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## **Final Report**

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### **‘Child Neglect is Everyone’s Business’**

**Achieving a Greater Sense of Shared  
Responsibility for Tackling Neglect**

**Findings from LARC 6**

**National Foundation for Educational Research  
(NFER)**



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# **‘Child Neglect is Everyone’s Business’**

## **Achieving a Greater Sense of Shared Responsibility for Tackling Neglect**

**Findings from LARC 6**

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## Foreword

This is the sixth LARC research report which draws together the research findings from a number of local authorities with a focus on addressing neglect. Through this report we are making a call for non-statutory services and wider communities to play a role in identifying and addressing lower level neglect, and for them to be supported to do so. We know from LARC 6, as well as LARC 5 (and other research such as Burgess *et al.*, 2014), that families want help earlier and at an early point, and are more inclined to engage with non-statutory services, their own peers and families. We should also recognise the skills and resources potentially available in wider communities which are not currently accessed.

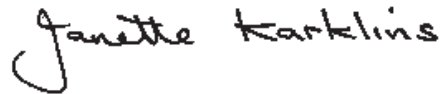
It is clear from the research that most practitioners have limited knowledge of exactly what is available locally, and of the support that could be provided, other than from the more well-known local community groups in their area. A finding from the research is that families do not seem to know either. This immediately highlights that we need to consider how we can enable non-statutory support and encourage the local community to play a role in addressing lower levels of neglect with families.

A major finding from LARC 6 is that community-based, community-led, locally-owned support has a potentially vital role to play in addressing low-level neglect. It is important because it provides the kind of non-judgemental and informal support that families tell us repeatedly they want and need, and because it means that children are not left in neglectful situations without help. It can also, when appropriate, act as an effective buffer from statutory services (which is better for families, and better for the public purse) and allow for long-term relationships to be developed, which families tell us they want and need and statutory services cannot provide. This type of support also builds capacity within communities and recognises the resources held there, which in turn can help to challenge cultural norms. However, to be effective, this community support has to be a) known about; b) supported by those with more specialist skills and knowledge; and c) connected to services, so it is part of a continuum of support.

The sort of support we are referring to is akin to a good friend who can provide advice based on experience, role model good parenting, offer practical support when needed and, at the same time, have the other person's best interests at heart. The 'acid test' for the sort of person we are talking about is, if you were delayed and unable to collect your child from school who would you contact? Too many isolated families, especially those who have no family locally, struggle when asked this question. They find they have no one or only have an inappropriate choice. At one level, this support could include someone to talk to over a coffee or, if ill, someone who might cook a meal for the family; at the other end of the

continuum it would be someone who, if you were feeling unable to cope, would come round and provide practical help, but who would also know the limitations of their involvement and when to help you to access more specialist support. This in essence is about support being locally-led, responsive to local need and readily available.

This report encourages us to think differently about the relationship between services, communities and families that need some help. It offers some challenge to traditional approaches to addressing low level neglect and, the range of recommendations on what we could do differently offers particular food for thought.



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Fiona Walker, Head of Centre for Evaluation and Consultancy, NFER.

## Key messages

In essence, neglect is a failure to meet children's basic needs, to provide them with the support and care they need to thrive. Child neglect has profound negative consequences for children and young people, and even low-level neglect is harmful to children's health and development. There are thresholds against which organisations can assess the level of neglect occurring and, for cases of higher need that meet these thresholds, formal support will be put in place for a family. However, the ways in which low-level or early indicators of neglect are identified and addressed are less formalised. Local authorities have no statutory duty to address low-level neglect themselves, although the majority offer or are developing 'early help' services and signposting support.

This research examined the role of families and the wider community by addressing the question: 'How can we (local authorities) work differently to identify child neglect at an early stage and encourage effective, low-cost solutions drawing particularly on the strengths of the family network and the wider community?' The research involved interviews with 271 participants, including parents<sup>1</sup>, young people, community representatives and practitioners from a range of services (such as education, health and social care services). It was carried out by nine local authorities with support from the National Foundation for Educational Research (NFER) and Research in Practice (RiP).

The research found that parents and community representatives have some idea of how to identify a neglected child and most think they have a role to play in identifying and helping to address neglect, although there were mixed views about whether everyone in the wider community sees it as their role. Most of the parents who had had concerns about a child in the past had acted by speaking to the families themselves, or seeking advice from a professional. But some community members and young people said they would not know how to identify neglect or where to turn for advice if they suspected a child was suffering from neglect.

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<sup>1</sup> The term 'parents' includes carers.

Our research highlighted some particularly challenging issues. Not all communities are equally cohesive and young people have mixed views on whether people in the community are ‘looking out’ for them. Also, some communities are described as fragmented or suspicious of involving ‘the authorities’ or any organisations they do not already know. Practitioners pointed out that neglectful behaviour can become ‘normalised’ in some families and communities, so people may not recognise that their behaviour is causing harm. Practitioners do not

know which community organisations exist, or what help these bodies can offer. The range of services needs to be more ‘joined up’ in order to provide a continuum of support for children and their families.

We propose that, as part of the effort to address low-level, or early signs of neglect, LAs work with communities to develop a shared social responsibility to ‘look out’ for children and to tackle neglect as follows:

### Achieving a greater sense of shared responsibility for tackling neglect



While working with and harnessing the skills and networks within the wider community offers a low-cost solution, it is not cost-free. It requires investment to first understand current activity at a community level and then resources to ensure the community has the right information,

training, support and encouragement to take on this role. This research suggests that using some precious resources in this way will lead to earlier help for families and better outcomes for children.



## About this report

The Local Authorities Research Consortium (LARC) exists to support local authorities to use and conduct research. In 2014, LARC authorities chose to focus on the potential role of families and the wider community in identifying and addressing low-level child neglect.

This report presents the results of research carried out by nine local authorities. They addressed a common set of questions, including how members of the public define child neglect, what they would do if they saw a case of child neglect and what would stop them acting on their concerns? The research also asked practitioners, parents and community leaders what would need to happen in order for the family and community to take a more active role.

## How widespread is child neglect and what is being done to address it?

Child neglect is the most common form of child abuse in England today.

Even low-level neglect can have harmful effects on children's health, development and wellbeing.

So what role could the local community play in preventing and addressing low-level neglect?

Child neglect is a pernicious issue, which affects the lives of far too many children. Research by Radford *et al.* (2011), found neglect to be the most prevalent type of maltreatment in the family for all age groups: five per cent of under 11s, 13 per cent of 11-17 year olds and 16 per cent of 18-24 year olds had been neglected at some point in their childhoods. More recently, Action for Children (2014) estimated that up to one in ten children in the UK suffer from neglect.

According to the House of Commons Education Select Committee 'neglect is the most common form of child abuse in England today' (GB. Parliament. HoC, 2012, p. 1)<sup>2</sup>. It is also the most frequently occurring reason that children are made subject to a Child Protection Plan, and it is a main or contributing factor in 60 per cent of all Serious Case Reviews (Brandon *et al.*, 2014).

Added to this, about half of Serious Case Reviews concern children who have never had contact with the child protection system (Brandon *et al.*, 2010), which emphasises the need for earlier identification and more effective help.

Local authorities have a duty to safeguard and promote the welfare of children who are 'in need' within their area. Any professional who has concerns about a child may make a referral to specialist services but may also refer the child to children's social care. Members of the public who have concerns about the welfare of a child can report their concerns to their local authority child protection team, the police or the NSPCC helpline. Following assessment, the child may be deemed a 'child in need'. More severe cases will prompt a formal enquiry. If a child is deemed to be at (continued) risk of significant harm, a child protection conference will lead to a decision about whether or not to make a child the subject of a Child Protection Plan.

A majority of local authorities provide support to children and families who do not meet the threshold for children's social care services (Brooks and Brocklehurst, 2014). These fall into

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<sup>2</sup> Though it is important to note that whilst neglect and abuse can be conflated in terms of harm caused to children, neglect is usually understood as distinct from abuse in terms of how it is enacted.

four broad models of early help comprising a variety of services, most commonly health visiting, youth services, children's centres and family working/co-ordinators:

- Separate services and links through local partnership arrangements
- Co-located multi-agency teams for higher tier screening, such as Multi-Agency Safeguarding Hubs (MASH) and a range of early help services
- Early help hubs providing a single point of referral and service provision
- Integrated early help and safeguarding hubs, providing one referral point for early help and social care services.

However, a majority of local authority representatives responding to this research reported that some universal and early help services, such as children's centres and youth services, were moving to more targeted provision or were cutting back on their services.

The Early Intervention Foundation is working with 20 local areas to identify effective strategies for early intervention<sup>3</sup>, and local authorities report that the Government's Troubled Families Programme<sup>4</sup> is having a positive effect (Brooks and Brocklehurst, 2014).

