

# CHILD NEGLECT: PRACTICE RESOURCE

RIGHT CONVERSATION RIGHT ACTION RIGHT TIME

[www.walthamforest.gov.uk/wfscb](http://www.walthamforest.gov.uk/wfscb)



## Contents

<b>1.0</b>	<b>Introduction</b>	<b>3</b>
<b>2.0</b>	<b>Background</b>	<b>3</b>
<b>3.0</b>	<b>Definition</b>	<b>4</b>
<b>4.0</b>	<b>Waltham Forest Context</b>	<b>4</b>
<b>5.0</b>	<b>Impact of Neglect -</b>	<b>5</b>
<b>6.0</b>	<b>Potential indicators of neglect</b>	<b>7</b>
<b>7.0</b>	<b>Risk indicators</b>	<b>8</b>
<b>8.0</b>	<b>Response to neglect</b>	<b>9</b>
<b>9.0</b>	<b>Key messages for effective practice in the recognition and response to neglect</b>	<b>9</b>
<b>10.0</b>	<b>Quality of assessment</b>	<b>10</b>
<b>11.0</b>	<b>Inter Professional Communication, Collaboration and Decision Making</b>	<b>10</b>
<b>12.0</b>	<b>Supervision and Reflective Practice</b>	<b>11</b>
<b>13.0</b>	<b>Therapeutic Interventions</b>	<b>11</b>
<b>14.0</b>	<b>Conclusion</b>	<b>11</b>
	<b>Appendix 1 - Waltham Forest offer</b>	<b>12</b>
	<b>Appendix 2 - Evidence based interventions</b>	<b>14</b>

## 1.0 Introduction

1.1 This multiagency document sets out the evidence base, context, safeguarding responses and local resources for the partnership response to Neglect incorporating the Think Family Approach.

1.2 Neglect is the ongoing failure to meet a child's basic needs and is also the commonest form of child abuse<sup>1</sup>. Reducing and understanding neglect is one of three priority areas for the Waltham Forest Children's Safeguarding Board (WFSCB) for 2018/19. Since 2014, WFSCB has commissioned four serious case reviews (SCRs) in which neglect has featured. Coincidentally neglect is a major theme in Serious Case Reviews (SCR's) and a contributory factor for children who come into local authority care. 63% of the 75, 420 children looked after by local authorities in England in 2017/18<sup>2</sup> were identified as having a primary need of 'abuse or neglect' - the most common reason identified. Changes to practice have resulted from these cases and led to the development of this Multiagency Neglect guidance.

## 2.0 Background

2.1 Nationally, abuse or neglect was the most common primary need at assessment for children in need at 31st March 2018. 53.2% of children in need had 'abuse or neglect' as their primary need identified at assessment, followed by family dysfunction with 15.4%, and child's disability or illness

at 8.7%. Significantly, 51.1% of children in need as at 31 March 2018, had domestic violence as the most common factor identified at the end of assessment, this was followed by mental illnesses at 42.6%, which incorporates mental health of the child or other adults in the family/household.<sup>3</sup> Neglect has an immediate and long term physical, emotional and economic consequences for the health of the individual, community and society. Furthermore, parental or children mental ill-health, drugs or alcohol misuse and learning disabilities can make it harder for parents to meet their child's needs. Children living with parents who have one or more of these issues may be more at risk of abuse and neglect.

2.2 There is a pivotal role for all agencies in intervening early to break the cycle of low level and cumulative impact of neglect from the perinatal period and throughout the life course.

2.3 Working Together to Safeguard Children<sup>4</sup> recognises that safeguarding is a shared responsibility which requires agencies to work together in partnership. It also emphasises the need for clarity and a shared understanding to improve the effectiveness of the multiagency response. Neglect remains the most common reason for being the subject of a child protection plan or on a child protection register in England and Wales.<sup>5</sup> It occurs when parents or carers are unable to meet a child's basic needs. This can be at any point in the life course including adulthood. Some of the

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<sup>1</sup> Brandon et al, 2014

<sup>2</sup> [Children looked after in England](#) (including adoption), year ending 31 March 2018

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<sup>3</sup> [Characteristics of children in need](#): 2017 to 2018 England

<sup>4</sup> [Working together to safeguard children 2018](#)

<sup>5</sup> [NSPCC 2018: How safe our children?](#)

reasons for this are the lack of parenting skills, support or social networks and/or the impact of other problems such as mental health issues, and substance misuse.

