

Southampton Local Safeguarding Children Board



Neglect Strategy

2019-21



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Foreword

Keith Makin, Independent Chair of the LSCB

This strategy is at the heart of the work of the Children's Safeguarding Board in Southampton. Neglect comes in many forms and it is the responsibility of us all to be alert to seeing it and then taking steps to make sure that is avoided. This responsibility is held by everyone who works in the services that protect children, the services that children use and, indeed, anyone who spends any time with children. We are all in a good position to spot neglect and this strategy sets out very clearly how you can play your part.

The Safeguarding Board has set out a number of priorities and neglect is one of the most important – it runs through all the other priorities and has been identified as being as potentially damaging as any other form of abuse. We want the City's children to be safe and protected. The aim is to ensure that every child is supported in reaching their full potential, free from harm or the fear of harm.

The strategy and the toolkit that accompanies it have been completely refreshed and updated. Please take the time to read this important document, think about how it applies to you and be alert to the possibility of a child you know being subject to neglect.



Keith Makin, Independent Chair

Harry Kutty, Head Teacher at Cantell School and Chair of the Neglect Task & Finish Group

Neglect is an issue that I feel very passionately about. As a Head Teacher in Southampton I see first-hand the effects of neglect on children; children who should be ready to learn and excited by life.

The Task & Finish Group appointed to work together to produce a multi-agency strategy and new 'toolkit' or guide to responding to neglect for Southampton comprised a range of professionals and dedicated to dealing with the issue. I strongly believe that neglect is a precursor to other issues that are very much in the public eye at the moment; child sexual exploitation, criminal exploitation and mental health difficulties into adulthood. If we can respond early our young people will be so much more able to thrive and live positive lives. This I feel is the key to tackling neglect.



The Neglect Task & Finish Group

I hope this Strategy is useful to you. If you have any comments or feedback please do not hesitate to contact the Local Safeguarding Children Board at lscb@southampton.gov.uk

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BACKGROUND

1) Introduction

Neglect is one of the LSCB's ongoing priority areas of work. It has featured in almost every serious case review and partnership review in Southampton in recent years. The effects of neglect alone on children must never be underestimated, but it is also recognised that neglect is often a precursor to other serious issues including Child Criminal Exploitation (of which Child Sexual Exploitation is part), children missing education, taking part in anti-social behaviour and use of drugs or criminality.

Neglect is a highly complex issue with far reaching consequences. It is perhaps best summarised by Research in Practice (2017) where it is described as ***'a serious and pervasive form of maltreatment that occurs across childhood and adolescence with potential long-term consequences across the life span. Babies and young children are particularly vulnerable and dependent, which makes them especially fragile and places them at higher risk of abuse and neglect and adolescents have also been highlighted as particularly vulnerable. Neglect has also been found to be the most likely form of maltreatment to recur'***¹.

This strategy is comprised of three elements: **Background, About Neglect** and the final element is available via PDF or hard copy; the **Care Guide for Practitioners**.

2) Definition

Working Together 2015 defines neglect as ***'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:***

- ***Provide adequate food, clothing and shelter (including exclusion from home or abandonment)***
- ***Protect a child from physical and emotional harm or danger***
- ***Ensure adequate supervision (including the use of inadequate care givers)***
- ***Ensure access to appropriate medical care or treatment***

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

In addition to this there are different definitions by different agencies around neglect. The Southampton Task and Finish Group wanted to agree a definition for Southampton that all partners can sign up to and also felt it important to include an aspirational element, as all

¹ The Impacts of Abuse & Neglect on Children; and Comparison of Different Placement Options evidence review – Dr Julie Wilkinson and Dr Susannah Boywer
Research in Practice (March 2017)

young people in the city should have the opportunity to thrive. The Southampton definition of neglect is:

Neglect is the most common form of child abuse. In Southampton we recognise neglect as the ongoing failure to meet a child's basic needs in order for them to thrive. Neglect means that a child may be left hungry or dirty without adequate clothing, shelter, supervision or medical care. A child may be put in danger or not protected from harm. Neglect also includes psychological and emotional harm; a child needs care and attention and opportunities to relax, play and learn.

3) Scope

This strategy focuses on children from pre-conception until 18 years of age.