While the role of neglect in serious cases is becoming increasingly recognised, so is the damage caused by low-level neglect. There is evidence (GB. Parliament. HoC, 2012; Moran, 2009; Turney and Taylor,

2014) that continuing chronic neglect has a range of adverse effects on children's health, development and wellbeing. These effects are wide-ranging, cumulative and damaging<sup>5</sup>. So it is simply not feasible to ignore low-level neglect and only focus on those cases reaching the threshold for statutory intervention.

But what further strategies would prove effective in tackling low-level neglect? This is not a simple question to answer. Because neglect has a range of complex contributory factors, including poverty and depression among care-givers (Moran, 2009; Kotch *et al.*, 2014), it is unlikely that any one intervention is going to be successful for all (Turney and Taylor, 2014). We know that families experiencing or at risk of low-level neglect want help earlier and they are more inclined to engage with non-statutory services, their own peers and wider family members than with formal services (Action for Children, 2013; Easton *et al.*, 2013).

In recognition of this, rather than view child neglect as an issue for particular families, only to be addressed through formal and practitioner-led interventions, it is important to view it as 'everyone's business':

*Everyone has a role to play in identifying and dealing with child neglect, from the general public to professionals that work directly with children. To move towards services offering children early help to tackle child neglect, we need to better understand these roles and how people can work together to improve the lives of neglected children.* (Action for Children, 2013, p. 15)

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<sup>3</sup> <http://www.eif.org.uk/pioneering-places/>

<sup>4</sup> <https://www.gov.uk/government/policies/helping-troubled-families-turn-their-lives-around>

<sup>5</sup> For example, there is evidence of a link between childhood neglect and adolescent depression, including suicide (see Brandon *et al.*, 2014; Turney and Taylor, 2014)

Community engagement has been highlighted as a potential solution in adult social care (Wilton and Rowland, 2012) and has proved effective in the health sector (O'Mara-Eves *et al.*, 2013). In addition, research has found that emphasising a sense of social and individual responsibility has the greatest potential to engage members of the public with issues of child maltreatment (see Kendall-Taylor *et al.*, 2014). This invites exploration of the potential for communities to play a role in setting expectations, modelling positive behaviours, supporting families, and identifying cases that might need professional intervention where neglect is an issue.

#### **A note on the definition of community**

Throughout this report we use 'community groups' to refer to non-statutory organisations or groups that may be led and delivered by people (including volunteers) with a strong connection to the local area in question, are not profit making and not part of the LA or other public sector body. 'The wider community' refers to members of the public living in the local area. 'Community leaders' are people who are perceived to represent a local community and are considered to have an influence on others within the community.

It is important to note that the concept of 'community' was one of the areas participants were asked about in the interviews. Consequently they provided varying definitions of what 'community' and 'community groups' mean, and it is therefore important not to under-estimate the complexity of settling on one shared definition.

## **About this report**

This report is based on findings from the sixth round of LARC, which asked the question:

**How can we (i.e. local authorities and their partners) work differently to identify child neglect at an early stage and encourage effective, low-cost solutions, drawing particularly on the strengths of the family network and the wider community?**

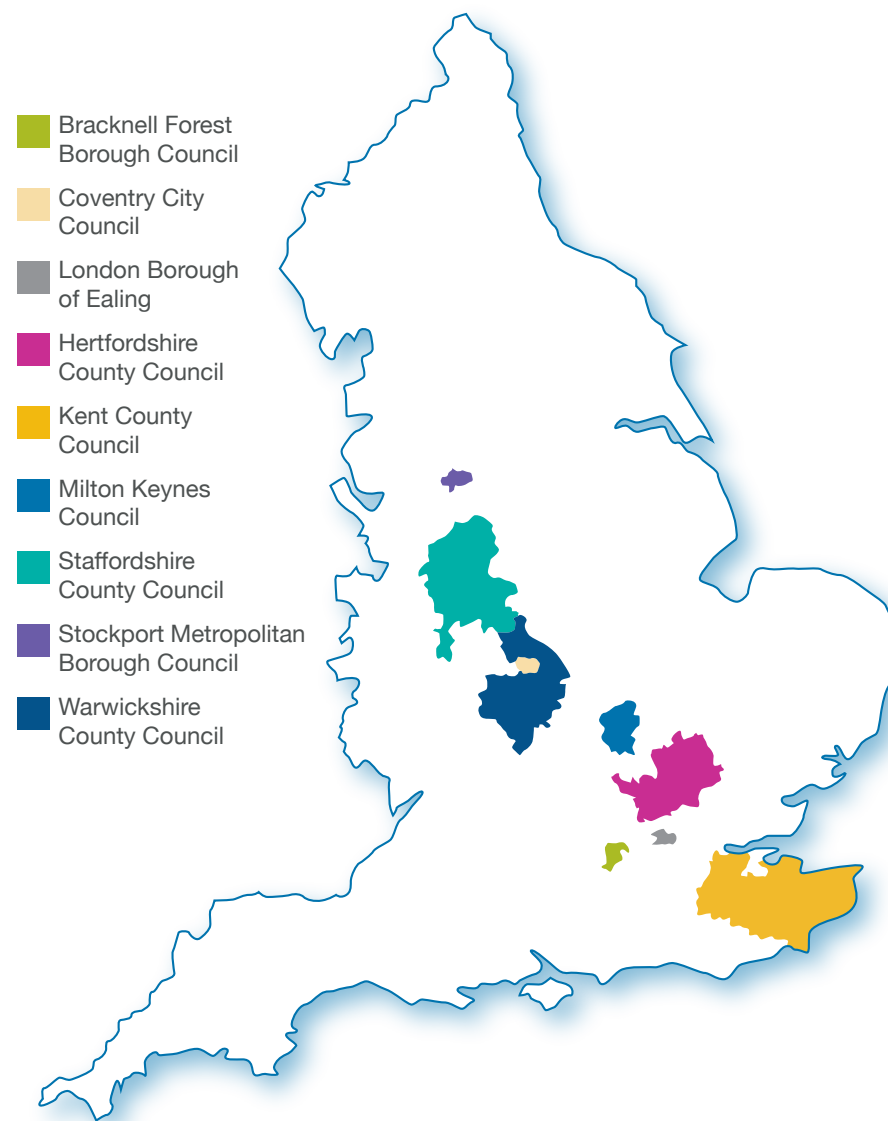
LARC is a research consortium of local authorities managed by the National Foundation for Educational Research (NFER) and Research in Practice (RiP). It is overseen by a Steering Group made up of representatives from participating local authorities and national charities (namely Action for Children and the NSPCC). Further information on LARC is provided in Appendix 1.

## Who participated?

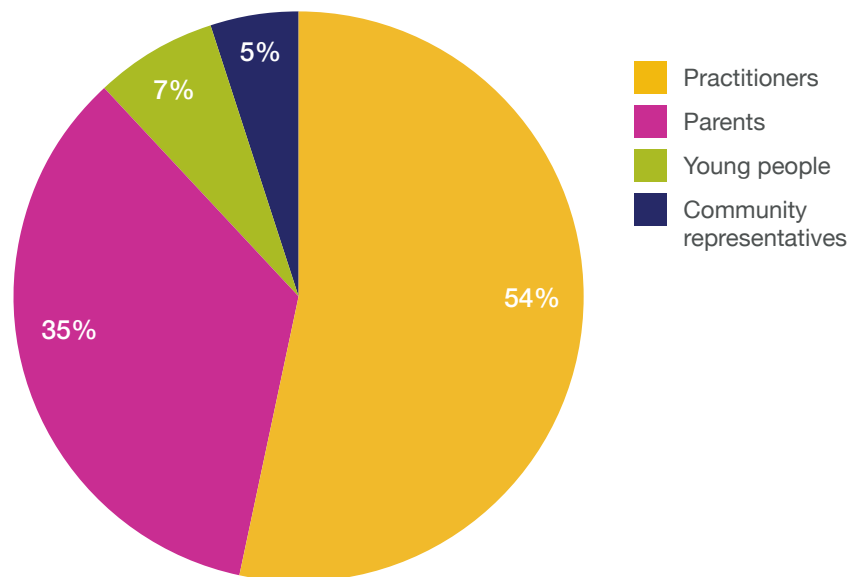
Nine local authorities worked with us in 2014, as indicated in Figure 1.

Each authority recruited its own participants and carried out all data collection. Most authorities interviewed people singly or in small groups. Two ran online consultations with practitioners, one of which also carried out short surveys of parents. Almost all data was gathered in the summer of 2014. This report is based on NFER's analysis of the raw data that the authorities sent to us. Each authority has also carried out its own local analysis and produced internal documents to summarise key findings.

Figure 1: The nine areas that participated in LARC 6



**Figure 2: Percentage of the 271 interviewees in each group**



Taken together, the nine local authorities spoke to 271 participants, including parents, young people, practitioners and community representatives (see Figure 2).

Local authorities interviewed community group leaders, representatives or volunteers working with young people and families, for example through parenting programmes and activities for children and young people<sup>6</sup>. Throughout the report, this group of respondents is referred to as ‘community representatives’.

