



**THE COMPLEX ISSUE OF CHILD NEGLECT**  
**DISCUSSION PAPER**  
**SEPTEMBER 2013**

*‘What does being neglected in this particular way mean for this particular child as this particular time?’*

**Introduction**

This discussion paper has been compiled from recent research undertaken by Action for Children and the NSPCC into the prevalence of child neglect in the United Kingdom; and literature and guidance available from Community Care Inform. There has been a wealth of research undertaken over the last 3 years in an attempt to understand the issue of child neglect and its impact on children’s lives and if professional interventions are making a difference. Tackling child neglect has become a priority for many local authorities and remains a significant priority for Hartlepool Safeguarding Children Board.

This paper highlights what the national picture in respect of children who are perceived to be neglected looks like; explores the complexity of how child neglect is defined; how children experience neglect and how this impacts upon them physically, developmentally and emotionally; what may increase the risk of a child being neglected; and where we go from here with prevention and interventions to reduce the significantly damaging effect neglect has on a child’s potential.

The aim of this paper is to generate a discussion amongst members of Hartlepool Safeguarding Children Board to ascertain professionals understanding of what neglect is, what it looks like, and what it may be like for the child who is being neglected. Hartlepool Safeguarding Children Board needs to ensure it has a common understanding of neglect and a consensus of how we will work together as agencies to improve the outcomes for children whose lives are negatively affected by neglectful care.

## Neglect – National Statistics

By 31<sup>st</sup> March 2012, there were **18,220** children in England subject to a Child Protection Plan for Neglect. (The State of Child Neglect in the UK, Action for Children, 2013). 43% of all the children subject of a child protection plan in England were under the category of neglect on 31 March 2012. Roughly one in seven children who became the subject of a plan for neglect in England during 2011-12 had been subject to a plan at least once before but not necessarily for neglect (NSPCC child protection register statistics 2013).

The NSPCC has found that neglect is much more prevalent in serious case reviews than had previously been understood (neglect was present in 60% of the 139 reviews from 2009-2011). The NSPCC has identified that neglect with the most serious outcomes is not confined to the youngest children, and occurs across all ages. The possibility that in a very small minority of cases neglect will be fatal, or cause grave harm, should be part of a practitioner's mindset. Practitioners, managers, policy makers and decision makers should be discouraged from minimising or downgrading the harm that can come from neglect and discouraged from allowing neglect cases to drift. (Neglect and Serious Case reviews 2013, NSPCC and the University of East Anglia)

## What is child neglect?

What do we understand by the term 'Neglect'? As professionals working with and having responsibility for children and families it's a word that is overly familiar yet professional's interpretation of what constitutes a child being neglected or 'neglectful parenting' can differ greatly.

Neglect has been used to refer to a range of childhood experiences from failure to encourage a child to wear spectacles to starving a child to death (Ventress 2009). There can be confusion and inconsistency amongst professionals and agencies with regard to what neglect actually is.

Whilst neglect generally refers to the absence of parental care and the chronic failure to meet children's basic needs, defining those needs is not straightforward (NSPCC 2012). Daniel et al, 2011 states that it is difficult to define the absence of something such as love and attention. What we do know is that neglect often co exists with other forms of abuse and no particular category of abuse is exclusive or excluded.

Previous government guidance for England, Working Together to Safeguard Children (HM Government, 2010), defined 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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs."*

The revised version of Working Together to Safeguard Children (HM Government 2013), does not provide a definition of neglect.

Horwath (2007) has collated definitions of neglect from a range of organisations and brought together a wide range of components that a practitioner should consider when deciding whether a child is the victim of neglect into what she called a “working definition”:

***“Child neglect is a failure on the part of either the male and/or female caregiver, or pregnant mother, to complete the parenting tasks required to ensure that the developmental needs of the child are met. This should take into account the age, gender, culture, religious beliefs and particular needs and circumstances of the individual child. This failure may be associated with parenting issues. It has occurred despite reasonable resources being available to enable the carer/s to complete the parenting tasks satisfactorily. Whilst neglect is likely to be ongoing, one-off incidents and episodic neglect can affect the health and development of a child.”***

### **The difficulty with defining the term ‘neglect’**

Neglect takes many forms. Although all may result in a child’s developmental needs not being met it would probably be rare for a child to experience only one form of neglect. For example, many children who experience poor physical care also experience inadequate supervision, inadequate medical treatment, and may not be encouraged to attend school. Each of these would clearly be regarded as a form of neglect, although we have no additional label which can succinctly encapsulate the cumulative effects on a child who experiences all four forms in combination. (Ventress 2009)

Equally, it is also important to remember that many children experience other forms of abuse alongside their neglect. Neglect can represent an event or a process or both.