4) Context

Neglect can lead to poor health, low educational attainment and therefore job prospects, a lack of meaningful, fulfilling relationships throughout life and can hinder brain and physical development. It can be fatal.

Although this strategy focuses on the child's life from conception until 18 years, it is recognised that neglect can continue into adolescence and beyond. As *Understanding Adolescent Neglect: Troubled Teens* (2016) notes, 'Neglected teenagers report doubts about their competence, have little faith that anyone cares about them, feel pessimistic about the future and are very dissatisfied with their lives overall². In Southampton we want our young people to feel excited and optimistic about the future and what they can achieve and bring to the world. Sadly this is much more difficult for children who have grown up suffering neglect.

Further, the neglected child's ability to parent later in life can be impaired and so the cycle continues. The purpose of this strategy is to try and interrupt that cycle, to respond to children's needs as soon as possible and to encourage everyone to understand the indicators to neglect. The **Practitioners' Care Guide** provides a practical assistance in recognising neglect. Throughout this Strategy, the **Practitioners' Care Guide** and in all work with children, partners in Southampton agree that:

- The wellbeing of the child is paramount and must never be secondary to the parent/carer's needs.
- The voice of the child must be sought, and if the child is not able to have a voice, this in itself should be regarded and recorded as a concern.
- Working in partnership and sharing information is key to tackling this multi-faceted issue.
- Agencies will work towards using restorative approaches with families to support the City's ambition to become a Restorative City.

² Understanding Adolescent Neglect: Troubled Teens, The Children's Society (November 2016)

5) What we know from the Research

It is important for practitioners to be able to distinguish between a risk of neglect occurring and indicators of actual neglect. A number of factors increase the likelihood of neglect in some families.

Research regularly reveals that awareness of the factors that can lead to neglect and professional assessment and analysis of these are key to ensuring that the right support and interventions are provided.

Risk factors do aid understanding of the child's experience, and help agencies determine priorities for offering support; however, they should be used and interpreted with care. Vulnerable families may have a combination of the following risk factors:

- Poor experience of caring behaviour in parents own childhood
- Social and emotional immaturity
- Poor parental level of education and cognitive ability
- Parental personality characteristics inhibiting good parenting
- Low family income
- Low employment status
- Teenage pregnancy
- Lone parenting
- Health problems during pregnancy
- Pre-term or low birth weight baby
- Maternal low self-esteem and self-confidence
- Depriving physical and emotional environment in parents own childhood
- Experience of physical, sexual, emotional abuse in parents own childhood
- Multiple co-habitation and change of partner
- Alcohol and/or substance abuse
- Family violence, modelling of inappropriate behaviour

ABOUT NEGLECT

6) The National & Local Picture

Neglect is the form of maltreatment most often recorded in official safeguarding data, regardless of the age of the children concerned, and is the most prevalent form of maltreatment young people experience according to research. Studies have shown that this is true in all developed, western countries³.

There are no definitive figures in the UK on the number of children that have experienced neglect. Information comes from three main sources: recorded offences, child protection systems and self-reports. Statistics on recorded abuse and neglect are likely to be under representative of the real picture. The 2017 NSPCC report *How Safe Are Children* aims to provide the most comprehensive overview of child protection and measure the extent of abuse and neglect in the UK. This report states that neglect was the most common reason for children to contact the NSPCC helpline in 2016/17, with 19,488 contacts about the issue. This was a 61% rise from 5 years ago when there were 12,110 contacts about neglect⁴.

7) Young People's Views on Neglect

The Task & Finish Group wanted to understand young people's views on neglect and sought these via the local NSPCC. Young people told described neglect as follows:

Neglect is...

Abandoning a thing/person either emotionally or physically

Being abused

Not being given stuff like food/things

Not being able to be clean

Physical

Emotional

Medical neglect- not attending GP appointment or being taken to dentists

Educational - not being taken to school

³ As above

⁴ How Safe Are Our Children, NSPCC (2017)

When asked what children and young people thought could be done to help people understand what neglect is, and get help, they said:

Speak out to adult/person in charge
Encourage children to ring ChildLine
Professionals should contact parents and share information to people who can help, for example social workers
More help, for example one young person's school cleans clothes of children who come to school with dirty clothes
More awareness for professionals and children
Speaking out for example on social media/around schools/campaigns
Posters (anywhere)
Acronym that children will remember to recognise the signs of neglect
Focused ideas of charities that help with neglect (for example the young people could only name animal charities)

8) A Southampton child's experience

When 'Tom' was living at home with his parents and three siblings, he experienced neglect due to his parents' substance use. This is Tom's story about what life was like for him and his brothers and sisters and how things have changed for him.