- 2.4 Neglect is recognised as a complex area of practice. Therefore the aim of this resource is to enhance the understanding of frontline practitioners in Education, Health and Social Care to increase the effectiveness of responses and thereby improve outcomes for children and families.



This guidance has been written from a 'Think Family' perspective and practitioners should read this document in conjunction with the [LBWF Multi-Agency Self-Neglect policy](#), 2016 and the [guide to thresholds and practice for working with children and families in Waltham Forest](#)

### 3.0 Definition

- 3.1 The statutory guidance defines child 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 (HM Government, 2015).

Furthermore, pregnancy and maternal substance abuse are common predictors of neglect often resulting in parental failure 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.” (Working Together to Safeguard Children HM Government, 2015;para 2; p93).

## 4.0 Waltham Forest Context

- 4.1 Whilst the recent rate of growth in population has been impacted by Brexit, the population of Waltham Forest continues to increase, adding to the challenge of effectively projecting risks and demand for services.

- 4.2 The borough’s population is young with a high proportion of children and young people (22%) and working-age residents aged 25-49 (43%), and a growing proportion living in rented accommodation.<sup>6</sup> Changing lifestyles are reflected in the increasing number of multi-generational households, including adult children living with elderly grandparents. Whilst this is positive in terms of the provision of informal support and the development of resilience, there is also a need to recognise and respond to child and adult safeguarding risks within inter-generational context particularly in the event of family breakdown or dysfunction.

- 4.3 The borough has significant specific challenges in terms of affordability and access to housing. Low incomes and rising housing costs are compounding the housing crisis already identified in London – with knock on effects in terms of overcrowding, as well as mental and physical health.

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<sup>6</sup> [Waltham Forest Council: Statistics about the borough](#)

4.4 More than two thirds (48%) of residents are from a minority ethnic background and 37% of Waltham Forest residents were born abroad. Approximately, one in four (26%) residents aged three and over do not speak English as their main language compared to 8 per cent nationally (2011 Census). The majority of the population are able to speak English. However, Polish and Urdu are the most widely spoken languages after English.<sup>7</sup>

4.5 The number of children who were the subject of a child protection plan on 31 March 2018 remains on an upward trajectory and has increased, from 51,080 in 2017 to 53,790 in 2018, an increase of 5.3%.<sup>8</sup> This trend is reflected in Waltham Forest with the rate of 32.2 per 10,000 which is below the average of similar areas at 41.4 per 10,000.

## 5.0 Impact of Neglect

5.1 Evidence from research and practice briefings highlight the adverse impact of neglect (*Research and practice briefings: 2005*) on child and adolescent development. Hence, the evidence challenges a common perception that neglect is less harmful than other forms of abuse (Ofsted, 2014; NSPCC, 2015; DH, 2014).

5.2 Neglect in pregnancy can result in the abuse of substances and non-engagement with antenatal care. The ingestion of alcohol and substances in pregnancy can have a negative impact on the development of the developing foetus, resulting in foetal alcohol syndrome and other

<sup>7</sup> [Waltham Forest Council: Statistics about the borough](#)

<sup>8</sup> [Characteristics of children in need](#): 2017 to 2018 England

developmental conditions. Ambivalence to pregnancy can impact on attachment. The Framework for the Assessment of Children in Need and Families (2000) identifies key elements of child development which are adversely affected by neglect (see below Figure 1).

