



Child neglect and its relationship to other forms of harm - responding effectively to children's needs: Executive summary

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1 Introduction

This summary draws together the key messages, themes and implications for practice and policy emerging from a series of three linked evidence scopes commissioned by Action for Children and the National Society for the Prevention of Cruelty to Children (NSPCC) with Research in Practice. The scopes consider the potential relationship between neglect and other forms of harm, and what this tells us about responding effectively to meet children's needs:

- > Scope 1: *Exploring the Relationship between Neglect and Child Sexual Exploitation (CSE)* (Hanson, 2016).
- > Scope 2: *Exploring the Relationship between Neglect and Adult-perpetrated Intra-familial Child Sexual Abuse (IFCSA)* (Allnock, 2016).
- > Scope 3: *Exploring the Relationship between Neglect and Harmful Sexual Behaviours (HSB) in Children and Young People* (Hackett, 2016).

The summary is aimed at practitioners, managers, local service leaders and commissioners, and local and national policy makers. It will also be of interest to researchers (recommendations for further research are set out in each scope). Like the scopes themselves, the summary is intended to encourage reflection on practice and to stimulate discussion, rather than invite uncritical acceptance. The practice implications can be found on page 13.

The scopes draw on relatively new and emerging evidence bases and it is important to be clear that the evidence so far indicates *connections rather than causality*; factors discussed in the scopes are *not predictive*, but they may be explanatory in helping us understand how neglect influences vulnerability to CSE, IFCSA and HSB. To tackle such complex issues, it is necessary to debate, reflect and pursue new knowledge with a critical eye. The hope is that the scopes and summary will play a part in promoting that discussion.

Of course, it is recommended that readers explore the issues highlighted here in the scopes themselves, which provide richer detail.

Delineation

There is no neat or definitive delineation between the groups of children and young people who are the subject of these three scopes. All three are dealing with conceptually related and inter-linked aspects of children's experiences of sexual abuse and harm. For example, experience of intra-familial child sexual abuse (IFCSA) is common among the small sub-group of pre-adolescent children whose problematic sexual behaviours could be described as sexually abusive. Child sexual exploitation (CSE) is itself a form of child abuse, and child sexual abuse, whether it occurs within the family environment or elsewhere, is arguably by its nature always exploitative, and a significant proportion of CSE is perpetrated by young people.

In this context, it is important to say something about children and young people who display harmful sexual behaviours (HSB). These children are commonly both

'victimised' and 'victimisers', yet there has been a tendency to see HSB as a discrete phenomenon unrelated to other forms of maltreatment or problematic behaviour. These children have come to be seen as somehow different from other children with difficulties and as somehow less in need. For many of them, HSB represent 'one element of a range of predisposing experiences, underlying vulnerabilities and presenting problems in their lives';¹ approaches that fail to address the developmental needs of these children are themselves neglectful.

Why focus on neglect?

Neglect remains the most prevalent form of child maltreatment so understanding its repercussions and the potential for both prevention and intervention is vital. These linked scopes seek to strengthen this knowledge base in the context of three inter-related and emerging areas of study.

Neglect is also a public health issue as well as a safeguarding issue. We know that the impacts of neglect can be serious, enduring and can potentially continue across the life course; and neglect commonly occurs in the context of poverty and other aspects of social disadvantage. Crucially, its occurrence is susceptible to population-level interventions.

Principles and caveats

In examining the potential relationship between neglect and CSE, IFCSA or HSB, all three scopes attempt to avoid contributing to narratives and practices that can be blaming or punitive towards parents (in particular mothers, who can often be the focus of such discourse). Neglect is typically the absence of care for a child by family members *and* by others in relevant systems and communities – often 'others' who have neglected the needs of the child's primary carers.

In particular, the scopes underline the dangers in failing to recognise the impact of social and material disadvantage – what Hooper and colleagues have referred to as 'societal neglect'² – on parenting capacity.³ Recognising this wider aspect of neglect also opens up avenues for effective prevention.⁴

This summary and the scopes focus on children and young people's experience of neglect and sexual harm and the potential actions that might prevent further harm by reducing vulnerability. This focus reflects that this is where the children's sector can exert most positive influence; it does not in any way detract from the responsibility that sits with perpetrators.

All three scopes have been written within the context of acknowledged limitations to the evidence base. These are discussed in detail in Appendix A, but in brief: many studies do not consider the impact of neglect separately from other forms of maltreatment; there are very few prospective longitudinal studies, which makes it difficult to discriminate causality; few studies explore potential mediators of a relationship between neglect and CSE, IFCSA or HSB directly; and much of the current evidence base comprises studies from North America rather than the UK.

2 The research

What is neglect?

Neglect is generally considered to be the omission of specific behaviours by caregivers, though it can also include acts of commission. There are variations in how neglect is defined across the UK, however. In England, neglect is defined 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’.

The Welsh Government and the government of Northern Ireland have recently removed any reference to persistence in their definitions (see Appendix B of the Scopes for the full definitions). All definitions reference physical, emotional, nutritional, supervisory and medical neglect; the wider literature also recognises educational neglect (Horwath, 2007; Moran, 2010).