When I was living with my parents, when I was not at school, I wouldn't get any breakfast or lunch. It was quite frightening not knowing if I was going to get food the next day or even if I would be getting breakfast. I would have to go into the kitchen to get snacks in the middle of the day. I was not having any healthy food, mainly just crisps or chocolate or anything like that and we just had to help ourselves. The days when Gran brought food over were special days, it was almost like a routine, like Easter or Christmas, a day that you would look forward to.

Going to school helped me as we would always get breakfast (although it wasn't great). We would also get school lunch which I hated, they were very bad, but it was still something to eat and would keep us going until dinner at home. I didn't realise at the time what was going on for my parents, and school was the only thing that really helped me.

When I lived with my mum and dad the house was not well looked after and it was cold. Our bedrooms were full of rubbish because we used to eat our food (crisps and chocolate) up there and it would not get tidied up regularly. We would always have really messy rooms, not dirty but full of rubbish.

The toughest times were probably when Dad or Mum wasn't in the house. They struggled while they were together, but when they were apart it made the caring even weaker, and there was less food.

I did not know that this was 'neglect' at the time but I was still pretty scared, I didn't know much of the stuff that was going on at the time or if I was going to get any food.

I now feel that experiencing neglect resulted in me being unhealthy and skinny, and also meant me and my siblings were always late to school. We didn't really go out anywhere when we were at home, apart from with our Gran, so we would just sit and play on the x-box and we often felt bored. Me and my brothers and sisters looked after each other. I often tried to help my youngest brother, but I was quite young too.

There were arguments at home, and this caused a lot of upset. Despite experiencing other forms of neglect, I did feel I was cared for emotionally at home; if I was upset I would always get help.

When children's services first got involved it was scary. I had a social worker when I was 9 or 10, but now I think it would have been better if they had stepped in earlier.

9) Strategic Priorities

The overarching strategic priorities in tackling neglect are:

Governance – the LSCB will provide a robust strategic framework for the delivery of an effective range of interventions to tackle neglect in Southampton.

Prevention – the LSCB and partners will raise awareness and understanding of neglect so that there is a multi-agency focus on addressing causes not symptoms, where indicators of neglect are seen, practitioners have the confidence and knowledge to respond appropriately. Also members of the community can recognise neglect and know how to report it.

Intervention – The Neglect Toolkit provides practical information on the indicators of neglect and thresholds. The Toolkit is routinely used by practitioners across agencies to identify neglect. Practitioners are confident in making judgements and decisions and understand that they can share information appropriately.

Quality Assurance – progress will be monitored via quarterly at the Monitoring & Evaluation Group. The LSCB will continue to commission half day Neglect Training which is free of charge to staff across all agencies in Southampton.

Restorative – the LSCB and partners supports the city’s ambition to work restoratively with families, working towards becoming a child friendly through restorative practice.

10) Strategic Framework

Neglect is a multi-faceted issue and demands a systematic response from government through to front line provision. NSPCC research indicates that this should include:

- Agreed information-sharing and recording of concerns about child neglect⁵
- greater precision in legal and procedural terms and thresholds
- each LSCB having an inclusive strategy for addressing neglect, including a crisis response
- good quality information for children, parents and concerned others,
- with identified contact points
- universal and targeted provision for children and parents (separately and together) that addresses specific components of neglect
- located responsibility for achieving best practice on child neglect, in all
- relevant services - including emergency, community and adult services
- staff development and training plans that address staff security, health and safety, knowledge base, supervision, audit and case work etc
- assessment and risk analysis specific to child neglect, linking identified
- problems to relevant services