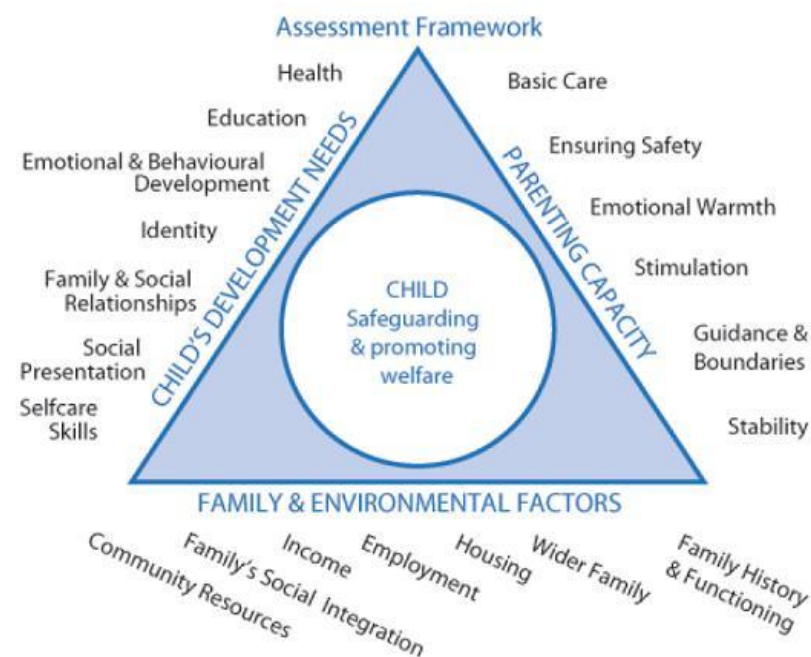


Figure 1 - Assessment Framework for children in need

5.3 Neglectful parenting can occur within the wider family and its environment with the adverse consequences on child development. Some of the parental factors include inattentive, unresponsive parenting alongside parental

apathy, lack of stimulus and attunement to an infant's needs. These factors converge to result in undermining the overall emotional development of children and young people.

- 5.4 Neuroscience provides the evidence that neglectful care affects the biochemistry and the structure of the brain, and confirms that neglect is strongly associated with social and emotional problems in childhood and later life. Infant brain growth depends on stimulation from the environment. The environment that matters most is the care-giving relationship (see Figure 1). Unfortunately, for some children neglect constitutes an aspect of this environment.
- 5.5 A particularly important aspect of care-giving is the adult's ability to recognise the infant's shifting emotional states and to attend to the baby in a sensitive and timely fashion in order to regulate (settle) the infant. These are the key ingredients in the development of attachment security and later resilience.
- 5.6 Babies learn quickly whether their communications of distress (clinging, crying) result in a comforting response from their carer, or whether it is safer not to make demands. Babies will avoid contact with their carer (averting gaze, keeping quiet, sleeping, moving away) if previous experience tells them that adults are unlikely to respond, or that adults respond in ways that frighten them. In the short-term the baby's avoidance of adults may be an effective strategy (a survival mechanism in an unsafe relationship) but the baby's long-term development is at risk because of

the loss of the rich learning opportunities that social interaction brings

- 5.7 Fortunately, infant brains adapt to new care-giving environments. If the quality of the existing care-giving relationship significantly and consistently improves, or if a child becomes looked after by a new, more nurturing carer, the child can catch-up, thrive and develop a belief that adults are safe and that they themselves are deserving of good care.
- 5.8 Neglect in adolescents can be harder to determine by professionals. Negative behaviours can be misinterpreted as 'lifestyle choices' or problematized as 'risky behaviours'. The choice of language used is critical as it can be perceived as blaming the child or young person rather than allowing a focus on the root cause of the behaviour as neglect and or abuse. A better understanding of neglect and emotional abuse in this age group will enable adolescents to access appropriate and early interventions which support their transition into adulthood.
- 5.9 National reviews and local experience have shown us that the primary focus of the child protection system is to prevent harm to younger children who may be at risk within their own family. We recognise that the system sometimes misses the needs of adolescents where many of the risks are found outside of the family home.



[Click here](#) to read about our approach to safeguarding in adolescents in Waltham Forest.