The NSPCC briefing paper on neglect (2012) made the following key findings:

- Because its effects are cumulative, neglect is hard to define and it can be difficult for professionals to identify the point at which to make a referral.
- Neglect often co-exists with other forms of child maltreatment. Boundaries between abuse and neglect can become blurred.
- There is no single cause for neglect. Most neglectful families experience a variety and combination of adversities. Depression, domestic violence, substance use and poverty are among the factors linked to neglect.

NSPCC (2012) believe that neglect can be difficult to define because most definitions are based on personal perceptions of neglect. These include what constitutes "good enough" care and what a child's needs are. Lack of clarity around this has had serious implications for professionals in making clear and consistent decisions about children at risk from neglect.

Most neglectful families have complex needs so interventions frequently involve different agencies. Practitioners' understandings of neglect, however, are often shaped by different professional backgrounds and can vary within and across different services. This can contribute to vital pieces of information, being lost or not being effectively communicated across agencies. An effective interagency approach to cases of neglect is essential. Ventress (2009) claimed the confusion and uncertainty caused by defining neglect manifests itself in uncertain referral criteria, variable thresholds for intervention and, at times, a level of inter-agency paralysis that allows problems to continue, sometimes across generations.

## How do children experience neglect?

### The different types of neglect

Although we have heard how difficult it can be to define neglect there has been a wealth of research undertaken to explore the different 'types' of neglect that a child may experience.

In his *Community Care Inform Guide on Child Neglect (2009)*, Neil Ventress, categorised the types of neglect and how children may experience the neglect in the following way:

- **Physical neglect:** Physical neglect is more than dirty children. At its worst this is the physical environment characterised by dirt, unwashed clothes, rotting food, untrained animals, broken or damaged furniture, soiled mattresses with little or inappropriate – sometimes wet - bedding, with little space free from clutter, detritus or even excrement.

There is nothing normal about living in squalor, and even relatively young children will soon realise that they are living in a different environment from that they see around them. As they become older, children may try to hide their dreadful living conditions by avoiding bringing friends home, or when friends – if they have friends – call, by not inviting them in. This is sometimes reciprocated, and so these physically neglected children can lose out on opportunities for social development and miss opportunities to make and sustain relationships.

The physical neglect of many children is reflected in a low level of physical care. For example, they may present as unwashed, sometimes smelling of body odour or urine, in dirty or ill-fitting clothes, sometimes going to school in the clothes that they slept in. Consequently, such children may experience name-calling and bullying, and can fluctuate between a resigned acceptance and embarrassment. These children may become socially excluded within their peer groups; for some children this in itself can be harrowing and damage their development.

Much has been written about the relationship between neglect and poverty. Children who are physically neglected are usually, though not always, living in family poverty; however, many children are brought up in situations of poverty and are not neglected. Poverty does not predetermine neglect.

- **Supervisory neglect:** There is no law specifying at what age a child should be left without adequate adult supervision. In terms of the government definition, a child would have to be “abandoned” in order to cross the threshold into neglect, but there is obviously no guidance in the definition as to what length of time, at what age and developmental stage, a child could be considered as abandoned. Children being left alone is a common reason for referrals to be made to children’s social care, and the decision on whether they are in need, or in need of protection should be made on the basis of a well thought-out evaluation of our own value base alongside a consideration of the other parts of the information jigsaw. In relation to young children, the risk of significant harm is obvious. For the older child it can be more complex.

This is not to suggest that for a child to be left alone is harmless; account must be taken of the potential for the child to suffer significant harm, not only in the sense of physical risks and accidents but also in terms of the child being afraid. Think of the distress of the lost toddler. For many young children, not knowing the whereabouts of their caregiver(s) can be devastating. In fact, it would be concerning if a young child were emotionally unaffected by being left alone.

The threshold that determines the appropriateness of such parental behaviour can only be identified at an individual child level, taking into account a broad range of factors, such as their age, level of understanding, maturity and developmental competence. However, most practitioners would make a distinction between a parent who makes a considered but ill-advised judgement to leave their child unsupervised and a parent who is indifferent to the child’s supervisory needs or emotional distress.