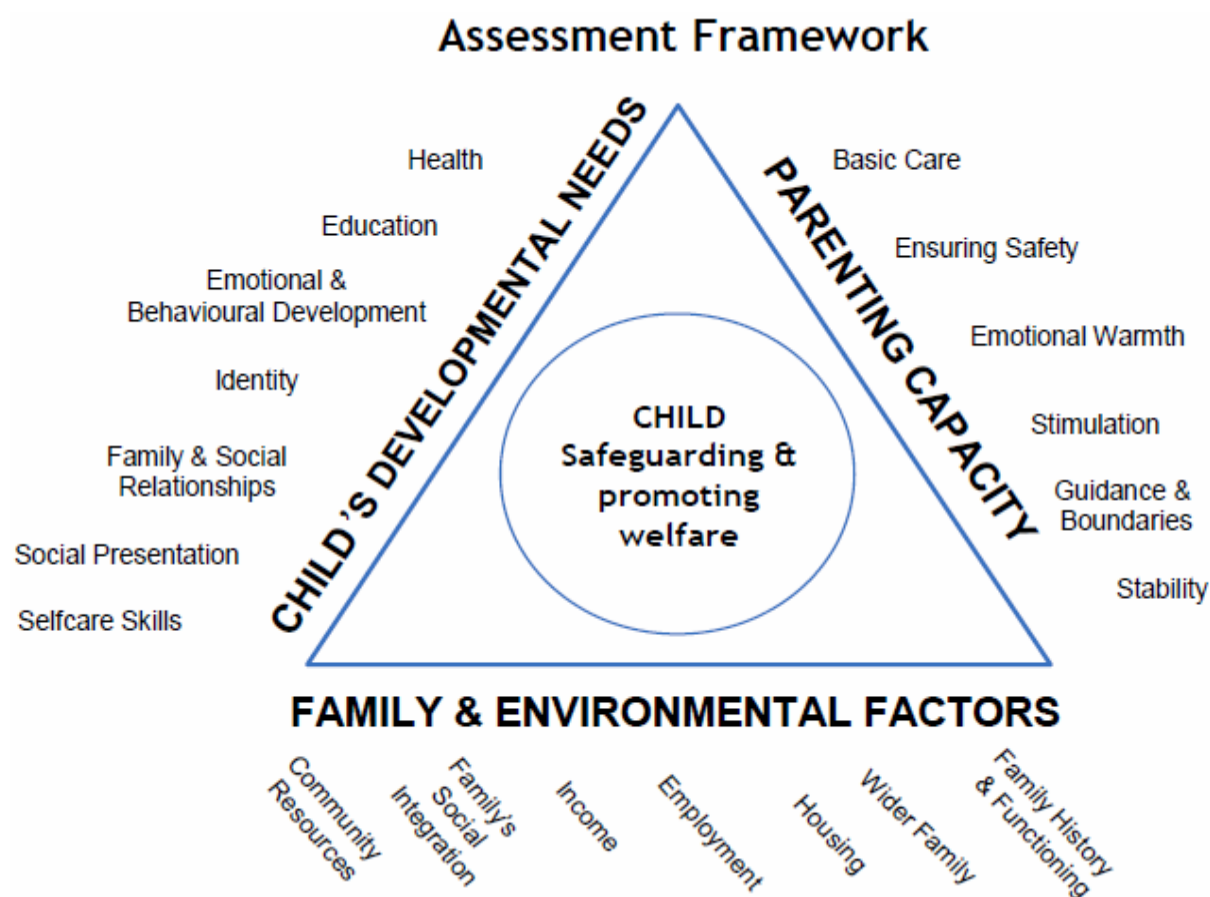
⁵ The following section was extracted from NSPCC Research Reports Developing effective response neglect emotional harm children.

The challenges that face all safeguarding endeavour can become insurmountable when working with neglect. They include:

- loss of momentum and follow through of plans
- difficulty joining up adult and children’s services
- desensitisation and demoralisation of practitioners
- failure to track referrals
- concern about blame where the parent is not intentionally abusive
- difficulty with legal thresholds
- lack of training and reflective practice.

11) The Needs of Children

In this strategy the Assessment Framework (Department for Health, 2000) forms the basis for understanding the child’s needs, and for the guidance set out in the Care Guide for Practitioners. The Assessment Framework sets out a child’s needs as below:



Elements on the triangle often interact; for example inadequate housing may impact on behaviour.

The child and his or her safety and welfare remain at the centre of the triangle. The child's perspective on their needs must be always at the forefront and the child's voice should always feature strongly in every interaction and assessment. More information can be found in the final section of this strategy; the Care Guide for Practitioners.

