCH (2022a) 'Child Protection Evidence: Systematic Review on Teenage Neglect', Royal College of Paediatrics and Child Health. Available at: <https://childprotection.rcpch.ac.uk/child-protection-evidence/teenage-neglect-systematic-review/>
- RCPCH (2022b) 'Child Protection Evidence: Systematic Review on Early Years Neglect', Royal College of Paediatrics and Child Health. Available at: <https://childprotection.rcpch.ac.uk/wp-content/uploads/sites/6/2022/03/Child-Protection-Evidence-Early-Years-Neglect-2022.pdf>
- RCPCH (2022c) 'Child Protection Evidence: Systematic Review on School-Aged Neglect', Royal College of Paediatrics and Child Health. Available at: <https://childprotection.rcpch.ac.uk/wp-content/uploads/sites/6/2022/05/Child-Protection-Evidence-School-Age-Neglect-2022.pdf>

Roskam I, Vancorenland S, Avalosse H, Mikolajczak M (2022) The missing link between poverty and child maltreatment: Parental burnout. *Child Abuse Negl.* 2022 Dec;134:105908. <https://doi.org/10.1016/j.chiabu.2022.105908> Epub 2022 Oct 4. PMID: 36206646

Skinner, G., Bywaters, P., Bilson, A., Duschinsky, R., Clements, K., & Hutchinson, D. (2021) The 'toxic trio' (domestic violence, substance misuse and mental ill-health): How good is the evidence base? *Children and Youth Services Review*, 120, 1-11. [105678]. <https://doi.org/10.1016/j.chidyouth.2020.105678>

Skinner, G.C.M., Bywaters, P.W.B. & Kennedy, E. (2023) A review of the relationship between poverty and child abuse and neglect: Insights from scoping reviews, systematic reviews and meta-analyses. *Child Abuse Review*, 32(2), e2795. Available from: <https://doi.org/10.1002/car.2795>

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. <https://doi.org/10.1002/car.2841>\*

Timshel I, Montgomery E, Dalgaard NT (2017) A systematic review of risk and protective factors associated with family related violence in refugee families. *Child Abuse Negl.* 2017 Aug;70:315-330. <https://doi.org/10.1016/j.chiabu.2017.06.023> Epub 2017 Jul 3. PMID: 28683372

Turney D (2000) The feminizing of neglect. *Child & Family Social Work*, 5: 47-56. <https://doi.org/10.1046/j.1365-2206.2000.00146.x>

Walsh D, McCartney G, Smith M, and (2019) Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review *J Epidemiol Community Health* 2019;73:1087-1093. Available at: <https://jech.bmj.com/content/73/12/1087>

White OG, Hindley N, Jones DP (2014) Risk factors for child maltreatment recurrence: An updated systematic review. *Med Sci Law.* 2015 Oct;55(4):259-77. <https://doi.org/10.1177/0025802414543855>. Epub 2014 Aug 8. PMID: 25107943

Yoon S, Howell K, Dillard R, Shockley McCarthy K, Rae Napier T, Pei F (2021). Resilience Following Child Maltreatment: Definitional Considerations and Developmental Variations. *Trauma Violence Abuse.* 2021 Jul;22(3):541-559. <https://doi.org/10.1177/1524838019869094>. Epub 2019 Aug 12. PMID: 31405362

Younas F, Gutman LM (2023) Parental Risk and Protective Factors in Child Maltreatment: A Systematic Review of the Evidence. *Trauma Violence Abuse.* 2023 Dec;24(5):3697-3714. <https://doi.org/10.1177/15248380221134634> Epub 2022 Nov 30. PMID: 36448533; PMCID: PMC10594837

## Appendix A: Methodology

5.5 Given the limited timeframe in which this review was conducted, we took a standard literature review research approach.<sup>23</sup> Where possible, however, the principles of a Rapid Evidence Assessment (REA) methodology were adopted. This included the pre-identification of inclusion/exclusion criteria, the systematic searching of peer-reviewed academic research papers and grey literature, and the shortlisting of studies for relevance based on a review of titles, and abstracts/summaries. As typical for a standard literature review research design, we did not assess the quality of individual studies as part of the shortlisting process. To mitigate against the risks of this approach, we applied quality criteria as part of searching and shortlisting processes that prioritised higher quality evidence for inclusion in the review.