Practitioner interviewees included: mental health workers, youth offending team officers, police officers, family support and intervention workers, midwives, speech and language therapists, early years professionals, health visitors, social workers, housing officers, school leaders, leisure services managers, school attendance officers and community safety officers.

The young people who were consulted were aged 11-18 and were not in receipt of support from Children’s Social Care.

The majority of parents/carers interviewed were not in receipt of targeted support (although some were regular attendees at children’s centres or involved in other community-based groups). However, the sample included a small number of parents who were receiving support for issues around neglect (seven parents).

<sup>6</sup> Community representatives interviewed in the research included: charity directors, community group leaders, a parenting programme manager, Chair of an Ethnic Minority Forum, a childminder, leaders of Girlguiding groups, after-school club managers and private nursery managers.

## Defining and responding to neglect

Put simply, child neglect is the persistent failure to meet a child's basic physical and/or developmental needs. This research showed that parents are aware of some of the indicators of neglect, especially where there are clear signs in children's appearance or in the interaction between parents and children. Not surprisingly, practitioners tended to be aware of a wider range of types of neglect. They were alert to the early signs of neglect in families facing particular issues and were able to recognise indicators in children's behaviour or when visiting the home.

Community leaders and parents felt it is their responsibility to recognise and act on neglect, but there were mixed views on whether community members, individually and collectively, are currently taking a sufficiently positive role in identifying and tackling neglect.

## Defining neglect?

*Neglect is 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. (DfE, 2013).*

In our study, both parents and practitioners gave similar definitions of neglect, focusing on clear signs in children's appearance or in the interaction between parents and children.

Practitioners had specific opportunities to notice examples of neglect, such as children not meeting developmental expectations, not attending health appointments, poor attendance at school or a chaotic home environment.

## What is child neglect?

In essence, neglect is a failure to meet children's basic needs, to provide them with the support and care they need to thrive.

The Children and Young Person's Act (GB. Statutes, 1933), in its definition of criminal neglect, emphasises a child's need for physical care – adequate food, clothing, medical aid and lodging. But many people feel that this definition does not adequately recognise children's emotional or psychological needs<sup>7</sup>.

The civil definition of child neglect, established in the Children Act (GB. Statutes, 1989), focuses on circumstances posing 'significant harm' to a child, and includes both physical and emotional neglect.

There are several different forms of neglect. Horwath (2007) identified six different types:

1. Educational – lack of stimulation as a young child, poor school attendance, failure to support learning
2. Emotional – being unresponsive to a child's basic need for interaction and support
3. Medical – minimising or denying a child's health needs
4. Nutritional – poor nutrition resulting in a child being underweight or obese
5. Physical – failure to provide adequate living conditions, food and clothing
6. Lack of supervision or guidance – exposing children to potential harm through not looking out for them or failing to advise them about common risks such as alcohol and drugs.

<sup>7</sup> See <http://www.actionforchildren.org.uk/campaigns/tackling-child-neglect/changing-the-law>



In addition to the widely cited ‘acts of omission’ described above, Hicks and Stein (2010) also highlighted that neglect can be the result of an ‘act of commission’, for example an adolescent being forced to leave home.

During this project, practitioners and community leaders were asked to consider five different levels of neglect, and how they react and respond accordingly. The levels of neglect were adapted from Southampton’s Local Safeguarding Children’s Board Really Useful Guide to Recognising Neglect (Southampton LSCB, 2012). See Appendix 2 for more information.

### How do people define neglect?

Our research suggests that people draw on a set of norms when considering neglect (see also Action for Children, 2014), reflect on their childhoods and think how they would behave towards their own children. Professionals use their training, procedures and day-to-day experience to consider a wider range of examples.

Parents often raised issues of ‘love and care’ when speaking about neglect. Their definitions tended to centre on children being denied adequate attention, emotional support, food, clothes and hygiene. Parents commonly mentioned certain indicators that a child could be suffering from neglect:

- children who are underdeveloped, underweight, pale and hungry
- children who are dirty, smelly and unkempt; wearing ill-fitting or unsuitable clothes
- parents who ignore their children or do not supervise them adequately.

*What does being neglected look like? [Children could be] shy, timid, pale, drained. It can be hard to tell, parents can hide it so well.*

(Parent)

When talking about neglect, a few people gave examples that professionals would consider to be physical abuse, such as parents handling their children roughly, bruising or beating children. This is related to professionals having a clearer understanding of thresholds for harm, and neglect could also be a factor in these cases, especially if a child’s emotional and safety needs are not being met.

Practitioners identified similar indicators to those highlighted by parents, but their professional positions meant they were aware of a wider range of children’s needs and had specific opportunities to notice if those needs were not being met. Examples given by professionals included:

- babies and children who are failing to reach their developmental milestones
- parents who do not seek appropriate medical attention for children or do not ensure children attend medical appointments
- children who are often late for school or have a poor attendance record
- families with a chaotic, dirty or dangerous home environment
- children who repeatedly suffer from accidental scrapes, cuts and bruises
- children who are physically confined, for example to a buggy, child seat or bedroom.

Interestingly, neglect as an act of commission (for example forcing an adolescent to leave home) was not mentioned by practitioners; this was possibly because most of our participants worked in the early years or with primary age pupils, where acts of omission are more common manifestations of neglect.

## How to practitioners identify early signs of neglect?

Practitioners said they would spot early signs of neglect in a child's physical appearance, their behaviour or in the interaction between parents and children.

*You can have a child who is like a whirling dervish who has no attention span at all – nobody has played with him so he just dashes around the room and goes from one thing to another... Then you can have the opposite end of the pole where someone is just very quiet; they do not want to interact, maybe eye contact is poor.*

(Speech and language therapist)

Practitioners also identified some of the family conditions and circumstances that would lead them to be alert to signs of neglect, for example:

- parents with issues of poor mental health, disability, drug and alcohol misuse or domestic abuse
- families where concerns have been raised about other children in the past.

Some practitioners had come across cases where neglect only became apparent when visiting families at home, for example when seeing dirty and disorganised households. A few referred either explicitly or implicitly to issues related to poverty, such as poor housing conditions. In some cases practitioners discussed the difficulty of making judgements about children experiencing neglect in families living in poverty, especially if they thought that the family was doing the best it could within the circumstances.

*Sometimes what looks like neglect is poverty... There are parents who live in a one-bedroom flat with four children. They share a bathroom with other tenants... You can't define this situation as neglect because the parent is doing everything they can in the situation.*

(Family support worker)

*It's like they don't mean to neglect, sometimes it's just their circumstances, like not having enough money. With others though they just put their own needs first – that's different. You have to sit back sometimes and think about it rationally.*

(Early help practitioner)

Although poverty could be a contributory factor in some cases of neglect, the key point for these practitioners was whether or not parents are acting to ensure their children's basic needs are being met, within the resources available to them. This highlights an important issue, namely that there can be confusion around neglect and parental intent.

Previous research has identified the complex interplay between neglect and poverty/deprivation (Horwath, 2007; Spencer and Baldwin, 2005).

As noted in training resources developed by the Department for Education in 2012<sup>8</sup>:

*The parents of the majority of neglected children do not aim to deliberately neglect them. This can pose difficulties for practitioners because this love for the children can mask the neglect. For the purposes of recognising and responding to neglect, it is key to understand this and not be distracted.*

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<sup>8</sup> Available: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/268831/n2\\_identifying\\_when\\_parenting\\_capacity\\_results\\_in\\_neglect.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268831/n2_identifying_when_parenting_capacity_results_in_neglect.pdf)

## Who is responsible for recognising and responding to signs of neglect?

The majority of community representatives and parents said they have a responsibility to recognise and act on neglect.

Many parents said that people in their community look out for one another.

There were mixed views on whether the wider community is taking a role in identifying and tackling neglect because some communities are less cohesive, or accept neglectful behaviour as normal.

## Whose responsibility is it?

Community representatives said they felt responsible for recognising and responding to neglect through the close work they do with families or children, or because of the training they've received, the safeguarding policies they use and/or out of a 'moral obligation'.

Over half of the parents interviewed felt that it is their responsibility too. However, a minority stated that it is the responsibility of professionals or the child's parents. Some parents thought that it is not clear cut whether this is or should be their responsibility.

## Is the community as a whole interested in families' wellbeing?

Over half of our parents thought that people in their community are looking out for children and making sure that everyone is safe and cared for. They referred to 'close-knit' communities, networks of friends and people in their street or housing area demonstrating their concern for one another. But some parents did not feel that their community was taking on this role especially where there was a suspicion of the authorities, or a sense of apathy where people in their community 'couldn't be bothered' to be concerned about others.