12) Professionals identification of Neglect

Practitioners and their managers must be able to state clearly what the cause for concern is, why the current level of care is not sufficient, what harm is occurring and exactly what needs to change in terms of parenting/care giving. They should also specify realistic timelines for improvement and state clearly the consequences if improvements are not made.

When trying to understand if neglect is a feature in a child's life and determine the severity of this undertaking a chorology is a useful way of understanding a child's history and understanding what life is like for a child alongside identifying patterns of concern and parents ability to consistently meet their child's needs.

The Care Guide for Practitioners can help workers clearly identify their concerns and seek the voice of the child. This can help facilitate a discussion during supervision which is an opportunity to talk over concerns and formulate a course of action.

13) Public concerns about neglect

For those working outside of the city council, the Duty and Advice Service is the 'front door' to the Multi Agency Safeguarding Hub. By telephoning 023 8083 3336 you can talk over your concerns with a qualified social worker.

14) Good Practice Principles in Tackling Neglect

The needs and wellbeing of the child must always remain at the centre of all work in addressing neglect. It is important that practitioners and multi-agency services remain focussed on the child and are not distracted by the needs or parents / care givers, which can mitigate against the needs of the child. It is important to acknowledge the difference between risk factors of neglect and indicators of neglect.

Risk factors need to be interpreted with care. They are factors which are present and which may increase the likelihood of neglect, but are not necessarily a causal factor. An example of this may be a parental substance misuse.

Indicators are observable and measurable developmental or behavioural concerns that suggest the child being neglected. An example of this would be dental decay, especially in children under 5.

Protective factors include resilience and recovery. Research suggests that being female, growing up in a stable living situation, living with parents (where neglect has ceased), or having a long term placement (research suggests 10 years or more) increase the likelihood of better outcomes in young adulthood. Research seems to indicate that neglected children are able to recover if there is effective intervention when children are very young⁶.

15) Vulnerabilities and Protective Factors

Research has highlighted some similarities among children who have been neglected. These similarities, or risk factors, can help to identify children who may be at increased risk of neglect. They are open to interpretation and should be treated with care, but the NSPCC provide the following guideline⁷:

Disabled Children - disabled children are over three times more likely to be abused or neglected than non-disabled children ([Jones et al, 2012](#)). Some disabled children may not understand that what's happening to them is abuse and that it's wrong. Even if they do, they might not be able to ask for help. If a child is being abused by someone who looks after them or who they rely on to meet their needs it can be even harder for them to speak out or protect themselves. Parents and professionals might mistake signs that a child is being abused or neglected as part of a child's impairment. And those working with disabled children may not be trained to spot the signs of abuse and neglect.

Children in care - most children who are in care live safely but a small number do experience harm. There are a number of risk factors related to being in care which can make children more vulnerable to abuse and neglect).

Children who have experienced other forms of abuse - children who have been abused or neglected in the past are more likely to experience further abuse than children who haven't been abused or neglected ([Finkelhor, Ormrod, and Turner, 2007](#)). This is known as revictimisation. Children who are being abused or neglected are also likely to be experiencing another form of abuse at the same time ([Finkelhor, 2008](#)). This is known as polyvictimisation.

Children from black and mixed ethnic backgrounds - there don't appear to be links between ethnic groups and child abuse or neglect, but children from black and mixed ethnic backgrounds are over-represented in the care system and in the children in need statistics. Children from Asian backgrounds are under-represented. This may be a result of a variety of issues including racial discrimination, language barriers, community and cultural norms and practices, such as female genital mutilation or harsh physical discipline, inadequate or inappropriate services or no action being taken for fear of upsetting cultural norms. ([Owen and Statham, 2009](#)).

⁶ Brandon, M. Glaser D, Maguire, S, McCrory E, Lushey C and Ward H, (2014) *Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?* Department for Education & Childhood Wellbeing Research Centre.

⁷ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/who-is-affected-by-neglect/>

Parents who have problems with drugs or alcohol, mental health, domestic violence, a history of abuse or learning disabilities.

Children living in poverty - research has found that children living in the most deprived neighbourhoods have a greater chance of being on a child protection plan or being taken into care than children in the least deprived ¹⁰ s ([Jütte at al, 2014](#)). There's also a link between physical discipline, stress and lower socio-economic groups).