5.10 There is evidence to suggest that adults who have experienced neglect in their childhoods can be predisposed to neglectful parenting when caring for their own children and furthermore to have care and support needs as an adult or to self-neglect<sup>9</sup>. Intergenerational neglect in families can have the effect of normalising neglect within that context and de-sensitising professionals working with such families over a period of time.

## 6.0 Potential indicators of neglect

6.1 Recognising signs and symptoms can help identify a child or a young person experiencing neglect. This is not an exhaustive list but highlights some of the warning signs, although these symptoms of neglect may vary from child to child. However, creating an understanding of the indicators enables practitioners to respond to problems as early as possible and engage children and families with the right services and support required.



[Click here](#) to read more about signs, symptoms and effects of neglect

### Child

- living in a home that is indisputably dirty or unsafe
- left hungry or dirty
- left without adequate clothing, e.g. no winter coat
- living in dangerous conditions, i.e. around drugs, alcohol or violence
- often angry, aggressive or self-harm
- are not brought to appointments to receive basic health care
- underweight or overweight (failing to thrive/faltering growth)
- missing education, poor school attendance

### Adolescent

- missing from home, education or care
- offending behaviour
- substance misuse
- self-harming
- sexually harmful behaviour
- missing and absent from school
- bullying and being bullied
- shop lifting

### Parent

- ill health
- substance misuse
- domestic abuse
- fail to seek medical treatment when their children are ill or are injured
- learning difficulties

Figure 2- Potential indicators of neglect in children, young people and families

<sup>9</sup> Bentley, 2016

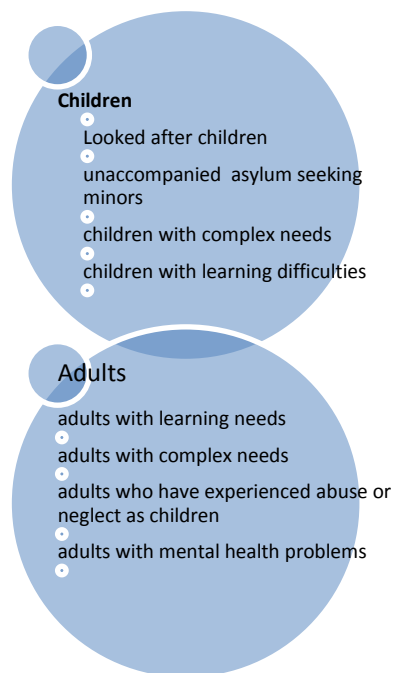


Figure 3 - Vulnerable groups

## 7.0 Risk indicators

7.1 Research has highlighted some similarities among children who have been abused or neglected. These similarities, or risk factors, help us identify children who may be at increased risk of abuse and neglect. A child who does not have any of these risk factors could be abused and a child with multiple risk factors may never experience abuse or neglect. But we do know that having one or more of these issues can increase the risk of harm.

7.2 The first step in helping abused or neglected children is learning to recognise the signs of child abuse and neglect. The presence of a single sign does not prove child abuse is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination (see Figure 2). It is important to note that any child can suffer neglect, but some are at a greater risk of neglect than others such as those highlighted in Figure 3.

7.3 Other things that may make neglect more likely include:

- living in poverty, unsuitable housing or a deprived area (DH, 2000)
- having parents who were abused or neglected themselves (Harmer et al, 1999)

## 7.4 Recognition of neglect

Symptoms can be physical, psychological, or both. A child's general appearance, home environment, and behaviour patterns can show signs of neglect (see Figure 2).

It is important to keep in mind that older children may not talk about the problem, because they fear or want to protect the offender. Or they don't believe they will be taken seriously.

## 7.5 Parental indicators of potential risk of neglect

- Appears to be indifferent to the child. The parent may not be interested in the child. Failing to meet a child's



needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them.

- Seems apathetic or depressed
- Is abusing alcohol or misusing other drugs

## 8.0 Response to neglect

8.1 The quality of the parent-child relationship can be assessed by close observations of the nature of the interactions between them. For example, does the child seek out the adult for attention and play, and for help and comfort when distressed? Does the adult notice the child's initiatives and are they able to respond to the child in a timely, appropriate and effective manner?

