Neglect

A practitioners guide to identification and assessment

Camden Safeguarding Children Partnership

A Practitioners quick guide

Neglect is defined in Working Together 2026 as

> the persistent failure to meet a child's basic physical, emotional and/or psychological needs, likely to result in the serious impairment of the child's health or development.
>
> Neglect may occur during pregnancy as a result of maternal substance abuse

Types of neglect are categorised as:

1. Educational
2. Emotional
3. Medical
4. Physical

Camden Safeguarding Partners are working together to provide excellent services for children and young people affected by neglect through early recognition and robust multi-agency prevention responses by:

- Collective commitment across all partner agencies
- Awareness of the language used to describe neglect and the thresholds for intervention
- Recognition and understanding of the early signs of neglect
- Effective assessment tools and the use of early prevention methods

1 in 10
children in the UK experience neglect.

The CSCP is focussing on educational, medical, physical and emotional neglect in response to learning from Local and National Child Safeguarding Practice reviews (CSPRs).

In 2024/5 - **12%** of cases assessed by CSFH had neglect as a presenting issue

In 2024/5 - **42%** of child protection plans were under the category of neglect

1

Educational Neglect

Educational neglect:
not making sure a child receives an education.

Definition:
Educational neglect is a parent's or carer's failure to ensure their child's educational needs are being met. Children have a legal right to an education, as set out in Section 7 of the Education Act 1996.

The Department of Education (DfE) has stated "persistent failure to send children to school is a clear sign of neglect."

Identifying educational Neglect

- Educational neglect, persistent and severe absence are recurring themes in Safeguarding Practice Reviews.
- Regular school attendance is a protective factor for the most vulnerable children and young people, providing opportunities for support whilst giving them the best possible start in life.
- Non-engagement with education for secondary age pupils can make them more vulnerable to exploitation and grooming.
- The impact of just a small number of days' absence could have a significant negative affect on a child's life chances.
- Generational and cultural attitudes towards receiving an education may lead to pupil absences and have an impact on regular school attendance.

Signs of educational Neglect

- Poor attendance - Any pupil with less than 90 per cent attendance is considered to be persistently absent.
- Persistent / severe absence from school with little/no attempt from the parent or guardian to change this pattern.
- Unexplained gaps in a child's education
- A pupil removed from school during termtime for a holiday more than twice within a three year period.

2

Emotional Neglect

Emotional neglect:

not meeting a child's needs for nurture and stimulation, for example by ignoring, humiliating, intimidating or isolating them.

Definition:

NSPCC's definition states emotional neglect 'involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity.'

Unlike emotional abuse, which involves harmful actions towards a child, emotional neglect is often seen as a failure to meet a child's emotional needs due to limitations in parenting capacity, including mental capacity.

Identifying Emotional Neglect

- Children can feel committed to their parents and don't want to be disloyal.
- The child or young person's own perception of their neglect i.e. they don't feel or agree they are being neglected and may not understand the need for a practitioner and having a child's plan.
- Adolescent's experience of neglect can be presented in their emotional health & behaviours rather than their presentation.
- Affluent parents/carers may also put a high amount of pressure on their children to succeed at school, which can sometimes lead to psychological and emotional problems for children.
- Emotional neglect is particularly difficult to evidence, so individual observations should be systematically collated.

- **Signs of Emotional Neglect**
- Aggressive verbal/physical behaviour
- Being withdrawn, depressed or anxious
- Displaying obsessive behaviour
- Showing signs of self-harm
- Showing signs of self-hatred
- Feeling alienated from peers and others
- Has little to no confidence
- Struggles to show empathy
- Experiences conflict with their parent/carer
- Finds it hard to name and talk about thoughts and feelings

Affluent neglect: This occurs in families where there are abundant resources but children experience harm not through deprivation but through emotional absence, limited supervision or high parental pressure. These cases can be missed because privilege masks risk and professionals may feel less confident challenging high-income parents. Safeguarding responses must therefore focus on emotional safety and parental capacity, not socio-economic status.