5.6 The methodology of this review consisted of two key stages:

- a review of reviews, to draw from the high volume of evidence reviews already published in the area of child neglect.
- a supplementary search of evidence, to ensure the review contains most recent evidence. This was achieved through:
  - review of peer-reviewed studies identified via academic databases using bespoke, complex search strings.
  - manual review of key, pre-identified academic journals.
  - manual review of pre-identified grey literature sources.

---

<sup>23</sup> [What is a Rapid Evidence Assessment? - Civil Service \(nationalarchives.gov.uk\)](https://nationalarchives.gov.uk)

## Review of Reviews

- 5.7 The purpose of the review of reviews was to identify and synthesise evidence from other systematic reviews published on the nature and impacts of child neglect. Table 1.1 outlines the inclusion/exclusion criteria for the Review of Reviews.

<b>Table 1.1 Inclusion and Exclusion</b>	
<b>Population</b>	Children aged 0-17 living in England and Wales
<b>Time period</b>	2014 onwards.
<b>Document type</b>	Evidence reviews from peer-reviewed academic journals.
<b>Language</b>	English language only.
<b>Geographical area</b>	England and Wales only. <sup>24</sup>
<b>Subject areas</b>	No exclusions.
<b>Focus</b>	Evidence reviews that provide a synthesis on the nature and impacts of child neglect in England and Wales.
<b>Quality criteria for prioritisation</b>	<p>Prioritise reviews that adopt systematic and transparent approaches to literature searching, shortlisting, quality assessment and synthesis. This includes systematic reviews, rapid evidence assessments and meta-analyses. Exclude narrative reviews and quick scoping reviews.<sup>25</sup></p> <p>Prioritise reviews that address multiple research questions.</p>

<sup>24</sup> Where possible, findings specifically related to England and Wales in international reviews will be disaggregated.

<sup>25</sup> This is achieved through integrating keywords related to the types of reviews in our search strings.

- 5.8 The Review of Reviews' search strategy used key words relevant to child neglect, in conjunction with terms related to various types of evidence reviews (Table 1.2). The search process also used Boolean operators and truncation to ensure focus. Appropriate and proportionate approaches were also used to reduce the number of irrelevant hits (e.g. eliminating historical and literary literature).

<b>Table 1.2 Search terms<sup>26</sup></b>	
<b>Children</b>	"child*" OR "preschool" OR "pre-school" OR "infant*" OR "infancy" OR "baby" OR "babies" OR "toddler*" OR "pediatric*" OR "paediatric" OR "school age" OR "school child" OR "primary school" OR "secondary school" OR "Key Stage 1" OR "Key Stage 2" OR "Key Stage 3" OR "early year*" OR "minor*" OR "young adult" OR "young person" OR "adolescen*" OR "teen*" OR "youth*" OR "juvenile*"
<b>Neglect</b>	"neglect*" <sup>27</sup> OR maltreat* OR mistreat*
<b>Evidence Reviews</b>	"comparative effectiveness review" OR "critical review" OR "evidence map*" OR "evidence summary" OR "evidence synthesis" OR "gap map*" OR "integrative overview" OR "integrative research" OR "integrative review" OR "integrative synthesis" OR "knowledge synthesis" OR "mapping review" OR "mapping the literature" OR "meta-analysis" OR "metanalysis" OR "meta-ethnography" OR "meta-review" OR "meta-synthesis" OR "mixed methods review" OR "mixed methods synthesis" OR "rapid review" OR "rapid evidence" OR "realist review" OR "realist synthesis" OR "research synthesis" OR "review of reviews" OR "scoping review" OR "systematic map*" OR "systematic review" OR "systematized review" OR "systematic literature review" OR "umbrella review"

<sup>27</sup> We have opted to not include keywords related to specific types of neglect – such as emotional, medical, physical, educational, social and lack of supervision or guidance, as defined by [Hamworth and others \(2022\)](#), and other bodies such as NSPCC and Action for Children. This is to ensure the review can sufficiently address the first research question of defining what neglect is.