8.2 Being professionally curious means looking to identify indicators of neglect and not being reliant on legal thresholds alone. Professionals should instead explore the significance of one or a number of indicators of neglect when investigating an incident in a home setting or elsewhere. Child neglect can be multifaceted and enduring, and as such may be difficult to pick up from one single incident. It may involve a broader set of circumstances which can only be pieced together through the accumulation of evidence.

8.3 There will be many occasions when the issue is one of poor parenting and/or the carer's lack of knowledge, rather than a deliberate and wilful act. For instance parents who have learning disabilities who are neglecting their child will require a different kind of response than those who do not have

learning disabilities. Neglect can be best observed through observing the interaction between a parent and their child.

## 9.0 Key messages for effective practice in the recognition and response to neglect

9.1 Professional curiosity is an essential skill and competency for professionals working with children and families. Safeguarding children is everyone's responsibility (HM, Government 2015). All children have the right to be safe and to be protected from all forms of abuse and neglect. All practitioners whose work brings them into contact with children and families should be alert to the signs of abuse and neglect, know where to turn to if they need to ask for help, and able to make referrals to children's social care or to the police, if they suspect that a child is at risk of harm or is in danger.

9.2 We know that it is better to intervene and provide support and help to children as early as possible, before issues get worse. That means that all agencies and frontline practitioners need to work together and be professionally curious. This includes information sharing to aid multiagency working and monitoring non-engagement with antenatal care to safeguard unborn children:



[Click here](#) to read more about being professionally curious

9.3 While the presence of a potential indicator of neglect does not necessarily mean that a child is being neglected, it will always warrant further investigation. Practitioners must be 'professionally curious' to determine further information in the interests of the child. It is essential that professionals exercise professional curiosity at all times as it is likely that signs of any form of abuse including neglect will be identified when dealing with an un-associated incident.

## **10.0 Quality of assessment**

10.1 Ofsted<sup>10</sup> has recommended that Practitioners improve the quality of assessments through a variety of means such as, the effective use of chronologies and clear analysis of findings to identify the next steps. It is important to ensure that care plans reflect the views of the family as a whole including the child's view. Involving the family in the assessment process requires the use of information in a user friendly format that can be easily understood by the family and is appropriate to the age and development of the child. This may entail the use of interpreters and language support to overcome communication barriers. Consideration should be given to demographic factors such as ethnicity and identity.

10.2 There is a need to continually assess new information and intelligence as it emerges and family circumstances change so that support for children and families is relevant and appropriate to the assessed need. Both CQC and Ofsted have highlighted the need for care plans resulting from

assessments to focus on the most important needs of children, improve their experiences and include clear contingency plans.<sup>11</sup>

10.3 Equally, the onus is on the multiagency partnership to create the right environment for high quality assessment work through reviewing workforce development programmes, to ensure that frontline Practitioners have appropriate skills to assist them to undertake robust, analytical assessments that support and protect children. This can be accomplished through ensuring that supervision is reflective, challenging and builds on professionals' experience to inform and improve clinical practice. Regular multiagency themed audits which focus on positive outcomes for children and families enable the impact of assessment tools in use to be assessed. Incorporating and utilising feedback children and families will help to inform both practice and assessments (Ofsted, 2015).

## **11.0 Inter Professional Communication, Collaboration and Decision Making**

11.1 Practitioners are required to have the skills and knowledge base to be able to recognise neglect and failure to thrive and to undertake risk assessments in collaboration with multiagency partners. NSPCC (2015) recognised the need for agencies to work in partnership to identify concerns and plan interventions. A barrier to effective multiagency identification of neglect has been the inability for agencies to interpret their findings well enough to protect the children. Insufficient professional challenge of parents and other

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<sup>10</sup> [The quality of assessment for children in need of help; Ofsted, 2015](#)

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<sup>11</sup> [Not seen not heard, CQC, 2016](#)

professionals was emphasised in the triennial review of SCRs.<sup>12</sup> Poor intra and interagency communication can contribute to the voices of children being lost and children becoming invisible to services<sup>13</sup>. Practitioners should be aware of local escalation pathways, which should be used to resolve differences of opinion in relation to risks and thresholds.