Neglect is the most commonly reported form of child maltreatment. In all four countries of the UK, neglect is consistently cited as the most common reason for a child to be subject to a child protection plan or placed on a child protection register. Neglect tends to affect boys and girls equally and occurs across childhood and adolescence. It is also said to be the form of maltreatment that is most likely to recur multiple times.⁵

The harm resulting from neglect can be wide-ranging, apparent in multiple domains of a child’s life and can manifest across the life course.⁶ While its impact can be particularly damaging in the first 18 months of life⁷ harm is also understood to be cumulative; dramatic decline in measures of development have been observed over time with continued exposure to neglect.⁸ There is even challenging evidence that children who experience neglect on its own may have *worse* outcomes than children who experience neglect alongside other forms of maltreatment.⁹

Brandon and colleagues point to a number of reasons why neglect may be difficult to identify and respond to.¹⁰ Neglect rarely manifests in a crisis that demands immediate action, it commonly occurs alongside other forms of abuse and practitioners may become accustomed to the chronic nature of neglect. An effective response also requires practitioners to look beyond episodes of individual parenting and understand the neglect in context.

Table 1: Types of neglect

Neglect type	Features associated with type of neglect
Educational neglect	Where a parent/carer fails to provide a stimulating environment or show an interest in the child’s education at school. They may fail to respond to any special needs and fail to comply with state requirements about school attendance.
Emotional neglect	Where a parent/carer is unresponsive to a child’s basic emotional needs. They may fail to interact or provide affection, undermining a child’s self-esteem and sense of identity. (Most experts distinguish between emotional neglect and emotional abuse by intention; emotional abuse is intentionally <i>inflicted</i> , emotional neglect is an <i>omission</i> of care.)
Medical neglect	Where a parent/carer minimises or denies a child’s illness or health needs and/or fails to seek appropriate medical attention or administer medication and treatment.
Nutritional neglect	Where a child does not receive adequate calories or nutritional intake for normal growth (also sometimes called ‘failure to thrive’). At its most extreme, nutritional neglect can take the form of malnutrition.
Physical neglect	Where a parent/carer does not provide appropriate clothing, food, cleanliness and/or living conditions.
Supervisory neglect	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.

Table 2: Impacts of neglect across the life course

These categories are indicative rather than definitive; they are intended to illustrate how neglect can impact across the life course. It is not possible to predict when (or which) impacts may occur in any individual’s life.

LIFE STAGE	REPORTED IMPACTS
<p>Early impacts⁸ – ie, impacts most commonly associated with an early onset</p>	<ul style="list-style-type: none"> > Alterations in the body’s stress response (the hypothalamic-pituitary adrenal system) > Insecure attachments > Delayed/declining cognitive development > Decreased language function > Low self-esteem > Low confidence > Negative self-representations > Withdrawal, difficulty in making friends > Acting out / aggression / impulsivity > Poor coping abilities > Poor problem-solving skills > Disorganised attachments > Low achievement in school
<p>Medium and longer-term impacts⁹ – ie, impacts that are more likely to manifest over the medium to longer term (including, in some cases, emerging in later adolescence or adulthood)</p>	<ul style="list-style-type: none"> > Depression, anxiety > Dissociation > Poor affect/emotion regulation > ADHD symptoms > Running away > Anti-social behaviour > Violence and delinquency > More likely (than peers) to be arrested for violent offences > Substance misuse and addiction > Social withdrawal, social isolation > Conflict and hostility in relationships > Poor educational achievement > Longer-term mental health problems, including PTSD and personality disorders (such as ‘borderline personality disorder’*) > Suicide attempts > Physical health problems, such as increased risk of hypertension and chronic pain <p>* The use of this term reflects its occurrence in the literature and does not imply uncritical acceptance; we recognise the term BPD can unhelpfully suggest a person has a deficient ‘personality’ rather than a set of adaptive responses to childhood maltreatment.</p>

Prevalence

Neglect: Neglect is the most commonly reported form of child maltreatment. In a UK-wide general population study (Radford et al, 2011), nearly one in six (16%) of young adults reported having experienced childhood neglect; one in ten (9%) reported severe neglect. Among 11 to 17-year-olds, 13.3% reported neglect (9.8% reported severe neglect); 5% of parents or guardians reported neglect of children under age 11.

Child sexual exploitation (CSE): CSE is not routinely measured and there are no robust prevalence data. However, a succession of inquiries and reviews into CSE in different parts of the UK (RBSCB, 2013; Coffey, 2014; Jay, 2014; Bedford, 2015), as well as an inquiry by the Children's Commissioner into CSE in gangs and groups (Berelowitz et al, 2013), all suggest that CSE is a sizeable problem.

Intra-familial child sexual abuse (IFCSA): In the Radford study, one per cent of 18 to 24-year-olds reported sexual abuse by a parent or carer (0.6% of boys, 1.5% of girls). However, there is a well-recognised pattern of under-reporting of CSA; under-reporting may be even more likely where the perpetrator has a close relationship with the child.

Harmful sexual behaviours (HSB): While accurate figures are difficult to establish, most commentators agree that approximately one quarter to one third of all sexual abuse in the UK concerns children and young people as the alleged victimisers/perpetrators (Almond, Canter and Salfati, 2006).