3

Medical Neglect

Medical neglect:

Not providing appropriate health care (including dental care), refusing care or ignoring medical recommendations.

Definition:

Medical neglect - involves carers minimising or ignoring children's illness or health (including oral and dental health) needs and failing to seek medical attention or failing to administer medication and treatments.

This is equally relevant to expectant mothers who fail to prepare appropriately for the unborn child's birth, for example, substance use.

Identifying Medical Neglect

Empathy with the parent allows risks to the child to be overlooked

- Focus on parental/family issues rather than impact on child
- Over-reliance on parents/carers' self-reporting
- Non-medical practitioners may:
- not fully understand the extent and complexity of the health issues
- feel more equipped to focus on other issues, rather than addressing medical conditions and needs
- feel reassured that specialist medical staff are involved with the child, rather than seeing this as an indication of the severity of the medical condition or need.

Risk Indicators

In order to determine whether a child is a victim of medical neglect, professionals need to consider:

Severity – the actual or estimated potential harm as well as the degree of harm involved

Likelihood of harm – both the potential medical and psychological ramifications should be considered.

Frequency – measuring the frequency or chronicity of a problem

Was the child/young person **born prematurely?**

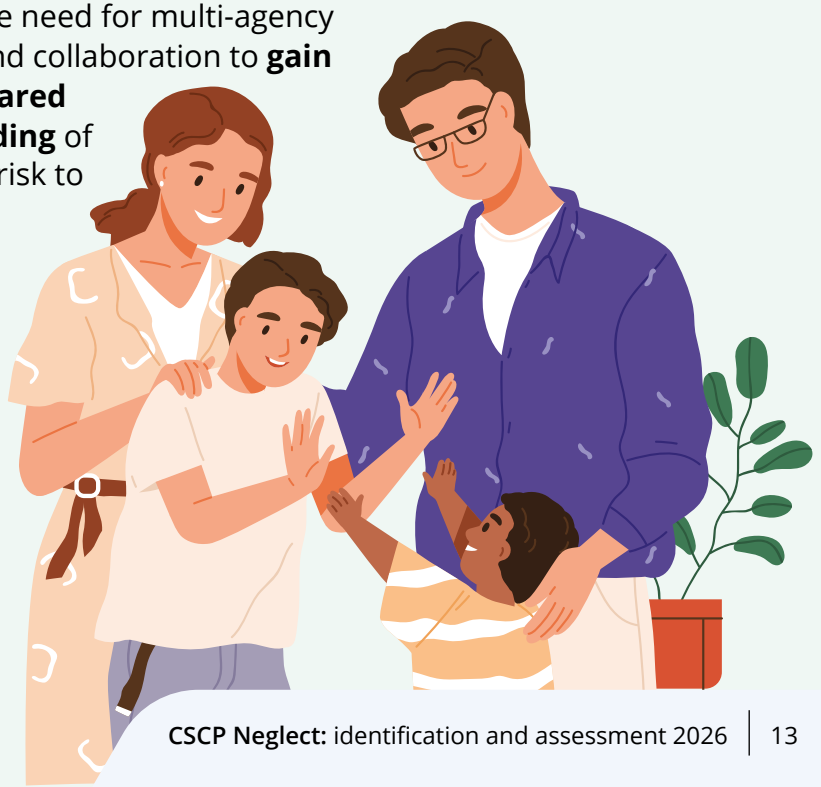
Does the child/young person have a **disability or complex health needs?**

Signs Of Medical Neglect

- Anaemia – low red blood cell count
- body issues, such as poor muscle tone or prominent joints
- missed medical appointments, such as for vaccinations
- not given the correct medicines
- regular illness or infections
- repeated accidental injuries, often caused by lack of supervision
- skin issues, such as sores, rashes,
- flea bites, scabies or ringworm
- thin or swollen tummy
- tiredness
- untreated injuries
- weight or growth issues.
- tooth decay
- repeated episodes of headlice
- faltering weight gain or weight loss