Lack of supervision is not confined to leaving children unattended. Besides being unavailable for children because of substance misuse or illness neglect can also feature children being left on their own in situations which they do not have the skills to (safely) manage. So the child who is playing unsupervised may come to harm. Howarth (2007) has collated a helpful list of some of the indicators of supervisory neglect which can also be found within Ventress’ 2009 Guide.

- **Emotional neglect:** A child’s experience of emotional neglect may not differ significantly from their experience of emotional abuse; the main difference is in relation to the motivation of the caregiver. While both are likely to feature a caregiver’s hostility, or indifference, or emotional unavailability, emotional abuse implies an element of intent, whereas emotional neglect is usually seen as the result of caregivers’ non-deliberate neglectful behaviours. Emotional neglect can be no less damaging for a child’s self-esteem and positive self identity than emotional abuse. It can leave the child feeling unvalued and unloved, and can deny them that basic happiness that should be their right.

The impact can be pervasive and dramatic - at its most extreme, emotional neglect can affect children's physical growth and can lead to higher levels of physical illness. Children may know their roles and respond to clear rules and can often do well at school. Their physical needs are usually met but their emotional needs remain unfulfilled. In the absence of empathic responses from parents, children may appear falsely bright and self-reliant but on closer examination they demonstrate poor social relationships with peers and adults.

- **Educational neglect:** Educational neglect is not simply about a failure to get the child to school. It describes caregivers who fail to provide a stimulating environment for their child, or fail to show interest in their progress and their achievements. It can involve caregivers simply not valuing the picture that the child painted, or not listening to the story that they read, or not providing the child with coloured pencils.

Educational neglect can affect children of any age. Babies who are under-stimulated, who are deprived of interaction or communication will reflect this in their development. This is considered in more detail in the section on the impact of neglect.

- **Nutritional neglect:** This can be characterised by a lack of prepared food, resulting in children perhaps filling themselves with crisps, biscuits or sweets, or by the child not being provided with enough calories for normal growth, and failing to thrive. Alternatively, nutritional neglect can manifest itself in childhood obesity. Carers have a major role to play in influencing the eating habits of their children, particularly when they are young and, as many parents know, changing children's established eating habits can be difficult. As well as encouraging children to eat "five a day", parents need to provide their children with a balanced diet of good quality food. Realistically, given the association between neglect and poverty, this is an area where many neglectful families – even with the motivation to feed their children well – will struggle.
- **Medical neglect:** This is a failure to seek medical care or medical opinion for a child's health needs. It may involve, for example, a caregiver ignoring an injury, illness or other health condition, or it may involve the caregiver "treating" a child whose condition needs professional attention. This type of neglect is not confined to accidental injuries; a child who needs to wear spectacles to correct a squint but chooses not to do so without parental encouragement may lose their eyesight if allowed to make the decision for themselves. It is not only neglected children who acquire head lice but, if untreated these can be irritating and eventually painful.

We might also include here the consequences of untreated dental caries, which can affect the way in which a child eats, or speaks – and which might result from a failure to keep dental appointments or may be the consequence of a child never having been shown how to brush their teeth.

- **Societal neglect:** Horwath (2007) cited in Ventress (2009) uses this term to describe the actions of agencies in withdrawing or reducing essential services such as early health checks at school and home visits by health visitors. These policies impact disproportionately on parents in difficulty and on children who are neglected, as well as other frontline services. It might also include the limited access to medical care, fresh and nutritious food, and parenting support available in areas that have high levels of deprivation. It might include the agency's decision to close a child neglect case rather than maintain a watchful oversight, strongly suspecting that this will ultimately lead to the situation breaking down – a crisis that may trigger more decisive action.

Howe (2005) identified in addition to emotional neglect, discussed above, two other common presentations of neglect.

- **Disorganised neglect:** Occurring in multi-problem, disorganized, crisis-ridden families. Carers feelings dominate behaviour, leading to inconsistent and unpredictable care of children. Carers often have feelings of being undervalued or having been emotionally deprived in childhood so need to be the centre of attention. They can be demanding and dependant to professionals and may be regarded as overwhelmed but amenable to services. Crisis is a necessity. Carers can cope with babies as babies need them but then cares can become unpredictable and insensitive. In response, children become more demanding in order to gain their parents' attention, sometimes in increasingly dramatic behaviour. They can become anxious, infants can be fractious and hard to soothe, fretful and clingy. Young children become attention seeking, have poor confidence and concentration, show off and can go to far. Teenagers are impulsive, immature, need to be noticed, which can lead to trouble in school and the community. Carers can feel angry and helpless and reject the child to another caregiver.
- **Depressed neglect:** Clinical depression in parents, with many varied causes, can be disabling such that parents may become unable to perceive their children's needs or to believe that any positive change is possible. They may appear unable to understand what is required of them and clearly lack motivation, they have a sense of hopelessness and despair. Carers have often been abused and neglected as their own parents may have been depressed or physically or sexually abusive. They acquire learned helplessness in response to the demands of family life. They may display stubborn negativism and passive aggressiveness. They can be listless and unresponsive to children's needs and rarely interact with them; lack pleasure or anger in dealings with children and professionals. They do not smack or shout at the children but do not display hugs or affection or warmth; there may be poor supervision, food and care. In the absence of response to their prompts, children may themselves become silent, limp, dull and depressed.