Exploring the relationship between neglect and CSE

Child sexual exploitation (CSE)

CSE is defined differently in each of the four countries of the UK (see Appendix B for the full statutory definitions). However, there are points of convergence:

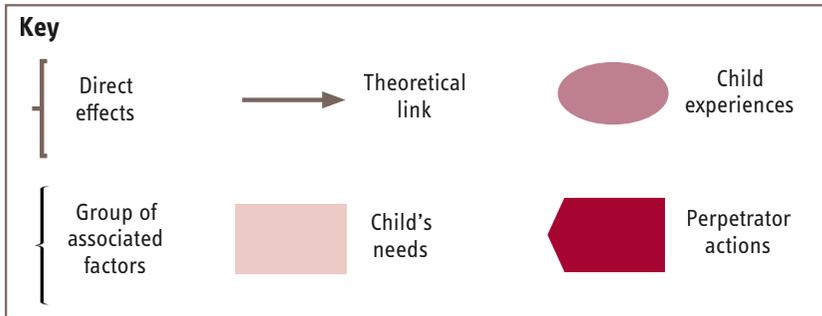
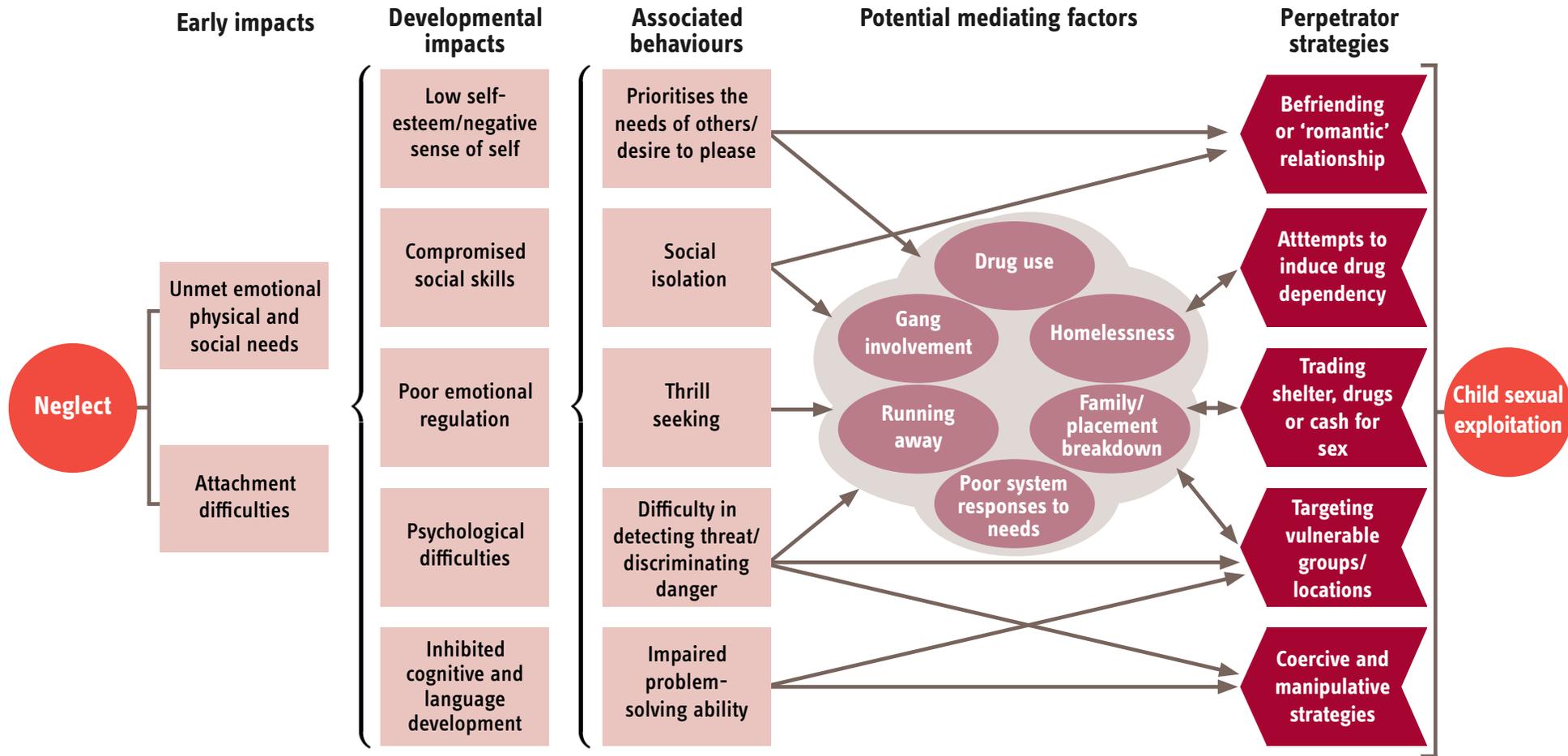
- > CSE is a form of child sexual abuse.
- > There is a focus on exchange dynamics and power balances.
- > Children and young people may not recognise that they are being exploited.
- > CSE includes exploitation within and by gangs and groups, trafficking, and what was previously called (by some) 'child prostitution', as well as by individuals.
- > CSE can include child sexual abuse within the family – for example, where family members 'trade' children for financial gain (although most IFCSA is not thought of as CSE).
- > CSE does not always involve physical contact; the use of technology and online elements are not uncommon to CSE.

Despite the limitations to the evidence base, including a tendency to focus on commercial sexual exploitation and a reliance on self-report data in cross-sectional studies, overall the research does suggest a relationship between neglect experienced in childhood and later experience of CSE. The relationship is a complex one, however; certainly many young people experiencing CSE have not experienced neglect.