**Young people have mixed views on whether they feel people in the community are 'looking out' for them.**

A small majority of our young people felt that people who lived nearby were looking out for them and other young people, to make sure that they were being looked after. They referred to their neighbours and friends as taking on this role, as well as staff in their schools. Young people who did not feel that they were being looked out for felt that 'other people don't seem interested in me', as one said:

*People think we're strangers, even though we are neighbours. They look after **their** child, they don't care about **me**. They don't want to get involved.*

**There is uncertainty about whether or not the wider community sees it as their role to identify neglect**

While some practitioners felt that the families and communities they worked with saw it as their role to identify neglect and to challenge neglectful behaviour, some felt that this sense of responsibility varied considerably across communities.

Where practitioners had noted that communities were playing a role, they referred to families observing what other parents were doing, and bringing any concerns to professionals, rather than being a source of direct support.

Practitioners who felt that the community did not consider it to be their role to identify neglect described the 'normalising' of neglectful behaviour in some communities. They also referred to people being apathetic, or seeing it as someone else's responsibility. A few pointed out that children and young people were more or less 'visible' in different communities. For example, some housing areas are based around a park where members of the public regularly see children, whilst in other areas it is rare for people to see children outside the home.

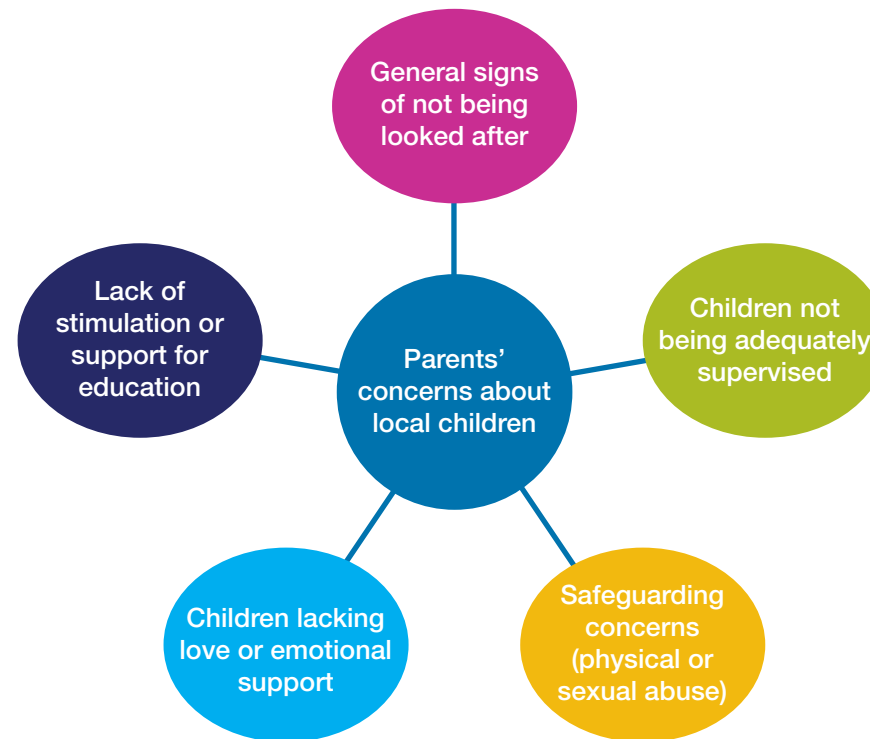
## How do parents deal with their concerns about a child?

Most parents were proactive in raising an issue with a child's parents or reporting concerns about a child to local agencies/professionals. However several did not know where to go to ask for help for their own families or others.

Parents would draw on the support offered by local children's centres; GPs, midwives and health visitors; and schools in providing help for children who were suspected of suffering from neglect.

Most parents said that they had had some concerns about a local child in the past, for the reasons shown in Figure 3.

Figure 3: Parents' concerns about local children



A few parents said they had never suspected a child was being neglected, speculating that this might be because neglect was hidden from view. As one parent said: '[neglect] tends to happen in the home, so [people] only see little glimpses in public'.

### How did parents act if they were worried about a child? How would they act in future?

Most parents who had held concerns had acted on them. However, several parents said they might delay reporting concerns in future until they had built up a picture of the situation over time. A few people said they would not know where to go to access support for themselves or others.

Parents' actual and anticipated responses differed according to whether they were talking about a member of their own family. If they were concerned about their own children or family members, most parents would seek support from the people closest to them: their own friends and family. A small number said they would contact Children's Social Care. If concerned about another family, some parents would approach the family directly, but most would approach their local children's centre, school/nursery or a health professional (such as a GP or health visitor).

A few parents said they had spoken to a parent out of concern for their child. They described raising the issue over a coffee and chat or unsuccessfully trying to encourage another parent to attend local mother and baby/toddler groups. One mother said she had used social media as well as face-to-face communication to help engage a child's parents.

Some parents praised the support offered by children's centre staff for the quality of their advice, signposting and confidentiality. One parent said: 'The advice they can give is amazing, I wouldn't feel judged or stupid to talk to them.'

On the whole, those who had reported their concerns did not know what happened as a result. While understanding the need for confidentiality, they would have welcomed some brief feedback so they could be reassured that the child was being helped.

## How do young people deal with their concerns?

Young people would talk to their family and friends if they had concerns about another young person, and may consider contacting Childline or the NSPCC. They would rarely seek support from a professional.

The research included interviews and focus groups with 19 young people<sup>9</sup>. Some said they knew of other young people who might be suffering from neglect, whereas others did not. Most of their concerns related to children not getting enough to eat. Some young people reported being aware of instances where parents were failing to support their child's education. They said they would suspect neglect if they saw an untidy or dirty home or noticed someone with physical marks on their body.

Young people said that if they had concerns about someone, they would talk to their parents, particularly their mother, and/or their friends. (They were less likely to speak to their father because they thought their father would be too busy.) If a young person suspected that another young person was suffering from neglect, they might talk to them, but if it was someone they knew less well they would consider contacting the NSPCC or Childline. Although a few young people said they might mention concerns to a teacher, they rarely mentioned seeking help from professionals or authority figures.

Whilst young people thought that it might be helpful for a family to receive some regular support, they were worried that reporting neglect might lead to a family being split up. One young person suggested that the help should be provided by 'someone who's casual and doesn't sound scary'.

<sup>9</sup> For further information on young people's views, see Burgess *et al.*, 2014.



## How practitioners respond to signs of neglect

Practitioners said they would offer support and advice to families if they suspected low-level neglect.

They were aware of the danger of becoming desensitised to neglect.

Most practitioners felt their organisation's threshold for responding to neglect was set at the right level.

Practitioners want more training, specifically around early signs of neglect, to help them to respond better.

Practitioners said they would start to have concerns about a child if they had some unmet physical or emotional needs and said they would offer the family advice, support and education at this level (level 3)<sup>10</sup>. They would also review and monitor the situation, being alert to further signs that would raise higher level concerns.

Most practitioners said they worked with families at this lower level, although several worked with families at a more severe level (depending on their sector). Almost all practitioners could articulate how they would respond to a family that presented with signs of low-level neglectful behaviour.

### What stops practitioners from escalating concerns at lower levels of neglect?

In cases where practitioners had picked up on early indicators of neglect that did not reach the level at which they would intervene, they explained that their course of action was to monitor the situation over time, to ensure they had evidence before responding to or escalating their concerns about neglect. As highlighted above, our participants pointed out that neglect can be hidden within families and so practitioners who had picked up on one possible indicator then continued to monitor for other warning signs, improvements in behaviour or response to any informal support offered.

*Neglect is something you have to work on over a period of time to get your evidence.*

(Headteacher)

*I had a little chat with [the mum] and offered some guidance and support in making things a bit better but no I didn't act on it in an official way and didn't escalate it because I thought it's just not needed really.*

(Early help practitioner)

<sup>10</sup> In relation to the five levels of neglect outlined in Appendix 2.

However, some practitioners were frustrated that other agencies were unable to offer support earlier, often citing high thresholds and the fact that resources were already taken up by families with greater needs. Practitioners gave examples where they had made referrals that were not followed up by services, or where families' needs did not reach the threshold for receiving support, particularly from Children's Social Care. These practitioners argued that if families were supported earlier, they might not need intensive support later on. They felt frustrated that their concerns for individual children and young people were not being taken seriously.

[There is an] *increasing focus on dealing with high-end and crisis rather than dealing with low-end to prevent escalation.*  
(Multi-agency team manager)

Nevertheless, many practitioners felt that their service could still find ways to respond better (see Figure 4).

Figure 4: How could services respond better to child neglect?



## Thresholds – are they right?

Despite these concerns, most practitioners felt their own organisation's threshold for responding to neglect was at the right level, although a small number were unsure, and some felt that the threshold was set too high. Figure 5 shows what practitioners felt helped thresholds to work well.

**Figure 5: What makes thresholds work well?**



Most practitioners thought that their thresholds were right because they are able to 'pass on' anything that concerned them.

However, a few practitioners said that early indicators of neglect are often apparent well below their organisation's thresholds and, although they felt well placed to respond to neglect above these thresholds, there appears to be a gap in support – or at least in awareness of available support – for families showing lower-level signs or those 'at risk' of neglect.