Parents who are under pressure - due to low incomes and/or living in poorer neighbourhoods. Housing worries on top of money worries can put a lot of stress on parents. This can stop them being able to provide the practical and emotional support that children need.)

Parents who don't have a good support network - this could be due to living in an isolated area, having language difficulties or cultural differences. Research has found that there are clear links between social isolation and child abuse or neglect ([Jütte at al, 2014](#)).

Indicators are observable/measurable developmental or behavioural concerns that suggest the child is experiencing actual neglect. An example of this would be unmet health needs such as dental decay or not having immunisations.

Protective Factors include resilience and recovery. Research suggests that being female, growing up in a stable living situation, living with parents (if neglect has ceased) or having a long term first placement (10 years or more) increase the likelihood of better outcomes in young adulthood. Research seems to indicate that neglected children are able to recover if there is effective intervention when the children are very young. ⁸

16) The Role of Early Help and Prevention

The early years are critical, because this is the period in life when the brain develops most rapidly and has a high capacity for change, and the foundation is laid for health and wellbeing throughout life. Nurturing care – defined as care that is provided in a stable environment, that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating – is at the heart of children's potential to develop⁹.

Neglect can occur at any age but is often associated with early childhood. This means that professionals working with children at an early age are extremely well placed to pick up on neglect and intervene to protect the child. Early Help teams can support families in the

⁸ Missed Opportunities: Indicators of Neglect – What is Ignored, Why and What Can be Done? (2014)
Department for Education & Childhood Wellbeing Research Centre

⁹ The World Health Organisation, Early Childhood Development <http://www.who.int/topics/early-child-development/en/>

early years of a child's life, or as problems begin to develop. Early help can be provided from many different services and backgrounds including:

- Health Visitors
- Family Nurse Partnership
- School Nurses
- Surestart Children Centres
- Education Welfare Officers
- Family Engagement Workers from the Families Matter (Trouble Families) programme
- Youth Engagement Workers
- Voluntary Agencies such as Safe Families

17) The Early Help Assessment

An Early Help Assessment can be used by schools, health, housing or any prevention and early help service across Southampton. It assist practitioners in a range of settings to assess the need of children and their families. The EHA replaced the former Universal Help Assessment (UHA) and the Common Assessment Framework (CAF). It can also be used to coordinate more complex early help provision including intensive family support. The underlying principles of the Early Help Assessment are:

- To allow the practitioner to assess the needs of the whole family and to support the development of an **Early Help Plan**.
- To facilitate the assessment of all family members and allow family members to identify their level of need and measure progress themselves. This approach models the outcome star and strengthening family's approach, which is also used by services in Southampton.
- To enable a holistic assessment of the whole family's needs, which should not focus on the policy or statutory obligations of a single service.
- It is a transferable document and can be shared between agencies, where family consent has been given.

The EHA is usually completed for families with a level of need described as level 2, Universal Plus (Level 2) or Universal Partnership Plus (Level 3) on the following Continuum of Need. A link to this document is also provided in the final section of this Strategy; Useful Resources. The tool will be reviewed annually and improvements introduced based on practitioner and family feedback.

18) The Continuum of Need



Families Matter: Where a child and family require a co-ordinated multi-agency offer, they may benefit from Southampton Children's Services Families Matter Team. Information about Families Matter can be obtained by emailing FM@southampton.gov.uk.

Support for children under-five can be accessed via Southampton Sure Start Children's Centres, details for which are held on the intranet, offering a range of services including parenting support, outreach and play activities for families.

Children with Disabilities: Southampton has an integrated health and social care provision for children with moderate or severe LD, plus complex family circumstances or enduring complex health conditions (including Autism). The service aims are to:

- Support families from their first point of contact to help them find the support they need either directly or through the assessment processes required to establish the level of their needs.
- Provide timely investigation, assessment, care planning, interventions and family support.

- Provide professional advice and support to all concerned in the child/young person's care (includes parents and teachers)
- Ensure that all children / young people within the service have a lead professional to work with them, review their progress and update their ECHP every year.
- Offer knowledge of local provision and work in partnership with parents, voluntary sector organisations, education, social care and primary care to support the child/young person in achieving the fullest possible social integration and individual development and raise awareness of other relevant services and support groups for onward referral /signposting and provide support to access as appropriate.
- Provide access to specialist short breaks.