Longitudinal research in the US has charted the significant impact of childhood neglect on commercial sexual exploitation.¹¹ It found sexual abuse and neglect experienced before age 11 each increased the risk of 'selling sex' by age 29 (but did not differentiate between CSE and selling sex as an adult). Widom et al found neglect also predicted experience of sexual violence across the life course to a similar degree as physical abuse and sexual abuse; those who had experienced neglect only or multiple forms of maltreatment were at greatest risk.¹²

The evidence suggests a range of factors that might act as potential mediators in a relationship between neglect and elevated risk for CSE (see figure 1 on the following page). For example, Widom's longitudinal research found childhood neglect predicted **running away** in adolescence to a similar degree as physical and sexual abuse¹³ and numerous studies provide evidence for a route from running away and homelessness to CSE.¹⁴ There is also robust evidence for a relationship between childhood neglect and later **drug misuse**;¹⁵ and strong evidence that substance misuse in adolescence raises risk for CSE.¹⁶

Figure 1: Hypothesised model of how neglect may increase vulnerability to CSE



It is possible to *speculate* how such a pathway might develop. In the absence of effective emotion regulation skills developed through responsive caregiving, for example, children may turn to drugs to reduce difficult emotions. Earlier experiences of neglect may also increase some young people's susceptibility to exploiters' manipulative techniques designed to generate drug addiction.¹⁷ Once young people have become dependent on drugs, perpetrators can use this dependency to initiate or continue abuse.

Gangs form a highly conducive context for exploitation for a variety of reasons, including the focus on displaying status and hyper-masculinity through exploitative practices.¹⁸ Childhood neglect is one factor that can create vulnerability to gang involvement,¹⁹ for example via its contribution to youth homelessness²⁰ and a poor sense of identity, for which gang membership may seem to offer a solution.

Another robust finding is the impact of neglect on **cognitive and language functioning**.²¹ Studies suggest neglect causes more damage to cognitive functioning than other forms of maltreatment.²² While there is no robust research exploring the cognitive and language functioning of young people who have experienced CSE, it is well established that children with learning difficulties are at heightened risk of sexual victimisation.²³ It is plausible that young people with lower cognitive abilities are less able to detect or escape perpetrators' grooming and entrapment strategies – not that it is ever the responsibility of the child to escape. Perpetrators may also specifically target these young people as being easier to exploit. If carers and practitioners are not sensitive to these cognitive differences, children with diminished cognitive and language capacities may also find it harder to seek help and be heard.

Children who have experienced childhood neglect are also at greater risk from a range of **psychological difficulties**, including depression, anxiety,²⁴ dissociation and post-traumatic stress disorder (PTSD), which may make them more vulnerable to exploitation. PTSD may prompt increased use of drugs and alcohol, in turn raising the risk of victimisation, and dissociation and PTSD may make it harder for young people to recognise and disengage from social threat.²⁵ Childhood neglect can contribute to the development of **negative representations of self and others**, and render young people less able to disengage from abusive people – for example because they feel they do not deserve better or feel powerless to bring about positive change. Young people who have been deprived of love, approval or a sense of belonging or identity (**unmet needs**) may be drawn into trying to meet those needs through exploitative relationships.

More speculatively, **social isolation** is another potential means by which neglect may heighten risk for CSE. A range of studies suggest neglected children are generally less popular among their peers, more avoidant in peer interactions and have fewer reciprocated friendships.²⁶ The processes involved are likely to be complex – children may be rejected because neglect has compromised their cognitive and language abilities, their social skills or even the natural expectation that other children will enjoy their company – but isolation may leave them vulnerable to exploitation. Perpetrators describe targeting children who appear vulnerable and social isolation may be such a marker.²⁷

Many young people in care have experienced neglect and young people in care are disproportionately affected by CSE. Evidence suggests that ineffective **systems responses** to young people's needs – such as multiple placement moves, lack of involvement in decision-making, a succession of different workers and a focus on 'problems' at the expense of seeing the whole person – can inadvertently exacerbate young people's vulnerability to CSE.

Exploring the relationship between neglect and IFCSA

Intra-familial child sexual abuse (IFCSA)

There is no statutory definition of IFCSA. Scope 2 uses the following definition:

'The sexual abuse of a child by an adult in a familial setting.'

This definition recognises that unrelated adults may be living in (or spending significant time in) the child's home. Like the broad definition used by the CPS in its guidelines on the *Sexual Offences Act 2003*, it recognises that the modern family unit may include a step-parent or a parent's live-in partner, as well as adoptive parents or foster carers, or extended family members.

However, in order to recognise the particular emotional impacts related to betrayal of trust associated with sexual abuse by an adult in the context of a family setting, Scope 2's definition distinguishes between abuse perpetrated by a responsible adult and that perpetrated by a child, such as a sibling or cousin.

While there is enough evidence for us to be certain that neglect and IFCSA do co-occur, the rate at which they co-occur is not clear. From current research, we cannot be sure how significant the relationship between the two may be, nor what percentage of children experiencing neglect also experience IFCSA (or vice versa).

No single evidence base considers the ways in which different types of neglect or impacts of neglect may increase a child's vulnerability to IFCSA – that is, their vulnerability to perpetrator methods of initiating and maintaining abuse within a family setting. Scope 2 therefore draws on findings from research on the perpetration of CSA more generally, and findings from research on neglect. These suggest a range of ways in which the impacts of neglect may mediate or set the scene for a child's increased vulnerability to IFCSA (see figure 2 on the following page).

