

Recognising and responding to the impact of cumulative harm

What is it?

Cumulative harm is “the impact of patterns and circumstances in a child’s life which diminish a child’s sense of safety, stability and wellbeing” (Bromfield and Miller 2007). Recognising and responding to the impact of cumulative harm is an area of learning highlighted in many local child safeguarding practice reviews. In addition, post the COVID 19 pandemic and with the enduring cost of living crisis, many families are under considerable pressure and have been over time. This can increase the risks of cumulative harm for children.

Definition of Safeguarding And Promoting the Welfare of Children, Working Together to Safeguard Children, Statutory Guidance:

- Providing help and support to meet the needs of children as soon as problems emerge.
- Protecting children from maltreatment, whether that is within or outside the home, including online.
- Preventing impairment of children’s mental and physical health or development.
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care.
- Promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of children.
- Taking action to enable all children to have the best outcome in line with the outcomes set out in the Children’s Social Care National Framework.

Understanding what constitutes significant harm:

Multi Agency Child Protection Standards- Working Together to Safeguard Children.

Section B

“Practitioners have an applied understanding of what constitutes a child suffering actual or likely significant harm. They consider the severity, duration and frequency of any abuse, degree of threat, coercion, or cruelty, the significance of others in the child’s world, including all adults and children in contact with the child (this can

include those within the immediate and wider family and those in contexts beyond the family, including online), and the cumulative impact of adverse events.”

Cumulative harm (Bromfield 2007) is a term that describes the impacts and effects of an accumulation of adverse childhood experiences in a child’s life, often including abuse and neglect, as well as other risks factors that may be present within and external to the child’s family.

The definition of cumulative harm promotes our understanding of the impact of the repetitive trauma of repeated abuse and neglect and the implications for children across their life course, in terms of poorer outcomes. This is evidenced through the extensive research considering adverse childhood experiences (ACEs) which focuses on the outcomes of the experience of ACEs for adults (Struck et al). While this is important, the term cumulative harm focuses us on the child’s daily lived experience, giving meaning to impact of the prevalence, incidence and multiple nature of the abuse, neglect and other adverse events. A child may experience ongoing neglect, low levels of parental warmth and high levels of criticism or may experience a combination of circumstances and events such as persistent verbal abuse, harsh discipline and exposure to domestic abuse. Poverty and other structural factors such as inadequate housing may also increase impact. These harms impact the child during childhood.

Why is this important?

Not all harms may meet the threshold for social care involvement however the resulting impact can accumulate. Understanding the impact of cumulative harm is rooted in our understanding and knowledge of child development, as the harm impacts on the child’s safety, wellbeing, stability and development (all aspects). It is strongly linked to children experiencing complex trauma.

Studies are indicating that the quantity of harms and risks are a strong indicator of negative outcomes. What may be considered as lower level adversity can become higher level harm when the persistent and frequent nature of the harms are considered appropriately.

Cumulative harm can overwhelm even the most resilient child. For this reason, we must be cautious not to focus on resilience to the extent that we ignore the risks for the child. This is important when considering adolescents.

What are the indicators?

For parents and family indicators of cumulative harm:

- Interlinked problems or risk factors such as mental ill health, substance use problems, domestic abuse. Structural factors such as poverty and inadequate housing also feature.
- Social isolation
- Enduring parent oriented issues impacting on their capacity to provide their children with adequate care (such as alcohol misuse).
- Trauma /adverse childhood experiences.
- Severe parental conflict and familial conflict within extended family.

For children – indicators of cumulative harm:

- Disruption to early brain development (prolonged stress to a child can disrupt the architecture of their brain) may mean a child finds it difficult to regulate their own behaviour or emotional reactions
- [Disturbed attachment patterns](#)
- Rapid behaviour regressions and shifts in emotional states
- Aggressive behaviour against self and others
- Anticipatory behaviour and traumatic expectations
- Lack of awareness or regard for danger, resulting self-endangering behaviours
- Self-hatred, self-blame and chronic feelings of ineffectiveness
- Development delay (root cause unclear)

For the multi-agency safeguarding system – indicators of cumulative harm:

- Multiple previous referrals to children’s social care for a child/children which may or may not have met threshold for involvement.
- Previous Child and Family assessment(s) offered or undertaken and closed before any significant engagement in planning.
- Discord/distortion within the team around the child and family, influencing assessment, planning, closure decisions. This is often characterised by a strong view held by one agency.

