

Neglect Strategy 2017 – 2022

***Supporting the prevention and
reduction of neglect in Leeds***



Leeds
Safeguarding
Children Board

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Foreword – Dr Mark Peel, LSCB Independent Chair



I am delighted to present the Leeds Safeguarding Children Board Neglect Strategy for Leeds 2017-2022.

This Strategy is the culmination of a great deal of work by a large number of people reflecting the range of agencies and expertise that constitute our safeguarding partnership for Leeds, and I

would like to take this opportunity to say a personal ‘thank you’ to all of those involved in its development. But, perhaps more importantly, suggest that our work here has the potential to improve the lives of children in the City for years to come.

The direct purpose of this strategy is to prevent and reduce neglect within the city of Leeds.

A better understanding and more strategic approach to neglect is essential for everyone with responsibilities for safeguarding, as we know that when children are neglected not only does this impact on their development through childhood, adolescence and into to adulthood, but will often have enduring consequences throughout their lives.

‘The cumulative and pervasive impact of neglect on the development of children and their life chances has to be properly addressed if they are to be able to contribute to and benefit from society as adults and future parents.’

(In the Child’s Time – Professional Responses to Neglect, Ofsted 2014)

Our efforts today to prevent and reduce neglect in Leeds will not only serve to protect individual children, but also have the potential to anticipate and avoid a wide range of health and other potential problems cascading down through future generations, as a result of neglect.

So in conclusion, linking objectives together under the new neglect strategy has the aim of improving our ability to quantify the extent of neglect in the city, and of ensuring that all agencies are better able to recognise neglect at the earliest opportunity, and provide the most appropriate, timely and joined up response.

Mark Peel

Background

The experience of neglect during childhood can have significant, long-lasting and pervasive consequences, affecting all aspects of a child’s development. These effects include cognitive and other physical development, educational achievement, children and young people’s emotional wellbeing, and behavioural difficulties. It can also result in children and young people having difficulties making and keeping relationships, which can affect how they parent their own children and can perpetuate inter-generational cycles of neglect. Consideration needs to be taken into individual development and context, including social and economic factors such as poverty and deprivation, family, environment and community resources. In addition practitioners should be aware that neglect is an area which can be open to personal and moral judgements.

Neglect is the most common type of abuse experienced by children and young people in England; 2014 figures recorded 48,300 children who were subject to a child protection plan at 31 March 2014, and the category of neglect was recorded in 43% of cases, followed by emotional abuse (36%), physical abuse (8%) and sexual abuse (4%), while multiple categories were recorded on 9% of plans (*Sidebotham et al triennial analysis of SCRs, 2016*).

Serious Case Reviews published nationally are studied and analysed on a triennial basis by social work academics, and over the decade that these studies have been carried out they have found neglect to be present in 60% of cases.

What does the data tell us about neglect in Leeds?

Understanding how many children are affected by neglect is difficult as data is limited to formal reports and assessments of neglect in children's services and in addition much neglect is not reported, known or recorded. However wider research suggests that up to one in eight children will experience neglect during their childhood, and analysis of care data shows that neglect is a key issue for the work of children's services, for example making up one in six assessments and is an identified issue for over half of the children supported by a Child Protection Plan.

The NSPCC has led national research on the incidence of neglect in childhood. Their latest research, in 2011, showed:

'Neglect was found to be the most prevalent type of maltreatment in the family for all age groups.'

'5 per cent of under 11s, 13.3 per cent of 11–17s and 16 per cent 18–24s had been neglected at some point in their childhoods ... severe neglect was experienced by 3.7 per cent of under 11s, 9.8 per cent of 11–17s and 9 per cent of 18–24s at some time during childhood.'

Radford, L. et al. (2011) Child abuse and neglect in the UK today. London: NSPCC.

Children's services data nationally shows that neglect is a major factor across England. For example 17.5% of assessments across England identify neglect as key need and neglect is a feature for nearly half (46%) of the children subject to a Child Protection Plan in England each year.