While neglect can occur across all social groups, the evidence suggests **social disadvantage and poverty** have a strong contributory relationship with all forms of maltreatment, including neglect.²⁸ Recognising the extreme stress and isolation some disadvantaged families face (lone mothers especially) may help us understand why some children experiencing neglect may be at increased risk of IFCSA. Single parenthood is *not* a risk factor for neglect, but it is a key risk factor for CSA occurring within the family.²⁹ And where single parenthood combines with **social isolation** and poverty, this may make families especially vulnerable to manipulation by perpetrators who may target stressed and lonely mothers in order to access their children.

Perpetrators use a variety of strategies to engage and entrap children, including gifts and bribes, which children living in **material or emotional deprivation** may be particularly susceptible to. The understandable desire to have things that other children have may be powerful in increasing a neglected child's vulnerability to abuse.

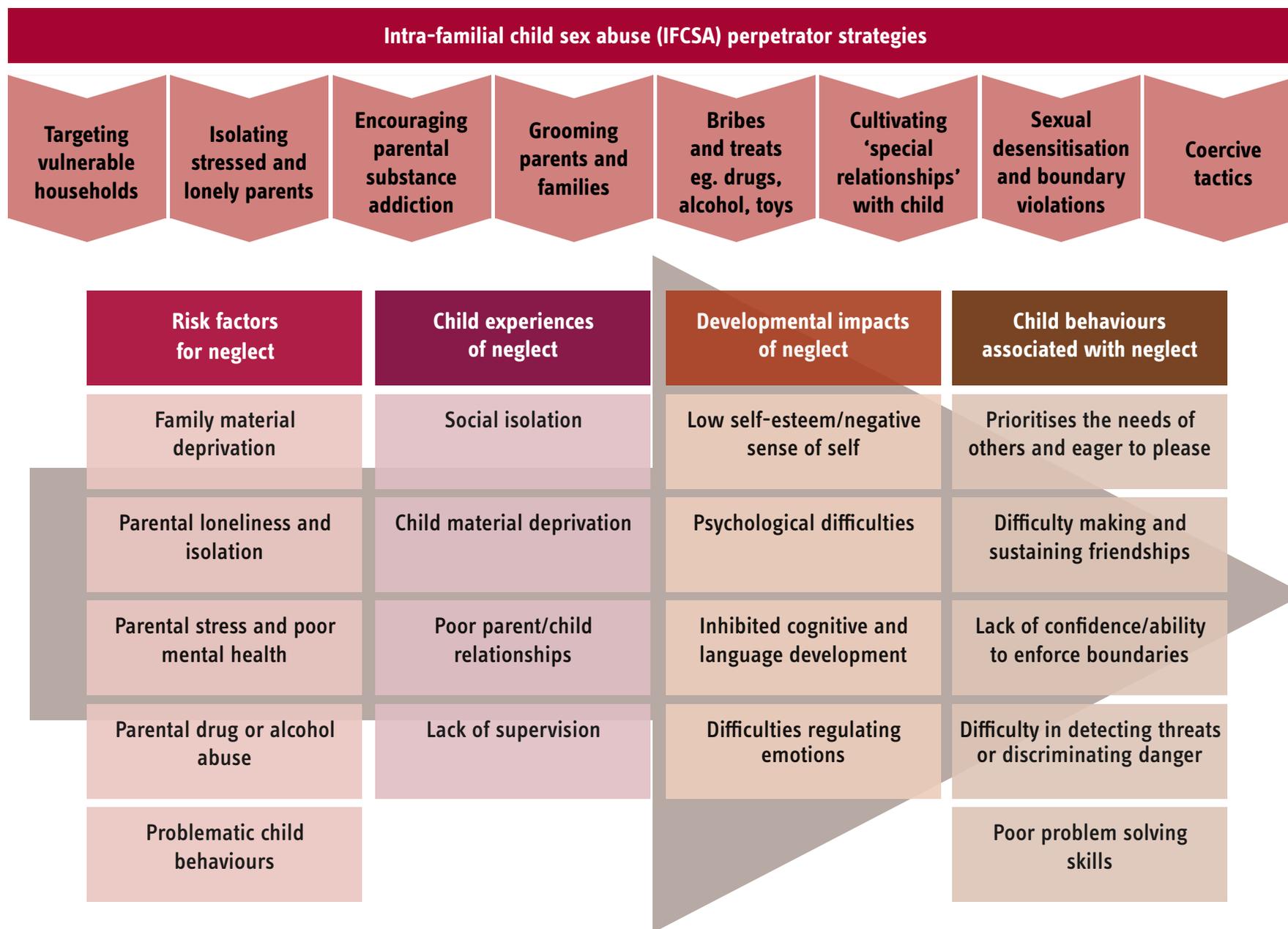
A neglected child who is lonely and has low self-worth may be particularly vulnerable to a perpetrator's strategy of cultivating a so-called 'special relationship'. The child's **social isolation** may also mean they do not easily recognise their experiences as abusive because they have no wider reference point. A potential impact of neglect is **poor problem-solving skills**, which may mean that when they find themselves faced with bribery or coercion, children are less able to make clear decisions about how to seek help.

Intra-familial perpetrators are likely to be a diverse group. This is important, because differences in motivation and perpetrator strategies – for example, between abusers who are biologically related and those who come into family over time, possibly through grooming – may be significant in trying to understand the potential for neglect to increase vulnerability to IFCSA. Evidence from perpetrators is very limited, however, and even fewer studies disaggregate strategies of intra-familial offenders or distinguish between strategies used against boys and girls.