## 12.0 Supervision and Reflective Practice

12.1 How do we make sure supervision is effective and minimizes harm? The biennial review and analysis of themes from SCRs highlight the importance of challenging and reflective supervision that goes beyond procedures and processes.<sup>14</sup> Regular supervision and management oversight should be available and appropriate to role functions.



[Click here](#) to read more about clinical supervision

A record should be maintained of all supervision, this includes both formal and ad-hoc supervision.

## 13.0 Therapeutic Interventions

13.1 The chronic nature of the problems experienced by neglectful families necessitates an integrated systemic approach in which, a combination of practical and

therapeutic services are delivered to families thus preventing escalation of concerns.

13.2 Interventions underpinned by a partnership approach between the practitioner and the family are constructive. Effective partnership work with families involves direct work with both children and families at all levels of intervention-universal, early help and statutory.

13.3 Neglect is heavily implicated in the development of mood disorders (anxiety, depression); conduct disorders; attachment difficulties (insecure attachments, disorganised attachments and Reactive Attachment Disorder); and neurodevelopmental problems (ASD, ADHD).

## 14.0 Conclusion

14.1 The Multiagency Guidance on Neglect has highlighted the multifaceted nature of neglect. It is the persistent failure to meet the child or young person's basic physical or psychological needs that is likely to result in the serious impairment of their health or development. As there is no gold standard for determining neglect it is reliant on professional curiosity, good record keeping, early intervention, partnership working, information sharing and effective decision-making. Situations of apparent neglect can be very difficult and thresholds sometimes hard to establish and is reliant on professional recognition and timely responses to child focused assessments.

<sup>12</sup> [Pathways to harm, pathways to protection: a triennial analysis of serious case reviews](#)

<sup>13</sup> [Not seen not heard, CQC, 2016](#)

<sup>14</sup> [New learning from serious case reviews: a two year report for 2009-2011](#)

## Appendix 1 - Waltham Forest offer



North East London Foundation Trust (NELFT) provides a range of evidence-based interventions to assess and treat the effects of neglect on children and families.

### Perinatal Parent-Infant Mental Health Service (PPIMHS)

PPIMHS offers psychiatric assessment and intervention to mothers during the perinatal period who are suffering from mental health problems, and offers parent-infant psychotherapy to families with babies 0-2 years old.



[Click here](#) to read more about the Perinatal Parent-Infant Mental Health Service

### Child and Adolescent Mental Health Service (CAMHS)

<http://www.nelft.nhs.uk/services-waltham-forest-camhs>

CAMHS provide a range of evidence-based interventions from a multi-disciplinary team for children (0-18 years) and families.



[Click here](#) to read more about CAMHS in Waltham Forest

### Emergency Department (ED), Whipps Cross University Hospital (WXUH), Barts Health



**Barts Health**  
NHS Trust

Health professionals in ED will assess neglect with every presentation to the

department. This includes both unscheduled and scheduled attendances to its services. The scope of inquiry includes details of accompanying adults and their relationship to the child. Information is also requested in relation to general health such as when a child was last fed, observations and opportunities for health promotion in relation to the standard of general hygiene and oral health.

Liaison information regarding all unscheduled visits to ED are shared with General Practitioners, Health Visitors and School Nurses. Frequent attenders to ED are assessed by Safeguarding Children Team and also undergo a Medical Review by Paediatricians to determine if the threshold for neglect is met. There is a 'Not Brought In' policy in place in Barts Health that is adhered too for children as well as a Did Not Attend policy for maternity care as missed appointments should be explored as indicators for possible vulnerabilities including neglect. The identification of potential neglect cases is also covered within the scope of the Barts Health Safeguarding Supervision Policy.