5.9 We used two databases to search for evidence reviews. These were:

- Scopus, the largest database of multidisciplinary peer-reviewed journal articles. (<https://www.scopus.com/sources.uri?zone=TopNavBar&origin=searchbasic>)
- Web of Science, a multidisciplinary citation database. (<https://www.webofscience.com/wos/>)

## Supplementary search of evidence

5.10 In addition to the review of reviews, we conducted supplementary searches for both peer-reviewed academic studies and grey literature. Table 2.1 outlines the broad inclusion/exclusion of supplementary searches.

<b>Table 2.1 Inclusion and Exclusion</b>	
<b>Population</b>	Children aged 0-17 living in England and Wales.
<b>Time period</b>	2019 onwards.
<b>Document type</b>	Peer-reviewed journal articles published or in print only. Grey literature from pre-identified sources only.
<b>Language</b>	English language only.
<b>Geographical area</b>	England and Wales only.
<b>Subject areas</b>	No exclusions applied.
<b>Focus</b>	Studies that explore the nature and/or impacts of neglect on children (aged 0-17) living in England and Wales.
<b>Quality criteria for prioritization</b>	We prioritised: <ul style="list-style-type: none"> <li>• Studies that draw on multiple evidence sources.</li> <li>• Studies that answer more than one research question.</li> <li>• Comparative studies that compare the experiences of different groups of children.</li> <li>• Studies that address research questions for which there is a comparatively small evidence base.</li> </ul>

- 5.11 The supplementary search of peer-reviewed studies used keywords relevant to different groups of children based on age, neglect, and geography (Table 2.2). The search process also used Boolean operators and truncation to ensure focus. Appropriate and proportionate approaches were also used to reduce the number of irrelevant hits (e.g. eliminating historical and literary literature).

<b>Table 2.2 Search terms</b>	
<b>Children</b>	"child*" OR "preschool" OR "pre-school" OR "infant*" OR "infancy" OR "baby" OR "babies" OR "toddler*" OR "pediatric*" OR "paediatric" OR "school age" OR "school child" OR "primary school" OR "secondary school" OR "Key Stage 1" OR "Key Stage 2" OR "Key Stage 3" OR "early year*" OR "minor*" OR "young adult" OR "young person" OR "adolescen*" OR "teen*" OR "youth*" OR "juvenile*"
<b>Neglect</b>	NEAR /3 neglect* OR maltreat* OR mistreat* OR ((depriv* OR ignor* OR lack* OR absen* OR fail* OR overlook*) NEAR/3 (care* OR childcare OR emotional* OR medical* OR physical* OR education* OR social* OR supervis* OR guidance OR contact OR psychological)* <sup>28</sup>
<b>England and Wales</b>	england OR britain OR uk OR "united kingdom" OR wales OR cymru OR london OR cardiff OR birmingham OR manchester OR liverpool OR bristol OR leeds OR exeter OR plymouth OR leicester OR newcastle OR norwich OR nottingham OR southampton OR portsmouth OR sheffield OR stoke-on-trent OR swansea OR wolverhampton OR bradford OR (york NOT "new york") OR salford OR oxford OR cambridge OR coventry OR croydon OR "tower hamlets" OR hackney OR haringey OR newham OR doncaster OR enfield OR southwark OR brent OR lambeth OR sandwell OR middlesbrough OR knowsley OR kingston OR hull OR norfolk OR suffolk OR barking OR dagenham OR cumbria OR kirklees OR lewisham OR "blaenau gwent" OR islington OR tyneside OR walsall OR hartlepool OR blackpool OR burnley OR blackburn OR darwen OR brighton OR "west midlands" OR yorkshire OR hampshire OR tyneside OR bournemouth OR poole OR merseyside OR teeside OR sunderland OR "medway town*" OR "tees valley" OR "east midlands" OR "east anglia" OR british OR welsh) <sup>29</sup>

<sup>28</sup> Hamworth and others (2022), and bodies such as NSPCC and Action for Children, define neglect as relating to emotional, medical, physical, educational, social and lack of supervision or guidance. We included keywords relating to these different types of neglect to ensure we identify sufficiently broad evidence based published within the timeframe 2019 – 2024.