Perpetrators may seek to isolate mothers from the outside world to prevent them having anyone to confide in;³⁰ others may do the opposite, encouraging mothers to have a life outside the home in order to increase opportunities to abuse.³¹ Some will systematically discredit them, for example by questioning their parenting ability in front of friends and family, or even by encouraging alcohol dependency.³²

Although this is an area that needs exploration, there is evidence that, for some perpetrators, cognitive distortions can function to justify their abuse.³³ Where a child is neglected and uncared for, perpetrators may come to believe they are providing the love and attention the child needs.

Figure 2: Hypothesised model of how perpetrators of intra-familial child sex (IFCSA) might exploit vulnerabilities associated with neglect



Exploring the relationship between neglect and HSB

Harmful sexual behaviours (HSB)

HSB is a term used to describe a continuum of concerning, inappropriate and abusive sexual behaviours across childhood and adolescence. Scope 3 uses the following definition:

Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others and/or be abusive towards another child, young person or adult. (Hackett, Holmes and Branigan, 2015)

Although it has often been assumed that HSB is related to prior victimisation, the data present a very mixed picture of how child maltreatment precedes development of HSB.³⁴ Rates of sexual victimisation are higher in pre-pubescent children displaying HSB than in adolescents who display HSB. Another surprising factor in descriptive studies is the high rate of *non-sexual* maltreatment in the developmental histories of these children and young people; in some cases, it matches or exceeds that of CSA – an important finding which, in terms of sexual abuse, contradicts assumptions about a ‘victim-to-abuser cycle’.

Overall the evidence suggests it is a significant minority of children and young people with HSB who have experienced maltreatment, including neglect. Neglect is a poor predictor for the development of HSB because *most victims of neglect do not go on to sexually offend or to present with HSB*. However, for maltreated children and young people who do go on to display HSB, experiences of being victimised may be very relevant in *explaining* the developmental pathways related to developing HSB.

So far, however, research does not identify specific pathways underpinning the associations between victimisation and HSB. Multiple influences are involved and it is likely there are various indirect and interactive pathways from exposure to maltreatment and the subsequent HSB. While neglect does not stand out as a particular pathway to the development of HSB, some of the well-established impacts of neglect – such as **social isolation, inhibited social competency and disrupted attachments**³⁵ – are well-established factors in the presentation of young people with HSB, in particular those who victimise younger children.³⁶ So, for some children and young people, experiences of neglect may represent an *indirect developmental precursor* to HSB (see figure 3 on the following page).

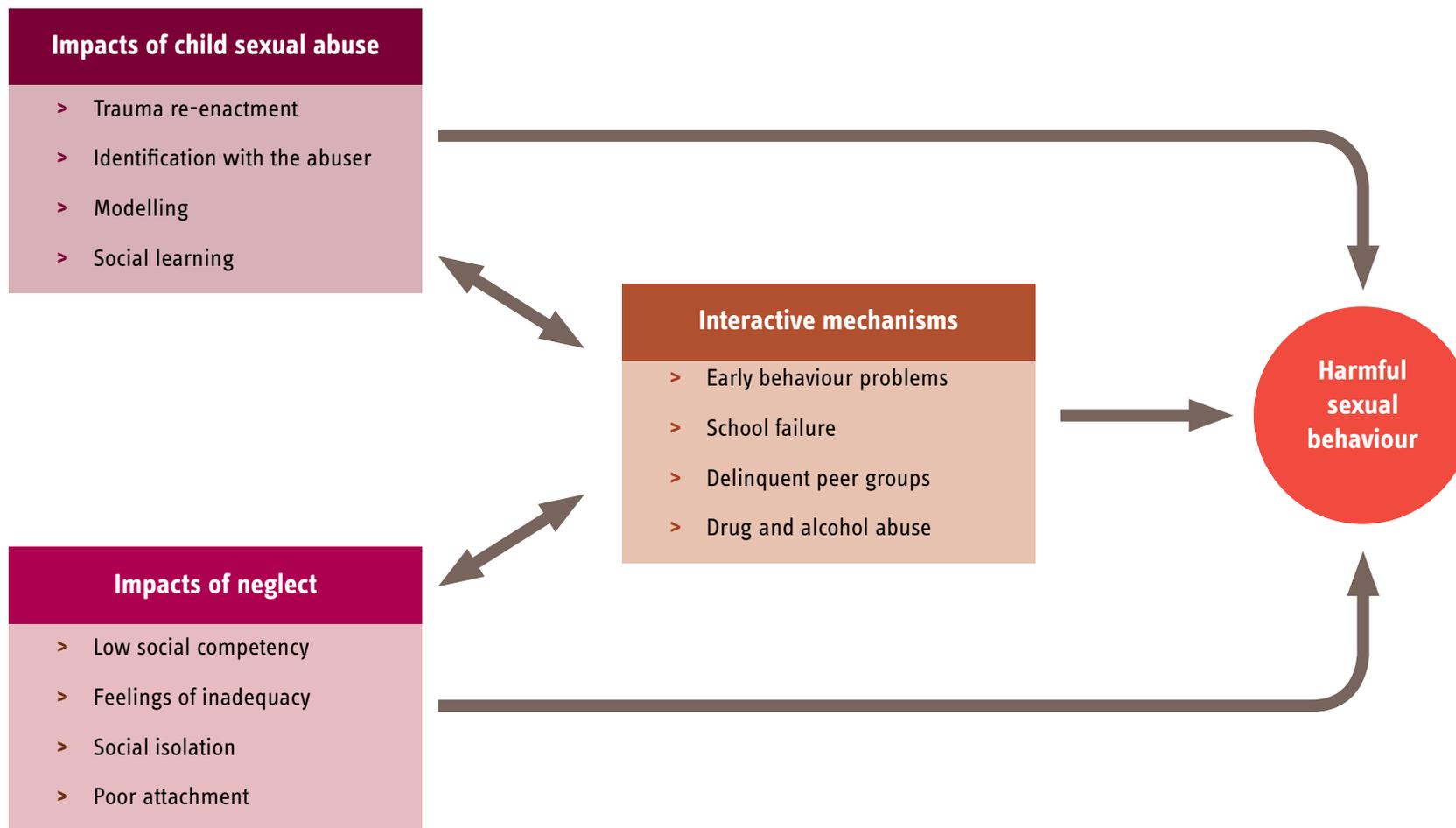
In addition, there may be pathways to HSB that mirror those for conduct disorder or non-sexual violent offending in general – for example, early **behaviour problems, school failure, delinquent peer groups, and drug and alcohol abuse** may all be relevant.³⁷ Multiple victimisation experiences in childhood (neglect and physical or sexual abuse) are associated with an increased risk of negative responses in adolescence, including criminality and aggression, sexual violence and intimate partner violence. Therefore, there may be an interactive *effect* for children who have experienced neglect in the context of other maltreatment, which combine to increase vulnerability to factors associated with the development of generalised anti-social behaviour and HSB (especially HSB directed towards peer groups).

