



Recognising and Responding to the Impact of Cumulative Harm

A GUIDE FOR PRACTITIONERS

WOLVERHAMPTON SAFEGUARDING TOGETHER PARTNERSHIP

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What is Cumulative Harm?

Cumulative harm is “the impact of patterns and circumstances in a child’s life which diminish a child’s sense of safety, stability and well-being” (Bromfield and Miller 2007).

Originally conceptualised in relation to children, cumulative harm is now widely recognised as relevant across the life course, affecting both children and adults.

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 and adults.

Cumulative harm arises where:

- Individual incidents may appear low level or episodic when viewed in isolation
- Harm accumulates incrementally through repetition, persistence or chronic exposure
- The combined impact results in significant harm, despite thresholds not being met at a single point in time

For children, cumulative harm undermines development, attachment and emotional wellbeing. For adults, cumulative harm may erode autonomy, independence, physical and mental health, and the ability to protect oneself from harm

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 states:

“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 impact of cumulative harm in a person’s childhood can present as trauma in adulthood.

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.

Cumulative harm in adults—resulting from chronic, repeated abuse or neglect, often originating in childhood—causes severe long-term mental health issues, including depression, PTSD, anxiety, and suicidal ideation. It significantly impacts physical health, leading to chronic illnesses, damages the ability to form healthy relationships, and increases the likelihood of re-victimisation.

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, well-being, stability and development (all aspects). It is strongly linked to children experiencing complex trauma which then continues into adulthood.

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 individual. For this reason, we must be cautious not to focus on resilience to the extent that we ignore the risks for the person. This is important when considering adolescents and young adults.

| For children: | For adults: |
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| Cumulative harm disrupts emotional, social and neurological development | Harm may be normalised due to trauma, dependency or coercion |
| Repeated exposure can overwhelm resilience | Apparent “choice” may mask exploitation or loss of autonomy |
| Harm may escalate during adolescence when risks increase, and resilience is overestimated | Repeated professional disengagement can result in adults remaining in unsafe situations |

Across all ages, cumulative harm is often present in cases where serious incidents later occur.

What are the indicators?

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| <p>Parents and Family Indicators:</p> | <ul style="list-style-type: none"> • 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. |
| <p>Children’s Indicators:</p> | <ul style="list-style-type: none"> • 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) |
| <p>Adults Indicators:</p> | <ul style="list-style-type: none"> • Gradual deterioration in self-care, health or living conditions • Social withdrawal or increasing isolation • Repeated exposure to abuse, neglect or exploitation • Escalating substance misuse or untreated mental ill health • Patterns of non-attendance, disengagement or service refusal |
| <p>The multi-agency safeguarding system:</p> | <ul style="list-style-type: none"> • Multiple previous referrals to children’s or adults social care which may or may not have met threshold for involvement. • Previous assessments 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, Neglect and Self-Neglect

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

The inclusion of 'persistent' in Working Together to Safeguard Children 2026 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.

The Care Act 2014 does not explicitly use the phrase "cumulative harm" or "trauma" in its primary legislation, but it does heavily incorporate these concepts through its Statutory Guidance, specifically regarding safeguarding and wellbeing. The Care Act and its guidance focus on recognising complex abuse scenarios, such as self-neglect and prolonged domestic abuse, which often result from cumulative harm and trauma.

Categories of Abuse: The Care Act 2014 lists 10 categories of abuse and neglect—including self-neglect, psychological/emotional abuse, and domestic abuse—which are often linked to trauma.

Self-Neglect & Trauma-Informed Care: The guidance recognises that self-neglect is a complex safeguarding concern often linked to trauma, which can disrupt a person's life and ability to care for themselves.

Safeguarding Adults Reviews (SARs): Multiple SARs, which operate under the Care Act, have identified that childhood and adult trauma have a significant impact on an adult's ability to live independently.

Professional Curiosity: The Care Act emphasises "professional curiosity" (sometimes referred to as understanding the "golden thread" of a person's history), urging practitioners to look at the overall pattern of abuse rather than isolated incidents.

Key Principles within the Care Act Framework: The statutory guidance encourages a "trauma-informed approach" in safeguarding to avoid re-traumatisation and to focus on the individual's lived experience and history.

Making Safeguarding Personal (MSP): This approach prioritises the individual's own view of their safety and history.

Holistic View: The assessment process requires a holistic view of the person, acknowledging their whole history rather than just the current presenting crisis.