Key facts from Leeds Children's Services data (2016-17)

- During 2016-17 there have been nearly 5,000 referrals to social care in Leeds due to concerns about neglect
- 1 in 6 social care assessments in Leeds (and nationally) are due to neglect
- Concerns around neglect are related to similar worries about compromised parenting, particularly due to parental substance misuse and learning disability

- The proportion of cases where neglect is cited as a key factor tends to decline with age, with most concern being raised for younger children and infants. This is in contrast to the national picture
- Within Leeds, over half of such assessments are closed at this stage without further intervention or support from social work services
- During 2016-17 neglect has been the largest single cause of children entering care in Leeds

Referrals

Nearly 5,000 referrals in Leeds were recorded as having a primary factor of 'neglect', around 13% of the total referrals.

Assessments

In Leeds the number of cases under assessment where neglect was cited as a contributory factor was 1,734 (18% of the total). This is in line with the national data which indicated that neglect was a factor at assessment for 78,400 assessments (17.5% of the total where need data was correctly recorded). Neglect was cited as the primary factor leading to assessment in 14% of cases within Leeds.

Child Protection

Of those children subject to a Child Protection Plan in Leeds, 29% have an identified primary need of neglect. This is lower than the national figure whereby 46% of the total number of children subject to a Child Protection Plan in 2015-16 was due to neglect (the National Child in Need (CIN) Census).

Analysis of assessments within Leeds suggests that nearly one in ten (9.7%) of completed assessments of child neglect led to a child becoming subject to a Child Protection Plan.

Children Looked After

Analysis of completed assessments of child neglect showed that nearly 4% of children assessed subsequently became looked after in Leeds. Cases of neglect were the single largest group entering care in Leeds during 2016-17. National comparator information is not available.



Purpose and Scope

Leeds is ambitious for its children and young people, with the aim of making the city truly child-friendly, and the best in the UK for children to grow up in by 2020. Central to this ambition is to ensure that all children and young people in Leeds are safe from harm.

The aim of this document is to set out the strategic aims and objectives of Leeds' approach to preventing and reducing neglect across the city. This includes working within a [Think Family Work Family](#) approach to ensure that issues are addressed restoratively and in a family context, and to pull together all of the work happening across the children's services partnership to reflect coherent and consistent ways of working

to tackle the issue of neglect. This will help us to improve outcomes for children, young people and families in Leeds.

This strategy has been developed in conjunction with multi-agency partners working across the Leeds partnership and should be considered alongside other key strategies and plans such as the [Children and Young People's Plan 2015 – 2019](#), [Health and Wellbeing Strategy 2016 - 2021](#), [Right Conversations, Right People, Right Time](#), [Best Start Plan 2015 - 2019](#) and [Future in Mind SEMH Strategy](#).

To supplement this strategy, more detailed information about neglect is provided in the Practice Guidance and appendices.

From the study of cases from 2009-2011 we learnt that where a child died from physical assault with a child protection plan in place, the child protection plan was much more often for neglect than for physical injury. This underlines the importance of neglect as a marker not only for long term damage to a child's development and wellbeing but also as a marker of potential physical danger to the child. This means that neglect should be treated with as much urgency as any other category of maltreatment.

(Sidebotham et al 2016, Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014, Department for Education)

Guiding principles

This strategy sets out our approach to tackling neglect in Leeds. In order to be successful, our strategy needs to be grounded in the culture and ethos of the Leeds partnership, and as such it will adhere to the following principles:

1. **Child Friendly practice** – Leeds has an ambition to be a child friendly city and our approach to helping the most vulnerable children, young people and families in neglectful situations needs to reflect these values;
2. **Voice of the child** – in all of our work on neglect, it is vital to hear the child's voice, and to focus on their experiences and the impact neglect has had - and is having - on their lives. The safety and wellbeing of the child or young person is paramount, and they must be kept at the centre of all of our work;
3. **Restorative practice** – our approach in Leeds to working with families is a restorative one, and our work with families to address neglect must maintain a focus on investing in the relationships we have with children, young people and their families, and with colleagues and partners to improve outcomes, prevent or resolve harm. Practitioners and agencies have a responsibility to offer both support and challenge to families and to each other in order to respond robustly to neglect, whilst appropriately utilising the strengths of the families and using restorative language;
4. **Participation of parents and carers** – as with hearing the voice of the child or young person, so is it equally important that parents and carers are involved in discussions and decision making which impacts on them. Participation of parents and carers supports the restorative approach and ensures that they are able to contribute to assessments and plans in relation to them and their families.
5. **Right conversations, right people, right time** – we want children, young people and families to receive the right support and help at the right time, as early as possible in the life of a

problem. Preventative and early help responses to neglect are critical to avoid issues from escalating and children experiencing further harm;