Cumulative Harm and Neglect

Neglect is a complex harm that requires a great deal of professional skill to assess its cumulative impact.

The inclusion of 'persistent' in the Working Together to Safeguard Children definition highlights that unlike other forms of abuse, neglect rarely manifests as a specific incident that demands immediate action but is cumulative over time. It is known that serious immediate harm can result from child neglect, yet also the longer-term effects of chronic neglect are more prevalent, even if less visible.

While the impact of neglect can be particularly damaging in the first years of life, harm is also understood to be cumulative. Dramatic decline in measures of children's development have been observed over time with continued exposure to neglect. There is even challenging evidence that children who experience neglect on its own may have worse outcomes than children who experience neglect alongside other forms of maltreatment.

The cumulative nature of neglect means that without the necessary support, the impact can build up slowly over time, little by little. There may be a presumption that the situation isn't escalating, but the impact on brain development is happening steadily and risk can change quickly.

Neglect often manifests in a complex and cumulative way requiring the piecing together of low-level reports over time to reveal serious cumulative harm.

A Framework for multi-agency practice

There should be a holistic approach. Moving away from a focus on the specific incident that may have triggered the referral.

Cumulative harm from past experiences needs to be considered with current harms and future risks.

a. Information exchange

Information about the child's history needs to be considered such as:

- Previous referrals,
- Previous children's social care involvement,
- Risk and protective factors,

- Family strengths and needs (each individual),
- Family's access and experience of services.
- The presence of complicating factors/parent oriented issues such as substance misuse, domestic abuse, mental ill health

b. The child's daily lived experience

This is about trying to see the child's life through their eyes or 'walking in their shoes'

- Are the child's basic daily needs being met? Sleeping, eating, hygiene?
- How are children spending their time? Playing, interacting, going to school or childcare, are their extended periods without interaction with their family members, in their buggy, or being left in front of a screen?
- Do the children have a regular (ish) routine? This is important as it creates consistency and predictability.
- Are parents/carers spending time with the children, nurturing with attention, love and affection?
- Are the children adequately supervised? Are there clear boundaries and limits? Is there warmth and constancy for the child?
- What might the child say as the good and bad things about their daily life?

This information informs any referrals that are necessary and can be included in any necessary referral to Children's Social Care.

c. Analysis

Use multi-agency chronologies, [genograms](#) and [ecomaps](#) as these are valuable tools to support a better multi agency understanding of the child's lived experience. Analysis involves gathering all available information and supports that information being weighted in terms of significance and being made sense of from the perspective of the child.

Seek support through the safeguarding supervision arrangements in your agency. This is very important.

d. When analysing the harm a child may be experiencing consider:

Frequency – the frequency of the harm, the number of incidents that have happened over time, knowledge of incidents that may not have been reported or referred previous concerns for similar issues. Is there a pattern of these harms being repeated?

Type- what is the range of harms the child has experienced and if there are indicators of other types of harm in addition to those referred. For example, the referred concern may be neglect, but information gathered may indicate sexual or physical abuse.

Severity – consider if the alleged harm is significant or likely to cause significant harm if it were or has been repeated over a prolonged period and what has been the impact on the child’s development and wellbeing.

Source – the number of people responsible for the harm, and their individual relationship with the child (consider intra and extra familial). Does the child’s current situation make them more vulnerable to other perpetrators?

Duration – this is the time period over which the harm has happened and includes previous events that did not reach the threshold for referral to children’s social care but where the impacts of harm may have accumulated over time. Consider this in the context of the child’s age and developmental stage.

e. Assessing risk

Assessing risk requires us to consider if the child is safe and how are they developing.