Unfortunately, many service systems fail to recognise when an individual is being exposed to patterns of multiple episodes of harm and neglect:

- Each involvement with a single agency may be considered in isolation and not linked to prior history.
- Information may not be accumulated from one report to the next.
- Lesser incidents of harm are often overlooked or seen as low-level, rather than part of cumulative harm.
- Assumptions are made that past issues are resolved or unrelated to current concerns.
- Records are not scrutinised to determine if patterns of cumulative harm are present.
- When a history/record exploration is undertaken this is usually done in order to determine future risk rather than present cumulative impact.
- Safeguarding practice seems to focus on single incidents, not the cumulative picture.

- Lack of information sharing between different agencies and workers working with different aspects of the overall abuse picture, or with differing family members.

A framework for multi-agency practice

Effective responses to cumulative harm require a holistic, reflective and collaborative 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.

The value of Reflective Discussion:

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| Reflective Discussion | Helps us understand child neglect better by examining our thoughts and biases. |
| Shared Understanding | Reflection is key to achieving common views and consistent, shared high expectations of basic need – this can be done in peer, team, or organisational supervision. |
| Articulate Thoughts | These discussions help professionals express and support their thoughts, observations, and intuitions, revealing personal biases. |
| Self-Reflection | Provides opportunities to question our knowledge, prejudices, and norms. |
| Inter-Professional Practice | Working together across different agencies is challenging due to varying roles, funding, language, and understandings. Supervision can build capacity and encourage co-production of plans. |
| Clear Communication | It's crucial to process concerns about neglected children systematically when working with our multi-agency partners across organisational boundaries. |

Information exchange

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

- Previous referrals,
- Previous social care involvement,
- Risk and protective factors,
- Family strengths and needs (everyone),
- Family's access and experience of services.
- The presence of complicating factors such as substance misuse, domestic abuse, mental ill health (including for parents)

The child's daily lived experience

- 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 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?

The adults lived experience

- How does the adult manage daily living and personal care?
- Are care and support needs met consistently?
- Who influences decisions and routines?
- What risks may have become normalised over time?
- Has the adult’s capacity been considered (in all aspects of their daily life)

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

Impact Chronologies

Chronologies are not simply a list of events but rather a tool to capture and support an analysis of the individuals lived experience which can inform assessments and planning. Chronologies also allow us to consider the impact on an individual of their life experiences. They provide a clear account of all the major changes and significant events in the lives of the individual and family, pulling together the knowledge of and information held by agencies involved with the individual.

An impact chronology should be used as an analytical tool to help understand and be clear about the impact to the individual, both immediate and cumulative. A chronology should be started when we become involved with an individual, it also needs to be updated, maintained and reviewed on an ongoing basis.

Remember – It’s not our story, it’s the individual’s. Poorly maintained or absent chronologies lead to gaps in a person’s life history.

The purpose of a chronology is to record significant events and changes. It is not a running record of everyday events and should not replace case notes or records which include more detailed and sensitive information. Impact chronologies are essential to:

- Gain an overview of events and changes in their lives.
- Help practitioners understand the impact, immediate and cumulative, of events and changes on any progress.
- Provide accumulative evidence of emerging needs and risks and flag when a multi-agency response may be required.
- Support the early identification of patterns and issues. This supports, and is part of, assessing and managing risk, and is particularly useful in situations where there may be no single incident, i.e., in neglect.
- Support assessment in considering past events and their relevance to the child, adult, and family’s current situation. To assist in the process of assessment, analysis, planning and review when working with a child, young person, adult and family.
- Strengthen working with children, adult and their families to make sense of their life.

Key points to consider:

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| Detail | The chronology should contain sufficient detail but not substitute or replicate case recording |
| Involving the individual | Involving the individual / family in the chronology promotes and strengthens family participation, develops an understanding of |

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| | family members perspectives on events and their impact on individuals, and helps to identify progress or lack of progress. |
| Support Assessments | It is not an assessment, but a useful tool in assessment and practice. It is not an end, rather a working tool which promotes engagement with families. |
| Supports Decision Making | It needs to be reviewed and analysed – a chronology which is not reviewed regularly is of limited relevance. It also needs to clearly outline the impact so that detail collected may be increased if risk increases. |
| Professional Judgement | Professional judgement is required to decide on the relevance of an event for a particular individual or family. |
| Clarity | A simple test is that the chronology must not confuse or mislead in assisting the reader to reach a clear understanding of the case. When the chronology has been completed, read it to make sure that crucial events have not been omitted and ask yourself if it aids understanding. |
| Balanced | The chronology must be a balanced document. It is important to consider parental strengths as well as risk posed. |