Furthermore, some practitioners said they would like feedback on why certain cases were being rejected by other services.

*Staff members get despondent when referrals are rejected constantly. [We] need feedback on rejected referrals and why they have not reached the threshold.* (Partnership development manager).

## Can practitioners become desensitised to child neglect?

Many practitioners were aware of the risk of becoming **desensitised** to child neglect. A small number had come across situations in which families were not providing good care for children but were considered by their colleagues to be 'good enough'. Practitioners acknowledged that they might have different standards to their colleagues. They reflected that these differences of opinion could be influenced by a number of factors, outlined below.

- Drawing on their own life experiences.

*You go in the same sort of families all the time and if you take a student with you, especially if they're from a nice background, they're horrified when you go in, and you think "what's wrong with that?"*

(Health visitor)

- Experiencing poor family situations.

*Recently [I have] been to a home that was quite dirty and both myself and the professional said that we have seen worse. Had I been with someone who hadn't seen worse, they would have probably been horrified.*

(Service manager)

- Becoming desensitised by working longer-term with cases that meet higher thresholds of concern.

*We work with such vulnerable families, that often we have a lower expectation of the child as we do not see children who are having a positive upbringing to ground ourselves.*

(Student social worker).

In contrast to the discussion around desensitisation, a small number of practitioners mentioned instances where they felt colleagues were **over-sensitive** to child neglect. Practitioners thought colleagues might be worried that they would be blamed if it later turned out that the child had needed safeguarding intervention.

*Fear is a key factor with the high profile cases highlighted in the media.*

(Service manager)

Practitioners emphasised the importance of supervision by team leaders or equivalents in preventing practitioners from becoming desensitised or responding inappropriately to cases of neglect.

## Is it appropriate for families and communities to play a role in identifying and responding to neglect?

The majority of our interviewees felt that it is appropriate for families and communities to be playing this role to some extent.

### Our interviewees overwhelmingly agreed that families and community are well placed to identify neglect and to respond to their concerns

*Yes, everyone should look out for others.* (Parent)

*I think the community is your first port of call... If a child is left playing out... or left alone or playing unsupervised, that's who's going to be seeing it first? – neighbours and different members of the community.* (Children's centre worker)

*I think both the family and community are vital at identifying and challenging neglect. Neglect is persistent so those in regular contact with the family, such as family and friends, are better equipped to observe more subtle deteriorations and persistent underlying problems.* (Trainee social worker)

However, practitioners and community representatives felt that in order for families and the community to respond to neglect successfully, support was needed from someone who could form a positive relationship with these families:

*It has to be in a supportive way, and not pointing the finger.* (Family liaison officer)

*Having good relationships with those families and people living on the same street, to be able to say it in the right way, without causing conflict.* (Children's centre worker)

*From our perspective you need to create strong relationships that are non judgemental.* (CEO of a voluntary organisation working with families)

There was a mixed response in terms of identifying local community-based initiatives, services or groups that draw on family networks that help to identify neglect early and to escalate concerns. In part, this was due to uncertainty about which organisations or groups were carrying out this role.

Practitioners who were able to identify groups working with the community often mentioned support agencies that currently exist to help families with specific issues (such as Homestart, Food Banks or Victim Support), and some gave examples of services provided to the wider community through publicly-funded organisations, such as schools and children's centres.

*There are many groups who will implicitly support or become involved in identifying neglect as part of their everyday working practices, such as Homestart, children's centres and women's support groups.*

(School nurse)

Practitioners appeared to have a better understanding of the work carried out by organisations carrying out a support role, as a result of their working relationships with them. However, groups delivering social, religious and cultural activities within the community were only mentioned by a handful of practitioners. This points to a lack of awareness of any work on neglect being carried out by these groups, and this is something that some practitioners themselves identified as a gap in their knowledge.

Other practitioners knew of groups and organisations working within the community, but were unsure of the extent to which these groups identified neglect early or supported families experiencing neglect. Practitioners working in specialist services noted that their lack of awareness was related to an absence of referrals from such groups.

While the research only included a small number of community representatives, they were able to provide examples of ways in which they had supported families without escalating the case to other services.

*I helped a mum with two children under five who could not get organised. She just needed help and support like clearing up and doing the nappies. She was so stressed by the mess that I helped her through - a friendship approach prevented escalation of things getting worse*

(Community group leader)

Although non-statutory organisations working within the community do not have a formal responsibility to identify, escalate or provide support for cases of low-level neglect, those working with children are of course required to have a child protection policy and a safeguarding officer. Interviewees from such community organisations said they felt confident about their knowledge of the threshold levels and about the procedures in place within their organisations.

## What are the barriers to the community identifying and tackling neglect?

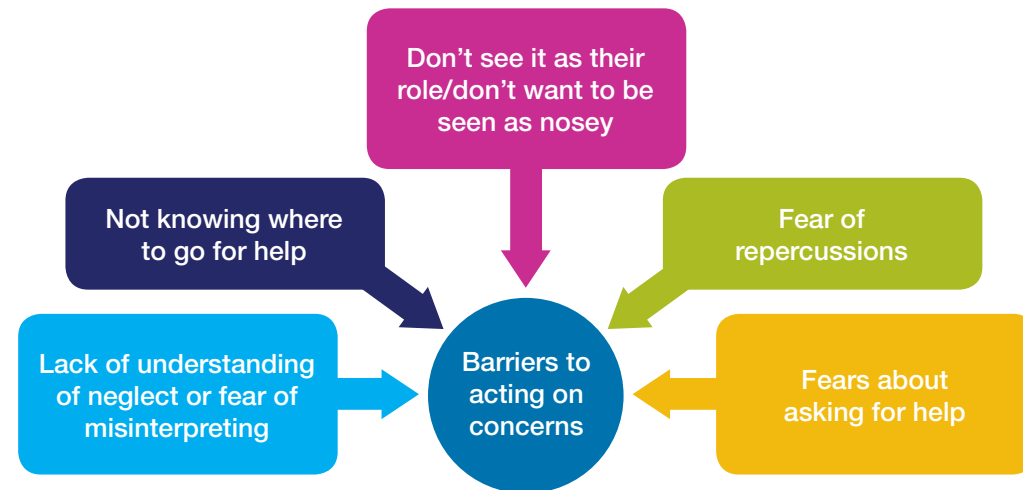
Practitioners and families identified several potential barriers to members of the community reporting and addressing child neglect, ranging from not recognising the symptoms, to practitioners having insufficient time to liaise with the community to encourage their involvement.

## What do families and communities say stops them from acting on their concerns?

Parents and community members can feel ill-equipped to assess situations where they suspect a child might be suffering from neglect. They may also be reluctant to report their suspicions for fear of repercussions for them or the family in question.

Families and communities might not always act if they suspect a child is being neglected (Figure 6).

Figure 6: What would stop families and communities acting on concerns?





## Lack of understanding of neglect or fear of misinterpreting a situation

Some parents lack confidence in their ability to identify neglect. Parents said they were worried about making false accusations, or that they would be asked to produce evidence to support their concerns. Others suggested that because standards can vary between families they questioned whether their concerns were justified. As one community leader noted: 'families have their own ideology about what is neglect'.

## Not knowing where to go for help

Some parents and community workers said they did not know where to go, or who to talk to about any concerns.

*People would pick the phone up to the RSPCA to report a dog but you would not know who to ring [about a child] which seems ridiculous really.* (Community volunteer)

## They don't see it as their role/don't want to be seen as nousey

As well as a perception that people are too busy to 'keep an eye out' for others in their community, some parents mentioned that people did not want to be thought of as 'nousey' and so kept out of situations even when they had concerns.

## Fear of repercussions

A fear of repercussions sometimes prevented parents from reporting their concerns about a child or family. They were worried about losing friendships and the reactions of the family suspected of being neglectful.

*I have had experience of families who have had repercussions from speaking out against other families. They have been beaten up, windows smashed and [have been] ignored within the community.* (Family support worker).

## Fears about asking for help

Families often hold a view that if they ask for help about coping with their children, they risk their children being taken away by Children's Social Care services. This can prevent them from contacting 'the authorities', especially when seeking help for their own family:

*If it's you that's going through it, you don't want your child taking off you. You're scared of what might happen, what people might think of you. It might not be your fault, it might just be that you need a bit of help, but you're too scared to ask, because you might just think automatically that they're going to take them away.* (Mother)

Parents felt that there is a stigma attached to working with and receiving support from Children's Social Care, and a few families reported previous negative experiences with services as a barrier to seeking help for their family.

## What do practitioners and community leaders see as the barriers to community involvement?

Practitioners and community leaders identified a number of barriers to the community taking a greater role in identifying neglect and responding appropriately. These are set out in Figure 7.