<sup>29</sup> These keywords were identified through the searching of potentially relevant studies identified during piloting. They provide coverage of evidence relevant to England and Wales, as well as additional, more specific geographical areas present in the evidence base.

5.12 We used two databases to search for supplementary peer reviewed studies. These were:

- Scopus, the largest database of multidisciplinary peer-reviewed journal articles. (<https://www.scopus.com/sources.uri?zone=TopNavBar&origin=searchbasic>)
- Web of Science, a multidisciplinary citation database. (<https://www.webofscience.com/wos/>)

5.13 Table 2.3 outlines a list of peer-reviewed journals that were manually searched for additional studies.<sup>30</sup> These journals were pre-identified through piloting as most likely to provide evidence related child neglect. All issues published between 2019 and 2024 were reviewed for relevant studies.

<b>Table 2.3 List of relevant journals</b>
Child Abuse and Neglect
Child Abuse Review
Child Maltreatment
Journal of Child and Adolescent Substance Abuse
Journal of Child Sexual Abuse
Journal of Family Trauma, Child Custody and Child Development
Journal of Child Psychology and Psychiatry and Allied Disciplines
Child and Adolescent Psychiatry and Mental Health
Clinical Child and Family Psychology Review
Research on Social Work Practice
Children and Society

<sup>30</sup> Any evidence reviews identified through this process were also incorporated into the review.

## Manual review of pre-identified grey literature sources

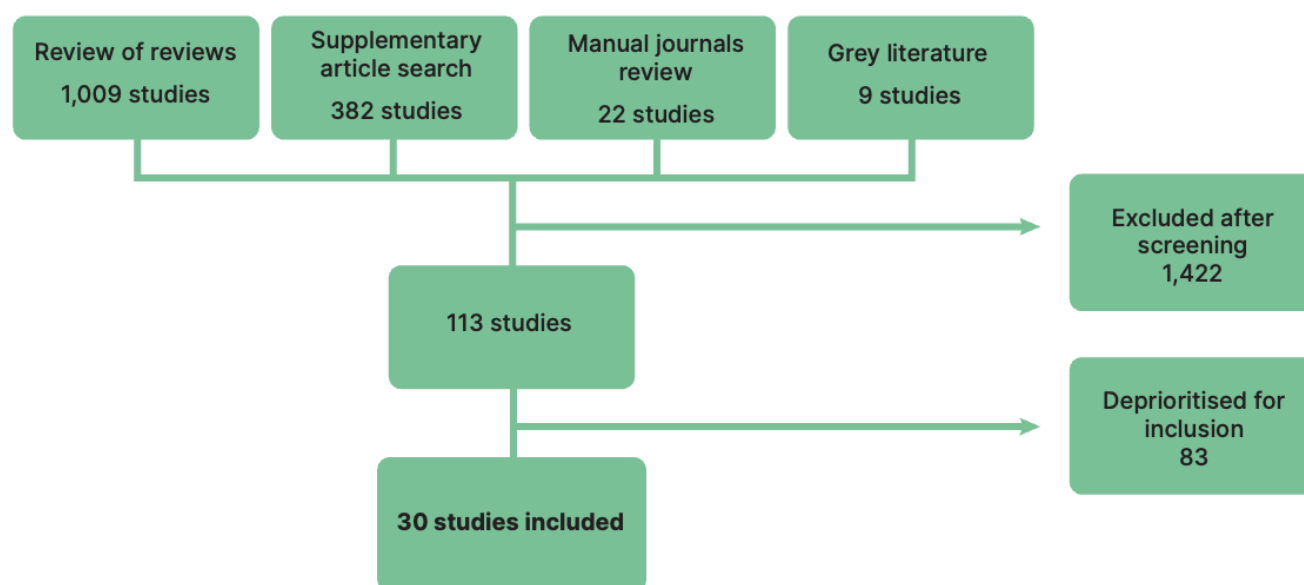
5.14 Table 3 outlines sources of grey literature that were manually searched. This process included the manual review of each webpage for research and statistics publications, as well as the use of each webpages' search functionality.