6. **Think Family, Work Family** – children live in families, and the neglectful environments that some children and young people live in are often linked to the chaotic lives, needs and difficulties of their parents and/ or carers. Our approach to neglect must recognise and respond to the needs of all family members holistically; we cannot lose sight of the child in addressing the needs of their parents and carers, or provide children and young people with short-term responses to neglect without addressing the root causes;
7. **Outcomes based accountability (OBA)** – in Leeds we use OBA to take a step by step approach to make an impact on conditions of well-being by understanding how we want those conditions to look and feel, how to measure if this is happening and why; decide who needs to be involved and what practical steps need to be taken.



Defining neglect

Neglect is defined in [Working Together to Safeguard Children \(2015\)](#) 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.

Six classifications of neglect: Horwath (2007) identified six different classifications of neglect:

- **Medical neglect**
- **Nutritional neglect**
- **Emotional neglect**
- **Educational neglect**
- **Physical neglect**
- **Lack of supervision and guidance**

Further information regarding these classifications can be found in **Appendix 1**.

Experience of neglect at different ages: Horwath also noted that children and young people experience the impact of neglect differently at different ages, identifying different main impacts at different stages of a child or young person's life as shown below:

- **Infancy (birth to two years)**
- **Pre-school (two to four years)**
- **Primary age (five to eleven)**
- **Adolescence (twelve to eighteen)**

It is important to remember that neglect should be seen in the context of each individual's experiences, and consideration should be given to whether the neglect began in this age group or has in fact been ongoing for several years.

Further information regarding the potential impact of neglect at these stages can be found in **Appendix 2**.

The table in **Appendix 3** gives further examples of the different ways in which children and young people can experience the different types of neglect.

Prenatal neglect: Whilst it is good practice that neglect should be seen through the experiences of the child, prenatal neglect can only be identified from observations of the experiences of the expectant mother and her family context, and so must be considered separately.

The neglect definition in Working Together (2015) lists prenatal neglect as a specific type of neglect, but locates it solely in relation to maternal substance misuse. The Leeds Neglect Strategy considers prenatal neglect more broadly than this.

Prenatal neglect may be associated with (but not exclusively):

- **Drug use during pregnancy**
- **Alcohol consumption during pregnancy**

- **Failure to attend prenatal appointments and / or follow medical advice**
- **Smoking during pregnancy**
- **Experiencing domestic violence during pregnancy**

It is vital that prenatal neglect is understood, identified and robustly addressed in Leeds, in order to ensure that babies are not born at risk of suffering the effects and consequences of neglect, some of which can be severe and long-term. **Appendix 4** provides more detail about prenatal neglect.

Particular needs to consider: When working with neglect, it is important to consider the particular needs and characteristics of children, young people and their parents and carers which may make a child or young person more at risk of experiencing neglect for example:

- **There are parental risk factors (TFWF) – domestic violence or abuse, substance misuse, mental health needs, or learning disability;**
- **There are issues of capacity under the Mental Capacity Act for the parents or carers or an adolescent who is transitioning to adulthood;**
- **The child or young person is missing out on education or not achieving in education;**
- **The child or young person has complex needs;**
- **Adolescent decision making is in conflict with that which may be consistent with their welfare;**
- **The young person has social, emotional or mental health needs.**

In addition some situations may make the identification of neglect harder including (but not exclusively) where:

- **English is not the first language of the child, young person or their parents or carers;**
- **The child is educated through Elective Home Education;**
- **The child or young person is missing out on education or not achieving in education;**
- **The child or young person has complex needs.**



Our strategic aims and objectives

We aim to be able to quantify the extent of neglect in the city, ensure that all agencies are able to recognise neglect at the earliest opportunity and provide an appropriate and timely response, and evaluate our practice and its effectiveness so we can assure ourselves of its quality and can continuously improve. Achieving these aims will reduce the prevalence and impact of neglect within Leeds.