When analysing the harm an individual may be experiencing consider:

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| 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 individual 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 individual's development and well-being. |
| Source | The number of people responsible for the harm, and their individual relationship with the individual (consider intra and extra familial). Does the individual'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 or adult social care but where the impacts of harm may have accumulated over time. |

Assessing risk

Assessing risk requires us to consider the individuals safety and vulnerabilities and severity of harm. Question to consider:

- What is the likelihood of the individual being harmed in the future if nothing changes (Strengths and protective factors)?
- Consider from the point of view of the individual what needs to change to support their safety and stability.
- What would be noticed as different if circumstances were improved? 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 individual?

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

This will help multi-agency partners to determine:

- Whether the individual has been harmed and/or is likely to be harmed in the future
- Whether the individual 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 individual's vulnerability and any protective factors
- Whether there has been a detrimental impact of a significant nature on the individual's well-being, or there is an unacceptable risk of this occurring in the future

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

Children:

- 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 of 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.

Adults:

- Build a partnership with the adult and, where appropriate, their family, carers or support networks. This means having meaningful conversations with the adult about their wishes, goals, worries and concerns, what is important to them, what they find difficult, and what they feel might help.
- Establish clear goals and outcomes in partnership with the adult wherever possible, focusing on what needs to change to improve safety, wellbeing, dignity and independence, and taking account of the adult's views, capacity, and desired outcomes.
- Use clear, proportionate timelines and expectations with the adult, carers, other practitioners, services and wider support networks, recognising that progress may be gradual and non-linear.
- Ensure there is a focus on building and sustaining support through universal services and local community resources, where appropriate. This helps reduce isolation, strengthen protective networks and promote social connection and resilience over time.
- Be strengths-based and solution-focused and consider approaches such as motivational interviewing to support understanding of the adult's motivation, capacity and opportunities for change, particularly where there is resistance or ambivalence.
- Remain professionally curious about the effectiveness of interventions, and regularly review assessments, plans and responses in light of new information or the impact of actions taken. Effective safeguarding practice with adults may involve trying different approaches over time, with timescales attuned to the adult's circumstances and level of risk.
- Keep a clear focus on outcomes for the adult. What has changed, how do we know, and does the adult feel safer, more supported or more in control? Consider whether there are improvements in the adult's wellbeing, autonomy, stability, participation and sense of belonging.

Effective intervention is:

- Relationship-based
- Strengths-focused but risk-aware
- Proportionate and persistent

Key approaches include:

- Working in partnership with individuals and families
- Setting clear goals and timescales
- Using motivational and trauma-informed approaches
- Building sustainable community-based support
- Regularly reviewing impact, not just activity

Partnership Response

Wolverhampton Safeguarding Together Partnership (WST), through its multi-agency Cumulative Harm and Trauma Priority Group, has led a whole-system, partnership approach to embedding trauma-informed practice across services, communities, and leadership structures.

This response is characterised by:

- Strategic leadership and system alignment, ensuring trauma-informed principles are embedded across governance, commissioning, and frontline practice
- A clear focus on cumulative harm, generational adversity, and community trauma, recognising the complex and intersecting nature of harm experienced by children, families, and adults
- A commitment to culturally safe and anti-racist practice, positioning equity and inclusivity as core components of trauma-informed systems
- Strong multi-agency collaboration, supported by partnership with Barnardo's and the West Midlands Violence Reduction Partnership to drive consistency and shared understanding

To date, WST has delivered a strong foundation for embedding trauma-informed and cumulative harm-informed practice, evidenced by:

- A skilled and increasingly confident workforce
- The introduction of shared tools for assurance and continuous improvement
- Visible leadership commitment and governance alignment
- Strengthened multi-agency collaboration and system-wide learning

This work demonstrates a clear trajectory towards a sustainable, trauma-informed system, where cumulative harm is more consistently understood, recognised, and responded to across all levels of practice.

Helpful resources

- [Thresholds of Need and Support](#)
- [Multi-Agency Referral Form \(eMARF\)](#)
- [Domestic Abuse \(DASH\) Risk Checklist](#)
- [WeCan Screening Tool](#)
- [WeCan Assessment Tool](#)
- [Wolverhampton Exploitation Screening Tool](#)
- [Signs and indicators of child sexual abuse | CSA Centre](#)
- [WST Escalation Policy](#)
- [Mental Capacity Act - Code of Practice](#)

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