**Figure 7: Barriers to the community taking a greater role in tackling child neglect**

General levels of awareness, lack of understanding of neglect or how to respond

Loss of a sense of community

Cultural norms and ingrained behaviour

Community/family lack of access to services

Limited resources to work with the community

## Awareness and understanding of neglect and knowing how to respond

In order to help, people need to know what constitutes neglect and what to do about it. This is particularly important given the normalising of low-level neglect in some families and communities. Some interviewees thought there was a general lack of awareness of lower-level neglect.

*People don't know what neglect actually is – they see all these adverts on television and read about cases in newspapers which are all high-level cases where neglect is really bad, and so they don't identify the lower levels of neglect at the earlier stage.*

(Family support worker)

*People have this idea (from the TV adverts) that it's got to be that bad, it's got to be a child that you never see and you hear screams coming from the house.*

(Neighbourhood management officer)

Practitioners recognised the importance of trusted community figures. These individuals may have experienced many of the challenges faced by families at risk of neglect, and can offer advice to others facing similar circumstances (although they might not be a part of a formal group or organisation).

If influential community figures are not supported by people with the appropriate levels of understanding and skill, there is a danger that serious cases of neglect might go unreported. Several interviewees described how communities and families can support parents who are

struggling to cope. While this could be helpful at low levels of neglect, some interviewees were concerned about a reluctance to seek help from others outside a tight-knit group, especially in more serious cases.

*Communities can be quite closed and they will protect each other, and they think they're helping out by giving them a bit of milk, giving them this, and they think they're helping each other, and I do find they can be quite closed. They don't like to report on another family.*

(Youth worker)

Some practitioners had experienced a similar reluctance from organisations with a formal responsibility for child protection, including schools. They attributed this to a misplaced desire to help families themselves, or concerns about the bureaucracy and workload involved in the referral process.

*I've come across many cases where they've been providing food for the family, washing the children's clothes, and they've almost been sticking a plaster over the issue, trying to support them in-house when actually, if anything, they've just been masking concerns for a significant period of time sometimes.*

(Drug worker)

*I've just finished a stint in a church school and they're very reluctant to refer. They want to be seen to be caring – which they are, they were fantastic, don't get me wrong but... they were very much cosseting their families, and didn't like to refer things [but] to keep it.*

(Youth worker)

Furthermore, some practitioners were concerned that expecting families to help others might be asking 'too much' in some cases:

*P1: They've got enough problems themselves.*

*P2: That was what they said. They didn't want to then be responsible, and the one who should then report things.*

*P1: They cared enough to come along to the first [team around the child meeting], it just turned out to be a bit too much.*

(Practitioner focus group)

## Loss of a sense of community

Practitioners, parents and community representatives noted that it can be difficult for people to work closely together in some areas where there is 'no community spirit'.

*I think that whole sense of community has gone. People don't know their neighbours' names half of the time or what's going on. And I know people need their privacy but it's a cold world now – there's not that sense of community and people don't look out for others' kids any more, not like how they used to.*

(Mother)

Interviewees were worried that in areas with poor community cohesion, signs of neglect can go unnoticed or, where signs are visible, people do not feel a sense of responsibility to do something about it.

## Cultural norms and ingrained behaviour

Practitioners felt that family and community norms can dictate how people act, and set up a faulty 'blueprint' for how to raise children. This was observed to affect localised areas, but was not necessarily specific to people from particular cultural or ethnic backgrounds.

*A lot of it is generational. The parents have grown up doing that and their children are allowed to do that as well now. It's quite a challenge I think to try and turn that around and try and build that trust and have that positive relationship to say "that's not normal", for want of a better word.*

(Children's centre worker)

Practitioners acknowledged that neglect is often unintentional, although still harmful. Parents often do not view their living standards or behaviours as neglectful even when they fall short of meeting a child's basic needs. This presents a challenge for practitioners, but more so for community leaders and volunteers who may be less confident in dealing with the complexity of these issues. That said, practitioners noted that families are often willing to make improvements once someone brings the issue to their attention.

*Often when their behaviour is pointed out to them, they are willing to change.*

(Service manager, primary mental health)

Practitioners and community group leaders also warned that some community members might report concerns maliciously, leading to 'fake referrals'. This can have harmful consequences for families and increases the workload of practitioners.

*There is a problem of weeding out what is malicious versus what is the truth.* (Police sergeant)

*It's a fine line with the extended family and community...They can be interfering or nasty and spiteful with unfounded reports. There is a fine line between positive and malicious.* (Midwife)

## Community/family access to services

Community leaders and volunteers identified engaging some families as a challenge and concern. They said it was essential to make sure that community support is tailored to families and is welcoming and supportive. Some community leaders observed that charging parents even a small fee meant that some families could not afford to access their provision. So reaching the so-called 'hardest to reach' remains a challenge, particularly if families do not wish to access support.

*There are invisible people, so how do we spot or reach them? Immigration issues, living illegally, clandestine working – they don't want to be on anyone's radar.* (Police sergeant)

As highlighted above, negative perceptions of social care and of other support services also mean that it can be hard for practitioners to work closely with some families.

## Limited resources to work with the community

Several practitioners identified a lack of resources as the main barrier to the community taking a greater role in identifying and responding to neglect. Practitioners were frustrated that they did not have the resource to work more closely with the community to focus on preventative work.

*If we had the time and money to run groups then you would be able to offer child protection training and things like that [to community representatives/leaders] but we have neither the time nor money.* (Health services representative)

## **Solutions and conclusions: how can we identify and address issues of neglect earlier?**

The findings of this research illustrate some gaps in the response to child neglect, particularly in responding to low-level or early signs of neglect. We propose four steps that LAs can take in partnership with communities to achieve a shared social responsibility to 'look out' for children (and other vulnerable community members).

## How can we identify and address issues of neglect earlier?

Tackling neglect at any level is not something to be done in isolation. There is a shared responsibility held by all members of a community, whether they be practitioners, leaders of community groups, families or neighbours, to protect vulnerable individuals from harm. However, the findings of this report illustrate some gaps in the response to child neglect, particularly in responding to low-level or early signs of neglect. In order to address this, no one element of the community will be successful working alone; rather it requires a joint effort with leadership and support from organisations such as LAs which have the necessary experience and expertise.

Local authorities need to work with communities in order to encourage the earlier identification of neglect. Parents, community representatives and practitioners all recognise the value of finding constructive ways of challenging low-level neglectful behaviour, modelling positive parenting and reducing social isolation. Practitioners saw opportunities to tackle low-level neglect by building links with groups and organisations working within the community (such as faith groups, youth groups, toddler classes and playgroups). This would require engaging with community groups to explore their own capacity and ability to work in this way. The rationale is that these community organisations, if well supported, can be particularly influential by working with families informally and at an early stage.

They have the potential to:

- model positive behaviours
- mentor families
- provide add-on support (such as counselling)
- signpost families to information, guidance and other support services.

In particular, there is a role for LAs to support communities to develop a shared social responsibility to 'look out' for children and to tackle neglect. Figure 8 illustrates the main steps that could be taken to achieve this<sup>11</sup>.

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<sup>11</sup> The solutions presented here emerged from the findings of the research, and were developed further by the consortium at a seminar to discuss the emerging findings.

Figure 8: Achieving a greater sense of shared responsibility for tackling neglect





## 1. Review the language used to describe neglect and the community

The research showed that there is not a common understanding of the fundamental elements of this discussion; **'early signs'** or **'low level' neglect** (in contrast to more severe cases of neglect) and **'the community'**. In order to support family and community responses to neglect, it is essential that the definitions are clear and well understood as a basis for joint action.

Although it is important to be clear about the negative consequences of neglect for children, it is also important to focus on the positive steps that families can take and how they can be supported to tackle low-level neglect. In particular, LAs felt that creating a common understanding of **'what good parenting looks like'** could, be an effective way of engaging families and communities.

Several LAs pointed out that reviewing the language used, and creating shared definitions is something that could be done nationally, in order to provide a common starting point for LAs across the country.

## 2. Gain a better understanding of what is happening at a local level

Throughout this report, it has been apparent that practitioners have a lack of knowledge of what is happening at a community level. Not only is there uncertainty over the work that community groups are doing to tackle neglect, but there is also some confusion over what community provision is currently in place. Consequently, the capacity of communities to deal with low-level neglect is not known, neither is it apparent whether cases of more serious neglect are being referred appropriately.

Building on the definitions developed in Step 1 above would provide some consistency when scoping out the landscape of activity at a community level (See Figure 9).

Such a scoping activity is something that would need to be carried out at a local (LA) level, although it might not be appropriate or possible in all cases to carry out a full mapping exercise of provision due to the practicalities of keeping such a resource up-to-date. Indeed, many LAs have undertaken similar exercises in the past with mixed success. As a minimum, LAs need to explore ways of improving their knowledge and understanding of community provision within their areas.