19) Quality Assuring Practice; the Role of the LSCB

Despite the best efforts and intentions of various agencies, some children and families have not been adequately helped and supported, and where this happens, the LSCB facilitates learning to improve the services offered for children and families in Southampton. It conducts Serious Case Reviews, Partnership Reviews and Thematic Reviews to and learn from past practice and improve services to children and families.

In addition to this, auditing is a key element of the LSCB work to quality assure practice. Recent audits in the city include the dry run for Joint Targeted Area Inspection for children living with neglect, domestic abuse and children subject to missing episodes, CSE, CCE and gangs.

20) Workforce Development

Professionals may individually have concerns about a neglected child but these concerns do not necessarily trigger effective action. The following characteristics of neglect may make it harder for professionals to recognise that a threshold for action has been reached:

- The chronic nature of this form of maltreatment (as set out in the statutory definition) can mean that professionals become habituated to how a child is presenting and fail to question a lack of progress.
- Unlike physical abuse, for example, the experience of neglect rarely produces a crisis that demands immediate, proactive and authoritative action, making it difficult to evidence that the threshold is met at a specific point in time.
- Neglect can in some cases be challenging to identify because of the need to look beyond individual parenting episodes and consider the persistence, frequency or pervasiveness of parenting behaviours, which may make them harmful and abusive.
- Practitioners may be reluctant or lack confidence to make judgements about patterns of parental behaviour, particularly when these are deemed to be culturally

embedded or associated with social disadvantages such as poverty or when the parent is a victim in their own right.

- The child may not experience neglect in isolation, but alongside other forms of abuse¹⁰
- Supporting workers to practice restoratively to make things right where there is a problem and to encourage authoritative, child friendly approach

In terms of access to the relevant knowledge; continuing professional development for all practitioners with safeguarding responsibilities is a significant issue. Training for social workers and arguable other front line practitioners to ensure they are up to date with major features of neglect is key and as such the LSCB runs Neglect Training which is free of charge and accessible by all agencies in Southampton. The knowledge base in this area is constantly changing and this training has recently been refreshed (late 2017). Obviously all agencies are also responsible for ensuring that their workforce is well trained with the most up to date information.

In addition to training, supervision has a crucial role to play in ensuring that practitioners are supported in their thinking and decision making, and also through the emotional demands of the role.

¹⁰ The Impacts of Abuse & Neglect on Children; and Comparison of Different Placement Options, Department for Education (March 2017)

21) Useful Resources

Southampton LSCB Practitioner's Guide to Neglect (2019) <http://southamptonlscb.co.uk/>

How Safe Are Our Children? NSPCC (2017) <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2017/how-safe-are-our-children-2017/>

Keeping Children Safe in Education: Information for all School and College Staff, Department for Education (2015) <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Missed Opportunities: Indicators of Neglect – What is Ignored, Why and What can be Done? (2014) Department for Education & Childhood Wellbeing Research Centre [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/R404 - Indicators of neglect missed opportunities.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/R404_-_Indicators_of_neglect_missed_opportunities.pdf)

NICE Guidelines for Child Abuse and Neglect <https://www.nice.org.uk/guidance/ng76>
NSPCC Developing an Effective Response to Neglect and Emotional Harm to Children <https://www.nspcc.org.uk/globalassets/documents/research-reports/developing-effective-response-neglect-emotional-harm-children.pdf>

NSPCC Hurting Inside – Report on the Learning from the NSPCC helpline and ChildLine on Neglect <https://www.nspcc.org.uk/globalassets/documents/research-reports/hurting-inside-helpline-childline-neglect.pdf>

Joint Inspections of the Response to Children Experiencing Neglect <https://www.gov.uk/government/publications/joint-inspections-of-the-response-to-children-experiencing-neglect-may-to-december-2017>

Southampton Early Help Assessment & Early Help Plan <http://southamptonlscb.co.uk/prevention-and-early-help-services/early-help-assessment-and-early-help-plan/>

Southampton Continuum of Need Multi Agency Guidance <http://southamptonlscb.co.uk/wp-content/uploads/2017/02/Multi-Agency-Guidance2016-17.pdf>