Thus there are four strategic objectives that underpin our approach:



Recognise: practitioners and managers in all agencies are able to recognise the various signs of neglect when working with children, young people and families, and ensure the appropriate initial response. To support this we will:

- Carry out a multi-agency workforce development analysis of the existing offer with regard to neglect, and the uptake;

- Refresh the city wide workforce development offer as required;
- Give neglect a high profile through a city wide communications campaign;
- Make neglect the focus of the 2017 LSCB annual conference featuring leading national academics and sharing messages from research to inform our practice;
- Carry out ongoing workforce development activities.

Respond: each partner agency will provide appropriate responses to children, young people and their families through a multi-agency Think Family, Work Family approach in line with the guiding principles in this strategy. To support this:

- We will develop practice guidance around working with children, young people and their families where there is neglect;
- We will review the early help practice guidance; this will include when support should be provided through early help and when it might be appropriate to refer to the Children's Social Work Service and the Police;
- We will review the LSCB Neglect Policy and existing procedures for working with neglect;
- Each agency will ensure the communication, implementation and embedding in their service of this strategy, the practice guidance, and the reviewed policy and will review their own effectiveness on a regular basis.

Quantify: identifying the extent and range of neglect in the city through gathering information to inform improvements in practice. We will:

- Develop a multi-agency data set demonstrating the prevalence of and response to neglect in the city;
- Analyse the data locally and compare it with national (comparators) data and published reports and research;
- Provide regular reports on findings;

- Identify themes and trends, using this information to inform our service developments.

Evaluate: using national frameworks and guidance we will assure ourselves of the quality of our multi-agency response to neglect across early help, referral, assessment, child in need and child protection, and demonstrate that our work has impacted on outcomes and the quality of life for children, young people and families. We will:

- Develop a programme of multi-agency neglect themed audits and share what we have learnt across the partnership;
- Quality assure our refreshed multi-agency workforce development offer on neglect;
- Consult children, young people and their families to find out what has helped and has made the most impact for them;
- Consult with practitioners about their confidence levels, their perceptions of impact of their work and what support they may still need to do this work.

***“Neglect can erode a child’s resilience, value
and sense of worth”***

Professor Olive Stevenson, 2004



Governance and Accountability

This strategy is owned and overseen by the Leeds Safeguarding Children Board (LSCB).

The LSCB will monitor progress against the strategic objectives on an annual basis. The effective delivery of the strategy will be reported to the Board through highlight reports.

Key indicators for measurement of the effectiveness of the strategy

It is important that measures of success are established and agreed. The following outcome indicators will demonstrate the effectiveness of the strategy and its implementation:

- a) Safely and appropriately reduce the number of children needing to become looked after as a result of neglect;
- b) Improve secondary attendance for children with an open social care case for neglect;
- c) Increase the % of 5 year olds experiencing neglect who achieve a good level of development in the Early Years Foundation Stage;
- d) Increase the number of children, young people and families supported with neglect through Early Help plans and assessments;
- e) Reduce in the number of repeat referrals to Duty and Advice due to neglect;
- f) Reduce in the number of children subject to a Child Protection Plan under the category of neglect for a second time or more;
- g) Children, young people and families supported with neglect make good progress against their support plans;

- h) Increase the % of 5 year olds who are free from obvious dental decay;

It should be acknowledged that in the short to medium term, through improved recognition and of neglect etc. there may be an increase in some of the above indicators where a reduction would demonstrate effectiveness.

Action Plan

A detailed plan will be developed to state what will be required to put into action the aims and objectives of this strategy.



Appendix 1: Classifications of Neglect (Horwath, 2007)

1. **Medical neglect** – the child's health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident.
2. **Nutritional neglect** – the child is given insufficient calories to meet their physical/ developmental needs; this is sometimes associated with 'failure to thrive', though failure to thrive can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences.
3. **Emotional neglect** - this involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent.
4. **Educational neglect** – The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/ or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance, and failing to respond to any special educational needs.
5. **Physical neglect** – The child has inadequate or inappropriate clothing (e.g. for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home.
6. **Lack of supervision and guidance** – The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.