**Figure 9: Aims of a scoping exercise**

**Building on existing community links in order to:**

- develop relationships between practitioners in formal services and ‘informal’ community settings
- identify ways in which the LA could work with communities to address low-level neglect
- find ways of supporting families that LAs ‘step down’ from formal intervention
- identify how best community and voluntary groups can be supported to tackle neglect appropriately, including training requirements.



**LAs require a better overarching understanding of:**

- What is the make up of the local community?
- What local activities and groups are operating at the community level?
- How do different services within the LA (i.e. not just child and adult services) already work with the community?

#### Considerations for mapping/scoping

- The changing funding and political landscape (both locally and nationally) can mean that organisations change.
- Use of a self-update online tool could help keep information current, but quality control would be required.
- It is likely to be costly to complete a comprehensive scoping exercise - parameters and scope need to be defined.
- It could be a useful resource to help the public to find community provision, as well as for LAs.
- It is likely to require ongoing maintenance/support to keep any mapping up-to-date.

### 3. Raise awareness among the community about different levels of neglect and of the support available

Once LAs have established what is happening at a community level, the next step is to work with communities and families to improve their knowledge and awareness of:

- what neglect looks like at different levels, and in particular the characteristics of early/low-level neglect
- what 'good/appropriate parenting' looks like and how this relates to developmental milestones for children and young people

- the support currently available to families and communities, both LA and community-based provision
- the role of statutory and/or formal services, particularly Children's Social Care.

Interviewees felt it was important to raise awareness within communities of the signs of neglect, particularly early or low-level indicators. They felt that communities need advice and guidance about positive parenting, children's needs and how these needs should be met for optimum health and development. This is important in tackling normalised neglectful behaviour, and in improving the shared understanding of what 'normal' should look like in terms of meeting a child's basic needs.

In order for community members to support families exhibiting low-level signs of neglect, they need to know how to have supportive conversations, constructively suggest alternative parenting techniques and know where they can direct parents to get support. They also need to be able to recognise when and how to escalate more serious concerns. Continued efforts must also be channelled into breaking down negative perceptions of Children's Social Care:

*Knowledge is power. Get people to know what the services are all about, what they will do, not the fact that 'they' are going to take the kids off you, but that they will work with you.* (Mother)

In order to achieve a better common awareness and understanding, interviewees identified the need for national campaigns to raise awareness of low-level neglect, using television and other media. This could be complemented by locally-targeted efforts such as posters

and leaflets in GP surgeries and supermarkets. One suggestion was to produce a series of short adverts similar to the Australian community awareness campaign: 'Children See, Children Do'<sup>12</sup>.

Parents felt strongly that more should be done to increase awareness of the support available to families, and how to access it. There were several calls for a well-publicised helpline that families and communities can use to talk through any concerns – anonymously if preferred.

Parenting 'courses', based on evidence of what works, were identified as key to offering non-challenging support for families, reducing isolation, modelling positive parenting and helping to break cycles of normalised neglectful behaviour. A few practitioners and parents also suggested that schools should provide young people with lessons about what is involved in raising a family as part of the National Curriculum.

#### 4. Provide training and support in relation to tackling low-level neglect across the community, but particularly for those working with children and families

In parallel with Step 4, people working with families and children may need support to tackle neglect earlier, when appropriate. This activity should be aimed at those in informal settings, who do not have statutory or organisational frameworks already in place to identify and respond to neglect.

Interviewees felt that community leaders/representatives will be better equipped to take a more active role in tackling low-level neglect if they have:

- high quality, evidence-based training and support
- materials to show what an appropriate response to concerns might be
- guidance about when and how to work with families themselves and when to escalate their concerns.

Practitioners called for more funding to work with community groups and to offer training and support so that people working in the community become skilled and confident in addressing low-level neglect:

*Family and the community are well placed to act as positive role models to struggling parents. Parents may be more responsive to family and friends challenging neglectful behaviour, as this challenge is not coming from a professional.* (Trainee social worker)

Local authority staff said that, while they are well placed to provide support, they would themselves benefit from an opportunity to learn from others. The LA role could therefore be to facilitate discussions about neglect with and between community groups.

<sup>12</sup> National Association for the Prevention of Child Abuse and Neglect (NAPCAN) in Australia: <http://napcan.org.au/children-see-children-do/>

Our interviewees identified a number of ways for LA services and their practitioners to engage with the community that either already worked well, or had the potential to do so:

- encouraging informal community gatherings, such as coffee mornings and parent networks that are open to all, and held in accessible community venues
- professionals liaising with community groups to build relationships and encourage parents to share any concerns and worries
- providing supervision for professionals and community leaders dealing with low-levels of neglect
- developing a network of community workers and volunteers to focus on challenging neglect in particular communities
- providing a confidential phone number for people to report their concerns
- helping families with practical tasks to model positive behaviour.

Most of the training suggested by professionals was for families and communities. However, they also suggested refresher courses for professionals about identifying and dealing with neglect, including thresholds and criteria for more severe cases. Peer support and local networks were also recognised as valuable in helping practitioners to raise concerns and share knowledge about child neglect. Such ideas might be effectively considered as part of the Local Safeguarding Children's Board workplan.

## Discussion and conclusion

This report represents an important initiative on behalf of nine local authorities who share a determination to investigate what they can do to tackle child neglect earlier and in new and creative ways. It has identified a potential role for individuals, groups and organisations in the community not only to identify neglect but also to help support families where neglect is starting to become an issue. The research has identified some key barriers that prevent members of the public from reporting neglect, including fear of getting it wrong, and of repercussions for themselves or the families concerned. This highlights the need for confidentiality and reassurance for people reporting concerns about a child.

If we, as members of the public, community leaders or practitioners, decide to intervene in cases of low-level neglect, we need access to advice and guidance on how best to provide constructive challenge and support. We also need help to recognise when a case is persistent or becoming more serious and should be raised with Children's Social Care. There need to be opportunities for dialogue in addition to, and in advance of, referral.

Several parents and practitioners raised concerns about families and communities where neglectful behaviour has become normalised. There is clearly a role for targeted action, as well as wider awareness raising, to challenge these behaviours and change expectations for parental responsibility in these cases.

This study set out to understand how local authorities can work differently to identify child neglect at an early stage and encourage effective, low-cost solutions.

The solutions lie in LAs and communities working together to achieve a greater sense of shared responsibility for tackling neglect, particularly low-level or early signs of neglect. We argue that a four-step process is required: creating a shared understanding of neglect and of local communities; addressing the gap in LAs' awareness and knowledge of what is already happening at a community level to address neglect; raising community awareness of neglect

and relevant support available and; providing training and support for people working with children and families.

There is a role for LAs to mobilise the capacity of the wider family and local community. This is not the sole responsibility of Children's Social Care. For this to work, all LA departments involved with families, including Adult Services and Housing need to be committed, as well as early help services and key universal services such as GP surgeries and schools.

While this offers a low-cost solution, it is not cost-free. It requires investment to first understand current activity at a community level and then resources to ensure the community has the right information, training, support and encouragement to take on this role. Given the pressure on statutory services, is it reasonable to expect local authorities to devote time and money to liaising with the community? The argument must be that by using some precious resources in this way more families will be helped earlier and fewer children will be neglected.

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## **Appendices**

**Appendix 1:  
Further information  
about LARC**

**Appendix 2:  
How we identified  
families at different  
levels of need**

## Appendix 1: Further information about LARC

The Local Authorities Research Consortium (LARC) was founded in 2007. It exists to support children's services authorities to use and conduct research.

For more information about LARC, please contact us on [larc@nfer.ac.uk](mailto:larc@nfer.ac.uk)

LARC aims to help local authorities to:

- evaluate progress
- inform practice
- share findings
- make recommendations locally and nationally.

One of LARC's key principles is its collaborative approach to working with and for authorities, supported by national organisations. Each year, the sector chooses the focus for LARC research. These topics are based on pertinent, current issues and challenges that face authorities. LARC has always explored early intervention, focusing more recently on the issue of child neglect.

As with all rounds of LARC, local authorities were free to tailor their local research to their specific needs. This time, some authorities chose to focus their research project on the following:

- two areas focused on a specific group of people (the first LA focused on neglect in relation to 0-4 year olds as it has a high number of babies in care, and the second looked at neglect in relation to 0-7 year olds)
- another three local authorities conducted their research in specific geographical areas; for example one focused its research around some of its children's centres while another chose a locality with a high level of deprivation but with good relationships between partner agencies.

NFER researchers provided the interview schedules for use with practitioners, community representatives/volunteers and families. The LARC research team also provided local authority participants with training and support in conducting research.

## Role of NFER researchers

- develop the methodology, research instruments and reporting templates
- deliver workshops and training for local authorities
- provide ongoing, personalised and bespoke support to local authorities
- analyse the raw data from a national perspective and disseminate findings.

## Role of local authority researchers

- provide local leadership and project management
- participate in workshops and training provided by NFER
- provide input to research questions and methods
- carry out interviews and focus groups
- analyse data at the local level and disseminate learning locally.