The younger the child the more debilitating the effects. Infants can be uncurious and unresponsive; moan and whimper but do not cry or laugh. At school the child may be isolated, aimless, lack confidence and concentration and drive but do not show anti social behaviour. Treatment of depression tends to take much time, and little improvement may be expected in the short term.

In 2010 Action for Children published '*Seen and Now Heard: Taking Action on Child Neglect*'. They interviewed over 3,000 eight to twelve year old children about neglect. They found that almost 61% had seen suspected signs of neglect; children as young as eight are seeing signs of neglect in their peer groups; 25% had seen a child who was wearing ill fitting or smelly clothing; 19% had seen a child who looked unwashed or dirty; 7% had seen a child who may not be receiving meals at home and 34% had seen children who did not appear to have any friends at home or at school. 80% had seen the signs in classrooms and playgrounds; 47% saw the signs in their neighbourhood.

46% of those children interviewed in the study identified that children who were showing signs of neglect were likely to be bullied; 41% stated the children would be 'laughed at'; 48% stated the children would be ignored; 44% stated they would talk about a child who was being neglected with their friends.

In 2011 Child Abuse and Neglect in the UK today conducted a major piece of NSPCC research interviewing 1,761 young adults aged 18-24 years; 2,275 children aged 11-17 years and 2,160 parents of children aged under 11.

Below are the key findings on child neglect by parents or guardians:

- **One in 6 (16%) young adults were neglected at some point during childhood with one in 10 young adults (9%) severely neglected during childhood.**  
(Based on interviews with 1,761 young adults aged 18-24 years).
- **One in 7 (13.3%) secondary school children have been neglected at some point, with one in 10 children (9.8%) severely neglected.**(Based on interviews with 2,275 children aged 11-17 years).
- **One in 20 (5%) of children under 11 have been neglected at some point, with one in 30 (3.7%) severely neglected.**  
(Based on interviews with 2,160 parents or guardians of children aged under 11 years).

Neglect was the most prevalent type of maltreatment in the family for all age groups. One in six young adults (16%) had been neglected at some point in their childhoods and nearly one in ten (9%) had experienced severe neglect. One in seven children aged 11-17 (13.3%) have been neglected. Almost one in ten (9.8%) have experienced severe neglect.

A thread running through all 5 Ofsted evaluations of serious case reviews (2008-2012) is the failure to see, listen to or take account of the perspective of the child or children at the centre of a review.

Ofsted describe a single case involving neglect where it was noted that the children were only able to speak about their experiences once they had been removed from their home environment.

### **What increases the risk of a child being neglected?**

The NSPCC (2012) briefing of some of the findings from research into child neglect identifies that although the causes of neglect are varied, studies suggest that, amongst other things, parental mental health problems, substance misuse, domestic violence, and poverty, are factors which increase the risk of neglect. Neglectful families often experience a variety and/or combination of adverse factors.

Mental health problems, particularly depression, have been linked with parents sometimes struggling to meet a child's needs. Likewise, substance misuse is believed to play a crucial role in undermining a parent's ability to cope with parental responsibilities.

Unstable and abusive relationships can also increase the risk of a child being neglected. The impact on children of living with domestic violence frequently includes direct violence or witnessing abuse, which is potentially very damaging to children.

There is some indication of the cyclical and inter-generational nature of neglect. Neglectful parents may have been affected adversely by their own past experiences

Many forms of physical neglect, such as inadequate clothing, exposure to environmental hazards and poor hygiene may be directly attributed to poverty (Action for Children, 2011). While poverty is believed to increase the risk of neglect, it is important to highlight that poverty does not predetermine neglect. The majority of low-income families are not neglectful and do provide loving homes for their children. When poverty co-exists with other forms of adversity, however, it can negatively impact the parent's ability to cope and undermine their capacity to adequately respond to their child's needs.