Appendix 2: Impact of Neglect (Horwath 2007)

The following summarises the main impacts of neglect at each stage;

- **Infancy (birth to two years)** – babies' growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play, e.g. games like 'peek-a-boo' where actions are repeated for social and emotional reinforcement from the reactions of caregivers, and neural connections are 'fixed' through stimulation. Disinterest or indifference to such actions and/ or failing to offer stimulation will limit the child's development and growth, and damage infant attachments.
- **Pre-school (two to four years)** – most children of this age are mobile and curious, but lack understanding of danger; they need close supervision for their physical protection, which neglected children may not experience. Children may not be appropriately toilet trained if they are in neglectful families, as this process requires patient and persistent interaction and encouragement. Children's language development may be delayed if their caregivers are not interacting with them sufficiently, and physical care may be inadequate, e.g. dental decay.
- **Primary age (five to eleven)** – for some neglected children, school can be a place of sanctuary. However, if their cognitive development has been delayed and they are behind their peers at school, it can also be a source of frustration and distress. Signs of neglect, e.g. dirty or ill-

fitting clothing, will be apparent to peers, teachers and to the children themselves, and may cause embarrassment and difficulties in their social interactions. Children without clear and consistent boundaries at home can struggle to follow school rules and get into trouble. Educational neglect can include failing to ensure that children attend school, and high levels of absence can further impair their academic achievement.

- **Adolescence (twelve to eighteen)** – neglect is likely to have an impact on the young person's ability to form and maintain friendships and pro-social relationships, though the young person may be more reluctant to disclose their situation if they fear becoming looked after or being split up from their siblings. Whilst adolescents can find sufficient food for themselves, they are likely to be drawn to the availability of high-fat, high-sugar convenience foods if they have never learned to prepare meals. Adolescent risk-taking behaviour may be associated with, attributed to or exacerbated by a lack of parental supervision, which can expose neglected young people to the risk of harm through, for example, alcohol and substance misuse, risky sexual behaviour or criminal activity. Resilience to neglectful situations does not increase with age, and can have significant consequences for young people's emotional wellbeing; in a study of Serious Case Reviews, Brandon et al (2012) noted that 'past neglect was a factor in eleven out of fourteen reviews conducted after a young person was believed to have committed suicide'.

Appendix 3: Ways in which children and young people can experience neglect

(source: *Community Care Inform Research Resource*)

Experiences of neglect by age group; please note that the examples listed are intended to give an overview of what children may experience rather than provide an exhaustive list of ways in which neglect may present.

Age group	Experiences of neglect by Horwath's classifications					
	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
Infancy; 0-2 years	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity, e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult	Some parts of the brain, e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
Pre-school; 2-4 years	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200 – 1500 calories per day, and/ or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay.	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factor in delaying a child's language development e.g. through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
Primary; 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
Adolescent; 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk-taking behaviour e.g. in sexual activity.	Adolescents may be able to find food, but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self-esteem.	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risk-taking behaviours that can result in serious injury.

Appendix 4: Prenatal neglect

(source: *Community Care Inform Research Resource*)

Prenatal neglect may present in a number of different ways, for example:

- **Drug use during pregnancy** – which has been linked to low birth weight, premature birth, increased risk of sudden infant death syndrome (SIDS), damage to the central nervous system and physical abnormalities. Babies may also experience neonatal abstinence syndrome at birth, which can cause irritability, tremors, respiratory distress and fluctuations in temperature.
- **Alcohol consumption during pregnancy** – this can lead to foetal alcohol syndrome, which is an umbrella term to describe a spectrum of conditions caused by maternal alcohol use, including learning difficulties and an inability to connect emotionally with peers.
- **Failure to attend prenatal appointments and / or follow medical advice** – prenatal support and monitoring sessions offer opportunities for problems to be identified early, and the health of mother and baby to be monitored. Parents can also be supported to make appropriate arrangements for the birth, learn about how to care for newborns, and ultrasounds offer early opportunities for bonding with their baby. Both drug use and alcohol use have been linked with failure to keep prenatal appointments and failure to seek medical attention should any concerns arise during the pregnancy.
- **Smoking during pregnancy** – this falls within Horwath’s working definition of prenatal neglect, as it restricts the baby’s supply of oxygen and is linked to increased risks of premature birth and low birth weight.
- **Experiencing Domestic violence during pregnancy** – prenatal effects of domestic violence are not limited to the consequences of physical injuries sustained through assault. Exposure to prenatal maternal stress or anxiety can affect the baby’s development, as heightened maternal cortisol levels are shared through the placenta which can influence foetal brain development and have implications for the emotional, behavioural, cognitive and social functioning of children.