## **Appendix 2: How we identified families at different levels of need**

In the interviews, we asked practitioners and community leaders/representatives to consider a number of levels of neglect. The five levels have been adapted from Southampton's Local Safeguarding Children's Board *Really Useful Guide to Recognising Neglect* (Southampton, 2012). These levels are not a definitive list but were endorsed by the local authorities involved in LARC 5 for use as part of the research only. For consistency, we have adopted the same levels for LARC 6. The levels were used to support practitioners when answering questions about the early intervention spectrum.

## Level one

**Physical care:** Child has excellent **nutrition** with carefully planned meal times. Child is seated and manners are encouraged. **Hygiene** is good, with child being cleaned, bathed and hair brushed at least once a day (older children are always supervised and helped as necessary). **Clothing** has an excellent fit and provides good protection (insulation). **Health checks**/immunisations are up to date, health matters are carefully considered. Carer provides essential and additional **housing** facilities including heating, play and learning facilities.

**Care of safety:** Carer has good **awareness** of safety issues, however remote the risk. If child is of pre-mobility age, carer is extremely cautious with handling/laying down. Child is seldom unattended. When a child is mobile, carer gives constant attention to safety to prevent danger. For a child of infant school age, carer provides close supervision indoors and outdoors. Primary and secondary school-aged children are allowed out in familiar and safe surroundings within appointed times. Carer makes checks if child goes beyond boundaries. Carer has good **traffic awareness** with the child aged up to four being allowed to walk holding hands with carer. Carer walks at child's pace. Children aged five to ten years are escorted by adults across busy roads.

**Affection/love:** Carer looks for and **understands** very subtle signals of verbal and non-verbal expression or mood. Carer **responds** at time of signal or before in anticipation. There is mutual **interaction** visible between child and carer with carer initiating this more often than the child.

**Esteem:** Young children (to age two) have plenty of appropriate **stimulation** and equipment. Children aged two to five have good quality interactive stimulation with carer including playing, reading and talking. Carer takes child on **recreational outings** with frequent visits to child-centred places. Child is given seasonable and personal **celebrations** (birthdays) and child feels special. For children aged five onwards, carer takes an active interest in **education** and offers support.



## Level two

**Physical care:** Adequate **nutrition** with organised and regular meal times. Child is often seated. Child is reminded and assisted with **hygiene** regularly (almost daily) and is provided with products. **Clothing** is well fitted but of cheap quality. **Health checks/immunisations** are up to date. Plans are made where exceptions occur. Essential **housing** facilities consider the child.

**Care of safety:** Carer is **aware** of important safety issues. If child is of pre-mobility age, carer is cautious during handling/laying down. Carer makes regular checks if child is unattended. When child is mobile, carer puts in measures to prevent danger. For a child of infant school age, carer does not supervise child outdoors if it is known to be a safe place. Primary and secondary school-aged children are allowed out in unfamiliar surroundings if thought to be safe. Carer makes checks if worried. **Traffic awareness:** A child aged up to four is allowed to walk with carer close by, carer grabs hand in crowded areas. Children aged five to eight years are allowed to cross road with 13+ year old. Child aged eight/nine is allowed to cross road alone.

**Affection/love:** Carer understands clear signals of expression (verbal and non-verbal) and mostly **responds**, except when occupied by essential activities. Equal and mutual **interaction** visible between child and carer.

**Esteem:** Young children (aged up to two) have enough appropriate intuitive **stimulation**. Children aged two to five have sufficient interactive **stimulation** with carer trying to provide more. Child given access to **child-centred outings** locally and away. Carer and child equally keen about **celebrations** (birthdays etc). Children aged five onwards, carer takes an active interest in **education** and supports at home when possible.

## Level three

**Physical care:** Adequate to variable **nutrition** with poorly organised and irregular meal times. Child has improper seating. Carer has no routines for child's **hygiene**; sometimes the child is bathed and hair is brushed. **Clothing** is ill fitting and either too large or too small. Child has adequate to variable protection from the weather. **Health checks**/immunisations are omitted due to personal inconvenience but will take up if persuaded. Carer frequently unnecessarily consults with health professionals and/or administers medication to child. Carer provides only essential **housing** facilities with no effort given to consider the child.

**Care of safety:** Carer has poor **awareness** and perception of safety. If child is of pre-mobility age, carer is careless during handling/laying down and child is frequently unattended when laid in the house. When child is mobile, carer puts in measures to prevent dangers that are about to happen. For a child of infant school age, carer offers little supervision indoors and outdoors and acts only if there is noticeable danger. Primary and secondary school-aged children are allowed outdoors with carer often not knowing where they are. Carer believes child is safe so long as they return home on time. **Traffic awareness:** Babies and infants are not secured in a pram and three- to four year olds are expected to catch up with carer when out walking. Carer glances back occasionally. Children aged five to seven years are allowed to cross busy roads with older children (but under age 13). Children aged eight/nine cross roads alone.

**Affection/love:** Carer is **not sensitive** to clear signals of expression and only responds to intense signals (e.g. crying). Carer does not offer a timely **response to signals** if doing own activities and responds only if not fully unoccupied or child is in distress. **Interaction** is mainly started by the child and sometimes the carer.

**Esteem:** Carer leaves young children (aged up to two) alone to pursue own amusements; carer sometimes interacts with baby. Children aged two to five have variable interactive **stimulation** with carer. Child accompanies carer on outings, sometimes to child-centred places with carer being the decision maker. **Celebrations** include Christmas and birthdays; these are low key. Children aged five onwards, carer maintains **schooling** but offers little support at home, even when has time.

## Level four

**Physical care:** Variable to low **nutrition**; carer is disorganised and child has no clear meal times. Child is occasionally bathed and seldom has hair brushed; carer offers minimal and inconsistent supervision to the independent child's hygiene. **Clothing** is clearly the wrong size and offers inadequate weather protection. **Health checks**/immunisations are omitted due to carelessness but will take up if accessed at home. Carer delays consultations with health professionals about their child's health until it becomes moderate or severe. Carer's **housing** needs (warmth, entertainment, safety etc.) are met above that of the child's.

**Care of safety:** Carer is **oblivious to risk**. If child is of pre-mobility age, carer gives unsafe handling/laying down and leaves child unattended during care chores (e.g. bottle left in mouth). When child is mobile, carer has ineffective measures (if any) to prevent danger. For a child of infant school age, carer does not supervise child, only intervening after mishaps. Improvement after mishaps soon lapses. Carer of primary and secondary school-aged children is not concerned about daytime outings and is concerned only about late nights for children under 13 years only. **Traffic awareness:** A child aged up to four is often left to walk behind carer or is dragged with irritation. Children aged five to seven years are allowed to cross busy roads alone.

**Affection/love:** Carer is insensitive to child's needs and will delay **response** even when child is in distress. Child mainly starts **interactions**; the carer rarely initiates interaction.

**Esteem:** Young children (aged up to two) are often left alone while carer pursues own interests unless strongly sought out by child. Children aged two to five have scarce interactive **stimulation** with carer, even when carer is doing nothing else. Child accompanies carer on outings and plays out in the neighbourhood. **Celebrations** are seasonal and low key. Children aged five onwards, carer makes little effort to maintain **education** and schooling.

## Level five

**Physical care:** Child is mostly starved or has poor **nutrition** and low access to food. Child eats what they can when they can get it. Child is seldom bathed or clean, hair is never brushed. Parent is not concerned about the independent child's **hygiene**. Child's **clothing** has improper fitting and child is dangerously exposed to the weather. Carer consults **health** professionals when child's illness becomes critical and this is sometimes ignored. Carer disregards child's welfare and blocks home visits. Child is dangerously exposed to **housing** facilities and is not provided for.

**Care of safety:** Carer is **not concerned** about child safety. Carer handles child dangerously with child being dangerously left unattended (e.g. when in bath). When child is mobile, they are exposed to danger inadvertently. For a child of infant school age, carer ignores minor mishaps or the child is blamed. Carer will intervene casually after major mishaps. Carer is not bothered about the safety of junior/senior school-aged children despite being aware of outdoor dangers (e.g. railway lines, unsafe buildings etc). **Traffic awareness:** Babies are unsecured in prams, three- to four year olds are left to wander and dragged with frustration when found. A seven year old crosses busy roads alone without concern or thought.

**Affection/love:** Carer is insensitive to sustained intense signals of expression and does not mostly **respond** unless in fear of being accused. There is not mutual **interaction** and child appears resigned or apprehensive.

**Esteem:** Young children (aged up to two) have absent or restricted mobility (prams or pushchairs). Carer gets cross if baby demands attention. Children aged two to five have no interactive **stimulation** or toys (unless gifted or from grants). Child is not given access to **child-centred** outings and may play in street while carer pursues own activities (e.g. goes to the pub with friends). Seasonal celebrations are dampened. Children aged five onwards, carer is not bothered about **education** and does not offer encouragement.

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