Always Remember

- **Use clear and explicit language** in relation to risks associated with complex medical conditions.
- **Seek expert advice** if you are not sure of the potential risks to the child
- **Ensure assessments are very clear about needs arising from medical conditions and the risks** associated with any failure by the carer to engage or comply with treatment
- **Use medical chronologies and medication reviews where appropriate** to support referrals to Children's Safeguarding and Family Help and within assessments to provide clarity of the extent, pattern and severity of concern
- **Consider discharge planning meetings for children with complex medical conditions or needs**, especially where there is a pattern of admissions to hospital.
- Think **'was not brought'** not 'did not attend. Consider the impact of not being brought to an appointment on the child's treatment and potential safeguarding risks
- Hear the **voice of the child** and **their lived experience** and allow them to inform assessments, planning and be present in meetings
- **Be concerned** if parent/carer places age-inappropriate expectations on a child to look after their own medical needs.
- **Maintain professional curiosity** and do not allow empathy towards parents/carers to cloud your understanding of their behaviour on the child.
- Consider the need for multi-agency meetings and collaboration to **gain a better shared understanding** of the level of risk to the child.



4

Physical Neglect

Physical neglect:

meeting a child's basic needs, such as food, clothing or shelter; not supervising a child adequately or providing for their safety.

Definition:

NSPCC defines physical neglect as… 'Where a parent/carer does not provide appropriate clothing, food, cleanliness and/or living conditions,' and 'Where a parent/carer fails to provide an adequate level of supervision and guidance to ensure a child's safety and protection from harm.

For example, a child may be left alone or with inappropriate carers, or appropriate boundaries about behaviours (for example, under-age sex or alcohol use) may not be applied.'

Identifying Physical Neglect

- Older children and adolescents may be drawn into caring, to the detriment of their own care. Young people may not receive support at key developmental stages, such as puberty, early and later adolescence. Lack of supervision and boundaries may result in young people being exposed to greater likelihood of harm and experiencing more problems or potential extra-familial harm and exploitation.
- Children who feel committed to their parents and don't want to be disloyal
- Children who are influenced by parents to not trust the practitioner. This may also reflect children's own perception of their neglect i.e. they don't feel or agree they are being neglected and may not understand the need for a practitioner and a child's plan.
- Reluctance from professionals to pass judgement on patterns of parental behaviour particularly when deemed to be culturally embedded (e.g. the Traveller community).

Poverty aware practice: Practitioners need to be aware that some potential indicators of neglect may be due to structural poverty and deprivation rather than any failure or omission on the part of parents. Poverty aware practice enables professionals to have a full understanding of poverty and its impact on families so they are able to provide a more appropriate response, and are able to recognise when the appearance of neglect is due to poverty and when it is due to inadequate and neglectful parenting. For more details see the CSCP neglect guidance. **https://ascpractice.camden.gov.uk/media/4408/cscp-neglect-guidance.pdf**

Risk Indicators

- Lack of, or limited response from parent/carer when child engages in risky behaviour.
- Unstable tenancy/ unsuitable housing situation with possible Council Tax/other debt owed increasing risk of homelessness*.
- Young people/Adolescents who are neglected are at increased risk of substance misuse and addiction and consequently may be more vulnerable to extra-familial harm and exploitation and more likely to come to the attention of the police.
- Increased risk of child sexual exploitation and intrafamilial sexual abuse.
- Families who move between boroughs and local authority areas.
- Research shows that parents with a low income, or living in poorer neighbourhoods, are more likely to feel chronically stressed than other parents (Jütte et al, 2014); and parents who are facing complex problems such as domestic abuse or substance use can struggle to meet their children's needs (Haynes et al, 2015).*