<b>Table 3 Grey literature sources</b>	
<b>NSPCC Library Catalogue</b>	<a href="https://library.nspcc.org.uk/">https://library.nspcc.org.uk/</a>
<b>RCPH - Child Protection Portal</b>	<a href="https://childprotection.rcpch.ac.uk/child-protection-evidence/">https://childprotection.rcpch.ac.uk/child-protection-evidence/</a>
<b>Research in Practice - Learning resources &amp; events on working with child neglect</b>	<a href="https://www.researchinpractice.org.uk/children/topics/child-neglect/">https://www.researchinpractice.org.uk/children/topics/child-neglect/</a>
<b>NICE - Child Abuse and neglect guideline</b>	<a href="https://www.nice.org.uk/guidance/ng76">https://www.nice.org.uk/guidance/ng76</a>
<b>Action for Children</b>	<a href="https://www.actionforchildren.org.uk/">https://www.actionforchildren.org.uk/</a>
<b>ONS - Child neglect in England and Wales: year ending March 2019</b>	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childneglectinenglandandwales/yearendingmarch2019">https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childneglectinenglandandwales/yearendingmarch2019</a>
<b>GOV.UK – Research and statistics</b>	<a href="https://www.gov.uk/search/research-and-statistics">https://www.gov.uk/search/research-and-statistics</a>

## Shortlisting

- 5.15 Figure 1 outlines the volume of studies identified at each stage of literature searching. Once literature searching was complete, search results were exported, combined, and duplicates removed. The title and abstract / summary of remaining studies were then screened. Studies deemed as not relevant or that did not meet our pre-requisite inclusion or quality criteria were removed. The Full-Text of the remaining studies were then downloaded.
- 5.16 Due to the limited timeframe in which this literature review was conducted, the maximum number of studies included for synthesis was limited to 30. Studies were prioritised based on a review of Full-Text according to the criteria outlined in above.

Figure 1: Searching and shortlisting



## An overview of the evidence base

- 5.17 Overall this review found that while there is a high volume of research that explores the nature and impacts of child neglect, the evidence base possesses a number key of limitations. These include:
- a lack of specificity and consistency in definitions of child neglect. Much of the evidence aggregates experiences of child neglect and various forms of abuse under broader terms such as maltreatment or mistreatment.
  - few studies synthesise evidence specifically related to England and Wales. Many of the higher quality reviews identified draw on studies based in the USA, Canada, Europe (generally) and across Asia.
  - much of the evidence base that explores the impacts of child neglect focus on adult outcomes, as opposed to during childhood

- much of the evidence base fails to disaggregate the nature and impacts of neglect between different groups of children. That which does tends to be based on evidence outside of England and Wales
- there is a significant proportion of the evidence base that falls outside the scope of this review. This includes:
  - approaches to the measurement of neglect <sup>31</sup>
  - successful interventions to prevent / address child neglect.
  - exploration of social worker assessment of child neglect.

5.18 Of the 30 studies for final review, three were based on primary data collection, three involved secondary data analysis, the remaining 24 were reviews or reviews of reviews, four of which included meta-analyses. Primary themes of each study included: risk factors (6); protective factors (3); poverty/deprivation (4); measuring neglect and maltreatment (3); resilience (2); early years (2); school-age (2); adolescence (4); dental neglect (1); experiences of families with experience of migration (2); social determinants of health (1).

5.19 This literature review was carried out concurrently with a case review and a series of accompanying workshops, commissioned by the Child Safeguarding Practice Review Panel. In discussion with members of the team carrying out the case review work and panel members, a further twelve papers were suggested for review, eleven of which were included as meeting the inclusion criteria and complementing the findings of the initial review.<sup>32</sup>

5.20 The reference list comprises of 41 sources that were reviewed in full. Findings from additional sources cited within these papers are discussed where relevant; however, as these sources were not reviewed directly, they are not included in the reference list.

---

<sup>31</sup> We have however discussed this briefly in the context of understandings and definitions of neglect.

<sup>32</sup> These eleven additional papers are included as starred entries in the reference list.