Adolescents who sexually abuse have no single defining profile. However, compared with non-sexually offending young people, they have been found to have under-developed social skills, higher incidences of **learning disabilities**, more **depression** and problems with impulse regulation.³⁸ In the largest published UK sample to date, 38% of those referred to specialist services because of HSB were assessed as having a learning disability.³⁹

It is also possible that specific types of neglect may be associated with particular types of delinquency in adolescence, including particular subtypes of HSB.⁴⁰ For example, Hoeve et al found supervisory neglect was the strongest predictor of delinquency, along with psychological control (ie, emotional abuse) and social rejection.⁴¹ Lack of parental supervision and association with ‘deviant’ peer groups has been closely linked with peer-on-peer HSB,⁴² whereas psychological control and social isolation have been more often associated with HSB involving the abuse of children.⁴³

It is important to acknowledge there is less evidence to draw on in the area of children who display HSB than there is in relation to CSE and CSA. However, this ongoing lack of strategy, policy and service response⁴⁴ is, in itself, arguably neglectful. To date, practice responses have largely focused on addressing risk and preventing sexual recidivism, while simultaneously failing to address children’s broader needs. For example, a study of long-term outcomes following intervention (between 10 and 20 years later) found only a minority of young people had reoffended as they entered adulthood.⁴⁵ However, most were living in circumstances characterised by social isolation, stigmatisation and poor physical health, as well as underachievement in education and employment. Depression and poor mental health were common. It can be argued that the professional system has sought to deal with the risk presented by children and young people with HSB, but has neglected to address their broader vulnerabilities as children in need.

Figure 3: pathways to Harmful Sexual Behaviour (HSB): A hypothesised model



Conclusion

As these three scopes have shown, there is no direct or straightforward link between neglect and CSE, IFCSA or HSB. Multiple influences are involved. However, the evidence does suggest there are a number of ways in which the impacts of neglect may interact with other factors and adversities to increase children and young people's vulnerability to harm. The evidence explored in the scopes offers no simple answers. As things stand, there are gaps in the knowledge base and risks associated with over-simplifying the messages. However, when taken together and considered critically, the evidence shows that neglect can be, for some children, closely intertwined with these forms of harm and does invite us to consider the implications for research, practice and policy.

3 Practice implications

In light of the evidence, it seems vital that practice and service responses do not simply address the existence of CSE, HSB or IFCSA in isolation, but consider whether and how underlying vulnerabilities might be increasing risk for individual children and young people.

Equally, it is essential when addressing neglect to look also at the underlying factors that can lead to neglectful experiences – including poor parental mental health, domestic violence, poverty and social disadvantage – and to consider how support and interventions will help protect against further harm and vulnerability.

Doing this, however, will require us to reconsider our support in relation to neglect and to understand and manage the tensions that may emerge. Such tensions include the compelling evidence that support needs to be provided earlier, whilst also avoiding ‘over intervention’. Practitioners must balance the need to operate in genuine partnership with parents, while keeping the child in mind at all times. Support needs to be respectful, rather than stigmatising or shame-inducing, but these efforts can be affected by the requirements of child protection processes. Support needs to draw on the strengths of families and communities, while being properly connected to specialist services to allow fluid transition and appropriate protection. And support to these children and families should be focused on promoting resilience, rather than risk management, whilst ensuring that effective analysis of risk and vulnerability is maintained.