Signs Of Physical Neglect

- Lack of, or limited response from a parent/ carer when a child engages in risky behaviour
- Unsuitable home environment, e.g., a house that isn't heated throughout winter*
- Being left alone for a long time
- Not having their personal care and hygiene needs met
- Wearing unwashed/ unsuitable clothing (for example, not having a winter coat*)
- Hair matted/knotted due to not being brushed/washed*.
- Child who frequently goes missing.
- Child/young person presents a particularly hungry - seem not to have eaten breakfast or have no packed lunch/lunch money.*
- Untreated injuries
- Repeated accidental injuries due to lack of supervision
- Untreated and/or recurring illnesses or infections

Signs marked with an asterix may indicate poverty as well as neglect.

Learning from national child safeguarding reviews

The key messages are:

- Neglect is a persistent and cumulative form of harm that professionals often struggle to identify over time, with case reviews showing that incidents are frequently viewed in isolation rather than as part of a long term pattern of risk.
- Practitioners need to recognise all forms of neglect, physical, emotional, medical and educational and understand their significant long term impact on children's health and development, but reviews demonstrate that these signs are often minimised or missed.
- Timely and decisive action is essential to protect children, yet delays commonly occur due to optimism bias, weak information sharing, and a lack of holistic, coordinated assessments.
- Neglect frequently co-exists with domestic abuse, parental mental ill health, substance misuse, and unsafe home environments, meaning an effective response requires integrated multi agency work that fully considers the complexity of the child's lived experience.
- Where parents face specific problems such as domestic abuse and mental ill health, these can become the focus of interventions so that children's experiences are overlooked. Interventions may bring about short-term improvements that may not be sustainable.
- Early help interventions do not always identify and assess neglect until there is an escalation of concerns when a crisis point is reached and more robust intervention is needed.
- Lack of family engagement with universal services can lead to children becoming "invisible". Where families regularly move across local authority boundaries, a lack of information sharing means the seriousness and extent of neglect cannot be seen.
- Sometimes professionals who routinely work with high levels of need become desensitised to the potential risks posed to children so that families don't always receive the support they need.

Improving practice

- Families where neglect is a feature are susceptible to drift as the nature of the harm is cumulative and progress can be hard to measure; it is important that there is robust management oversight and review of cases where interventions do not appear to be having an impact.
- Children have shared through participation work and inspections that consistent relationships, cultural sensitivity and being asked about their daily experiences helps them to feel understood. Direct work and the right tools can be used to help practitioners understand their daily lived experience can go and long way to ensuring their voice is heard.

- Professional curiosity and challenge are key; the focus should remain on the child and practitioners should be mindful of allowing warm relationships between parents and children or their own positive relationships with families to make them overly optimistic and overlook obvious signs of neglect. Parents should be respectfully and appropriately challenged.
- Because neglect is cumulative, being able to measure its impact and the impact of interventions through assessment is key; use of chronologies and genograms can help practitioners to gain an understanding of the family's history and the context of multi-generational abuse and neglect and the influence of all members of the child's family including fathers.
- Practitioners need to have space to reflect on these cases, and supervision and group discussions can provide an opportunity for oversight and, because the perception of neglect can be a subjective, help practitioners to gain a wider understanding of how neglect is manifesting in a family.
- A poverty aware approach to neglect recognises the profound influence of socio-economic factors on family life and acknowledges that poverty can heighten stress and restrict access to essential resources. By adopting a poverty aware lens, practitioners are better equipped to offer compassionate, culturally sensitive, and effective support to families.
- Because the perception of how neglect manifests can be subjective and shaped by personal values and experiences, practitioners need to be aware of how unconscious bias might impact on professional judgements and should practice culture competence to understand how social characteristics such as culture and ethnicity might impact on family life and parenting styles. However, care needs to be taken not to overlook clear indicators of neglect and leave children unprotected.

CSCP multi-agency neglect guidance
https://cscp.org.uk/resources/neglect/

Camden