### **Neglect –what now?**

Research focusing specifically on the effects of neglect is still very limited in comparison to other areas of child maltreatment. As neglect often co-exists with other forms of maltreatment, what we know about the effects of neglect is primarily derived from studies that examine neglect in conjunction with other forms of abuse. Apart from being potentially fatal, neglect causes great distress to children and is believed to lead to poor outcomes in the short- and long-term. Possible consequences include an array of health and mental health problems, difficulties in maintaining relationships, lower educational achievements, an increased risk of substance misuse, greater vulnerability to other abuse as well as difficulties in assuming parenting responsibilities later on in life (Daniel et al, 2011). Much of how neglect affects children during their childhood and later in adulthood depends on the type, severity and frequency of that maltreatment.

The wider reforms are of greater concern to children living in neglectful situations. Policies aimed specifically at early help and early intervention are absolutely essential to support children, however, the current economic climate coupled with wider national reforms in health and welfare are unlikely to improve the situation for many children and may have the impact of worsening a difficult home life.

The numbers of families in difficulties are likely to increase with demands on services which are subject to huge cuts. The suspected withdrawal of prevention services to preserve protection services, changes in housing benefit which may result in reduced financial support and the possibility of families needing to move due to over-capacity, and a universal credit system paid direct to adults could result in more children suffering greater degree of neglect.

In 2012, Action for Children, the NSPCC and The Children's Society commissioned a study to consider the impact changes to the tax and benefit system, as well as welfare reforms, will have on families, particularly vulnerable families (Reed, 2012).

Reed found that the changes to the tax and benefit systems will disproportionately hit the most vulnerable families. Overall, the negative impact is perversely greater for families with more vulnerability, particularly affecting families with four or more vulnerabilities present in their lives. Moreover, these families may depend more on public services than other families, and their children are likely to be more affected by cuts to provision as they will accumulate further problems.

It is known that little short-term intensive approaches work in the field of neglect, thus longer term interventions seem to be more productive. However, organising and resourcing longer-term interventions can be particularly challenging to child care systems as most interventions around physical and sexual abuse have a relatively short intervention period. Neglect is characterised by repeated need for intervention, and families require long-term support. If families need to be in receipt of continuous services, this involves significant demand on practitioner time, interagency collaborative effort and emotional energy (Action for Children and University of Stirling (2012).

Working Together to Safeguard Children 2013 states that *“practitioners should be rigorous in assessing and monitoring children at risk of neglect to ensure they are adequately safeguarded over time. They should act decisively to protect the child by initiating care proceedings where existing interventions are insufficient.”*

*“Assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can improve following input from services or a change of circumstances and review, but then deteriorate once support is removed. Professionals should be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes.”*

In the latest review of child neglect undertaken by Action for Children (2012) it is highlighted that the current structure of child protection systems in the UK can militate against effective action on neglect; that increasing financial pressures are impacting more severely on children's well being and that commitment by UK administrations to a longer term approach to intervention to neglect is essential. The report goes on to say that improving clarity among professionals and the public over what constitutes neglect would help to ensure earlier and more effective intervention. It is clear that intervening in neglect is likely to be costly in resources, requiring intensive long term multi faceted work, employing a highly skilled workforce. The challenges to achieving these requirements in a persistently difficult financial context are enormous.

What is missing from the wealth of research into the prevalence of child neglect is how to effectively provide interventions with children and families where neglect is a concern. The University of Salford conducted a 4 year evaluation of the Action for Children UK Neglect Project (2008-2012) which looked at the impact of interventions to improve outcomes for children. This was based on an Action for Children 5 year Intensive Family Support programme to provide effective lasting intervention with families and children most in need in a selection of places across the country. The project adopted a whole family approach and locally appropriate resources to target the IFS approach where there was evidence of vulnerability and unmet need relating to neglect. The focus was to improve the outcomes for children, whose developmental needs were being insufficiently met, placing them at risk of poor educational, emotional and social outcomes. The evaluation yielded some positive results. Action for children did extensively revise a version of the Graded Care Profile in their work re-naming it the Action for Children Assessment Tool. This paper does not intend to delve into this report however is available on the Action for Children website.

Within Hartlepool the Graded Care Profile has been localised to a Hartlepool Model and is now being promoted for use to the workforce through the HSCB Learning and Development Programme. Its use in practice and evaluation of its impact on early identification and targeted services to address the issue of neglect and its impact on improving outcomes for children and families will be reported in due course.

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