### Preventative intervention



#### Early Help assessment and intervention

Early Help offer:

- Children & families centres
- The healthy child programme<sup>15</sup>
- Family nurse partnership approach
- Parenting skills programmes

<sup>15</sup> [Department of Health 2009](#)

## Adult services offer



[Click here](#) to find all adult social care services linking to:

- Needs assessments • Care and Support • Personal budgets
- Independent advocacy • Eligibility for service
- Transition service • Carers service



[Click here](#) for information on Deprivation of Liberty Safeguards

## Neglect Offences which may require Police Intervention



The legislation that Police will primarily have available when dealing with matters of Neglect can be found under Section 1 Children and Young Persons Act 1933 and relates to any child under the age of 16 years.



[Click here](#) to view this legislation

A vast majority of cases recognised as neglect or potential neglect will be managed as stated within this guidance, however there will be occasions whereby urgent action is required and where the immediate assistance and intervention from Borough Police will be necessary to

safeguard the identified children. This will normally be in a situation where immediate removal of a child is required using Police Protection to prevent them from coming to imminent or further 'significant harm'.

The decision for Police to use Police Protection will be in conjunction with the protocol agreed with LBWF Children's Social Care. Borough Police officers will make their own assessment when at the scene. Ultimately the decision to use Police Protection for Neglect matters is reserved for the most serious of occurrences whereby immediate action is required.

When Neglect is identified and considered so severe that urgent steps are required to safeguard children at risk or experiencing significant harm, it is imperative that practitioners seek advice initially from a manager and follow local multiagency safeguarding processes

## Statutory intervention underpinned by 'Think Family' approach in Waltham Forest:

- Request for Help and Support or Protection forms available to all partners in Waltham Forest fostering referral process when 'need' or 'risk' are identified requiring statutory input
- Multidisciplinary assessment
- Direct work with children and families exploring their lived experiences
- Needs led and outcome focussed planning identifying measurable objectives to change

## Appendix 2 - Evidence based interventions

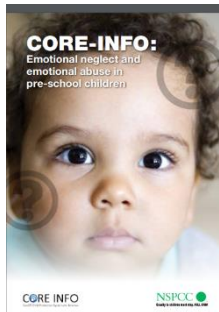
### The Science of Neglect



[Click here](#) to watch a short video from Harvard University about the biological impact of neglectful care in infancy:

### National Society for the Protection of Cruelty against Children (NSPCC)

The NSPCC have a wealth of information and resources about neglect on their website, including these leaflets which are available to download:



Pre-school



5-14years old



Teenager 13-18 years old



Please click on the images to follow each link



Graded Care Profile is an assessment tool to help social workers spot anything that's putting that child at risk of harm and measure the quality of care being given to a child. [Click here](#) to read more about the graded care profile

## 18.0 Appendix 2 - Contributions

### **Chair of Neglect subgroup**

Korkor Ceasar Designated Nurse for safeguarding Children and Looked after children NHS Waltham Forest Clinical Commissioning Group (WFCCG)

### **Members of Neglect subgroup**

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Lillian Gerber, Founder & Director - PinPoint Incorporated  
Mary Marsh, Operational Lead Children's Integrated Universal and Early Intervention Services and London Children's Lead for Workforce planning and training, NELFT  
Tess Glenday, Lead Manager for Early Help and Troubled Families, LBWF  
Nicole Sterling, Business Support Officer, LBWF  
Zahra Jones, Strategic Partnership Coordinator, LBWF

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Assistant Detective Chief Inspector Stuart Cheek, SC&O17 -Sexual Offences, Exploitation & Child Abuse Command, East Region Child Abuse Investigation Teams  
Debbie Stone, Team Manager Strategic partnerships, LBWF  
Deborah Chapman, Business Support Strategic Partnerships, LBWF  
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Rita Ali, Safeguarding in Education Lead, LBWF  
Stella Bailey, Public Health Strategist, LBWF  
Suzanne Elwick, Head of Strategic Partnerships, LBWF

## Further research used

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