Implications relating to all three scopes

1. Neglect is the most common form of maltreatment reported in the family, and yet arguably remains a neglected issue. Government must prioritise tackling the causes of neglect and ensure that resources reflect its prevalence and impact. Resources must be sufficient for local areas to enable children and families to receive support at an early stage so that harm can be prevented.
2. Serious consideration should be given to adopting a public health approach to addressing neglect; this would involve population-level activity as well as targeted support, drawing more on data of need and focusing on social determinants of neglect.
3. Support for families where neglect has been identified should not focus exclusively on parenting. Local commissioners and service leaders should ensure therapeutic support and interventions are also provided to help children recover from the impacts of neglect.
4. Access to support is all too often predicated on thresholds, which can be a barrier to families receiving the early help neglected children and their families need. Service leaders should consider redesigning service pathways and routes to support, drawing in particular on the expertise of family support and community-based services. In designing pathways, attention should be paid to the potentially inhibiting issue of stigma.
5. The care system must place the wellbeing of looked after children, including recovery from past trauma, at the centre of all processes and decision-making. This will include prioritising permanence (love, security and a sense of belonging) and children’s relationships with those close to them. Including young people systematically in future research and practice development would support this aim.
6. Multiple placement moves for children in care should be all but eliminated, given the long-term harm they can cause. When moves are unavoidable, their impact must be mitigated – for example, by keeping the child in the same school and making sure they retain the same key worker (or other permanent figure).
7. Professionals across the multi-agency workforce need support to help them identify and respond to emotional neglect in particular, an often hidden form of maltreatment that can have far-reaching impacts on a child or young person’s life. Routine wellbeing checks, exploring the child’s perspective on their emotional wellbeing, would support this.
8. Efforts must be made to increase the visibility of fathers in practice, policy and research around neglect. Too often mothers are the focus; this can mean that the risks and protective factors that fathers bring to a child’s life may be missed. Local service leaders can enable this through policy review and practice audits.
9. Local areas should ensure there is a strategic overview of the collective endeavours of all agencies to address neglect. Plans should be informed by the expertise of all relevant agencies and by children and families themselves.
10. Policy, research and frontline practice do not always recognise and respond to the specific needs of particular groups affected by neglect and sexual harm – including LGBT, black and minority ethnic (BME), or disabled young people. Local service leaders should review whether support available needs to be tailored, drawing on the experience of children and families from these groups.

Implications relating to Scope 1

1. All young people identified as being at risk of or experiencing CSE must be offered support that aims to understand and address any vulnerabilities or unmet needs. Focusing exclusively on CSE without addressing these needs may be at best ineffective and at worst harmful.
2. In order for parents and carers to be able to support their child, families of children at risk of or experiencing CSE should be offered support that helps them process and address the impact of CSE on themselves, their child and their family relationships.
3. Focusing on CSE above other forms of sexual harm can create false delineations and be unhelpful. Local leaders should ensure that CSE policy and strategy does not inadvertently obscure other forms of sexual harm and is connected to other efforts to safeguard children and young people.
4. For children, young people and families affected by neglect or CSE, the provision of accessible support around housing, education and employment, mental health, and substance misuse would go some way towards tackling both forms of maltreatment.

Implications relating to Scope 2

1. Practitioners working with children and families where neglect or IFCSA are a concern should be *cautiously* alert to the potential for co-occurring/cumulative forms of harm, without making assumptions. Doing so will allow for a more comprehensive approach to children's needs. Training and high-quality supervision is essential to ensure practitioners are equipped and confident to explore issues of co-occurrence sensitively with families.
2. When working with neglecting families, practitioners must remain child-centred in order to identify children's emotional or supervisory needs and allow for a strengthened response to protection from further harm of IFCSA. IFCSA does not need to be occurring to address these needs – indeed, the earlier these needs can be identified, the earlier the external/environmental barriers can be strengthened to prevent future abuse.
3. Practitioners working with children and families where IFCSA has occurred should be alert to the

potential for negative responses from families to disclosure or identification of abuse. Negative or invalidating responses to disclosure of CSA have been found to be predictive of longer-term emotional and mental health difficulties. Working with the primary caregiver (and possibly other family members) as well as the child may help the family provide more effective support.

4. It can of course be highly distressing for parents to learn their child has been sexually abused within the family context. Consideration should be given to how support is provided pre and post disclosure of sexual abuse, to enable parents and children to process trauma and heal.

Implications relating to Scope 3

1. Government needs to support a shift in thinking away from approaches to children and young people with HSB that focus wholly on their offending behaviours. This will avoid young people being unnecessarily and inappropriately subjected to requirements such as sex offender registration, custodial sentencing and involvement in programmes that can lead to them being increasingly isolated, defensive and stigmatised.
2. Local policy-makers and practitioners should ensure that professional responses to HSB do not inadvertently lead to neglectful outcomes for children and young people with HSB. Instead, interventions and approaches to HSB should be more holistic, must engage with the children and young people's broader social ecology and need to actively encourage the family's participation.
3. Service leaders and practitioners should ensure approaches that both stop HSB and help meet the child's broader developmental needs, drawing on interventions such as Multi-Systemic Therapy and relationship-based approaches that seek to 'reconstruct' positive attachments.
4. When assessing HSB and its underlying motivations, practitioners should be alert to the *possible* role that neglect may have played as a developmental antecedent to HSB. Addressing ongoing neglect in children and young people's family and environment is an important part of a 'systems'-based response to HSB.
5. Training and high-quality supervision are essential to ensure practitioners are equipped and confident to explore these issues sensitively with families.

(Footnotes)

1 For a full list of research references relating to the listed early and medium/longer-term impacts of neglect, see the version of this Table in any of the three scopes.

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Child neglect and its relationship to other forms of harm - responding effectively to children's needs: Executive summary

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