Then considering the vulnerability of the child and the severity of the harm (in the past and what is happening now). Ask:

- What is the likelihood of the child being harmed in the future if nothing changes (Strengths and protective factors)?
- What is the impact on the child’s safety and development of harm that has happened or is likely to happen?
- Can the parents/carers hold the child in mind to prioritise the child’s safety and developmental needs over their own needs and constraints?
- Consider from the point of view of each child and family member, what needs to change to support safety, stability and health development of the children
- What would be noticed as different if circumstances were improved within the family? Think about **who or what** would there be more of, **who or what** would there be less of and **who** would notice.
- **What is the impact on the child?**

This information informs any referrals that are necessary and can be included in any necessary referral to Children’s Social Care.

f. This will all help multi agency partners to determine:

- Whether the child has been harmed and/or is likely to be harmed in the future
- Whether the child is at risk of immediate significant harm, with their immediate safety threatened

- The level or degree of harm experienced previously, currently, and likely to be experienced in the future, considering the child's vulnerability and any protective factors
- Whether there has been a detrimental impact of a significant nature on the child's well-being, or there is an unacceptable risk of this occurring in the future
- Whether there is a parent able and motivated to protect the child from harm.

And therefore, the level of help, support and protection the child and family may require.

Local and national learning

Local and national learning highlights the importance of:

- Maintaining respectful uncertainty: applying critical evaluation to information received and keeping an open mind (Lord Laming 2003)
- Not being overly optimistic through always properly understanding the risks a child may face, avoiding leaving the child in an unsafe situation. Indicators of progress or the fluctuating engagement of parents in services does not always mean a child is safe.
- Not being incident led, always giving full consideration of the child and families history or context. Not only seeing the presenting issue or incident.
- Being professionally curious and not relying on parent and carers statements alone but seeking corroboration of information and being able to challenge the views/perceptions of parents to determine risk to the child.
- Seeing children or speaking alone with them. Child Safeguarding Practice Reviews highlight that children may be hidden from view when practitioners visit or may be stopped from attending school/nursery or medical appointments. This should be seen as an indicator of possible serious harm to a child and therefore heightens the importance of seeing and speaking to the child.
- Accessing supervision to discuss concerns and worries.
- Escalating professional disagreements appropriately or requesting a professionals' meetings when discord cannot be resolved easily.

Remember further information will require reassessment of the analysis.

Analysis is not static and is evolving, in the light of new information, events and circumstances.

How to intervene, protect and support

- Build a partnership with families. This means talking with children, parents and carers about their wishes, dreams, worries and concerns, what makes it hard and what might help.
- Establish clear goals and outcomes in partnership with the family wherever possible, focusing on what needs to change for the child.
- Use clear timelines and expectations with parents, other practitioners, services and extended family members.
- Ensure there is a focus on building support in more universal services and local community resources which will remain in place for the family. This promotes social connectedness and cohesion.
- Be strengths based, solution focused and consider motivational interviewing to support our understanding of the parent's capacity to change.
- Remember to be curious about our effectiveness and to review assessments and planning in the light of new information or the outcome of actions. Effective practice with individual families may involve trying several approaches before change is achieved, bearing in mind the timelines need to be attuned to the needs of the child.
- Keep firmly in mind, the outcomes for the child. What has changed for the child and how do we know? Consider is the child more able to play, concentrate, relate, participate and belong (Miller 2007).

Think child, think family and think child again.

Resources that can help

- ➔ [HSCP and IOWSCP Threshold Chart](#)
- ➔ [Adopting A Family Approach toolkit](#)
- ➔ [Understanding Unidentified Adults](#)
- ➔ [Neglect toolkit](#)
- ➔ [Multi agency practice principles for chronologies](#)
- ➔ [Learning from Reviews toolkit](#)
- ➔ [Child Exploitation toolkit](#)
- ➔ [Child Sexual Abuse toolkit](#)
- ➔ [Professionals Meeting Guidance](#)
- ➔ [HIPS Escalation Protocol for the Resolution of Professional Disagreement.](#)
- ➔ [Safeguarding Practice Development](#)
- ➔ [Child health and development | NSPCC Learning](#)

References

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