

Review of Child Neglect in Scotland

REVIEW OF CHILD NEGLECT IN SCOTLAND

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Contents

EXECUTIVE SUMMARY	4
WHY NEGLECT MATTERS	11
THE SCOTTISH REVIEW	11
POLICY CONTEXT	13
DO WE KNOW HOW MANY CHILDREN CURRENTLY EXPERIENCE NEGLECT IN SCOTLAND?	15
National statistics.....	17
Child protection statistics	17
Scottish Children’s Reporter Administration figures	19
Local data collection	20
Summary	24
HOW GOOD ARE WE AT RECOGNISING CHILDREN WHO ARE AT RISK OF, OR EXPERIENCING, NEGLECT?	24
Definitions and recognition	24
Identification by the general public.....	26
Identification by professionals.....	27
Health service staff.....	27
School and nursery staff	28
Targeted services staff.....	28
Police, housing and community/youth workers	29
Rural and urban differences	30
Multi-agency screening groups.....	30
Partnership working.....	32
Assessment	34
Is there a shared understanding of when neglect requires a response?.....	35
What is getting in the way of children being identified?	36
Summary	38

HOW WELL ARE WE HELPING CHILDREN AT RISK OF, OR CURRENTLY EXPERIENCING, NEGLECT?	39
What services are provided to help children?	40
Communities: what services would people like to see?	43
How is the GIRFEC framework shaping the context within which professionals are providing help to neglected children?	44
Partial or incremental adoption of the GIRFEC practice model	45
A partial GIRFEC model (mixed pathways).....	45
GIRFEC practice model in place	46
Do the public and professionals know what services there are?.....	47
Can most children who need it get help and if not, why not?	48
Lack of agreement between professionals	49
Capacity, funding and resource issues	49
Knowing how best to help children experiencing chronic neglect.....	49
Legal challenges and evidence issues.....	50
And is it the right sort of help?	50
Summary	52
REFLECTIONS AND DISCUSSION	53
Better recognition of neglected children.....	53
The strategic move towards earlier intervention and a more integrated approach.....	54
Improving outcomes and evaluation of outcomes.....	56
Conclusion.....	57
APPENDIX A: REVIEW METHODOLOGY	59
APPENDIX B: SERVICES FOR CHILDREN	62
APPENDIX C: STATISTICS FOR SCOTLAND	64
REFERENCES	66

EXECUTIVE SUMMARY

Why Neglect Matters

Neglect is damaging to children in the short and long term. Neglect is associated with some of the poorest outcomes. It affects children in the early years, but teenage neglect, often overlooked, is also damaging. Formulating an effective response to neglect still poses national and local challenges.

The Scottish Review

This Scottish review builds on the first review in a series of UK wide reviews of child neglect undertaken by Action for Children in partnership with the University of Stirling and addresses three questions:

- How many children are currently experiencing neglect in Scotland?
- How good are we at recognising children who are at risk of, or are experiencing neglect?
- How well are we helping children at risk of, or currently experiencing neglect?

We gathered evidence for the review by:

- collation of published statistics and a review of policy developments
- analysis of findings from survey questionnaires distributed to all Child Protection Committee Lead Officers in Scotland, with a return rate of over 75% (n=25)
- analysis of findings from telephone interviews with a small number of voluntary sector representatives
- summary of discussions from 15 multi-agency focus groups with practitioners and managers in six areas of Scotland including an urban, rural and island mix
- further consideration of a UK-wide poll undertaken by YouGov in 2011, which asked a range of questions about child neglect of 2,062 adults in the general public and 2,174 professionals.

Policy Context

Political parties across the UK have recognised the impact on an infant between 0-3 years of an environment which is impoverished, combined with parenting which is neglectful or abusive. Policies have been developed on the basis that it is necessary to intervene early in the development of problems or issues as well

as early in a child's life, both of which are key in child neglect. A range of policy developments in Scotland have been aimed at developing and improving the welfare and well being of its children and young people. Legislation is now being developed to improve services to children through a proposed Children and Young People Bill.

This policy context is congruent with the evidence that suggests that neglected children's unmet needs often cross disciplinary boundaries and they require an integrated and authoritative response.

Do We Know How Many Children Currently Experience Neglect in Scotland?

The review considered statistics in relation to neglect as defined within the National Guidance for Child Protection and lack of parental care as defined as one of the grounds for referral to the Reporter. One of the key barriers to gauging prevalence is the lack of cross-reference between these two statistical data-bases.

In keeping with recent years, in 2011, neglect remained the most common reason for registration or initial category of those made subject to a child protection plan. The figure of 1,098 (registrations for neglect in 2010) represents 0.12% of the 0-15 population in Scotland. For every thousand children living in our communities, one child has been formally identified as being at risk requiring services because of neglect.

In 2010-2011, 39,217 children were referred to the Children's Reporter (SCRA 2011) representing 4.3% of all children in Scotland. 13,006 of these children (1.4% of those in Scotland) were referred due to lack of parental care. For every 100 children living in our communities, someone has a concern that one child is experiencing some degree of neglect. There is little available information about the children referred to either system but not registered or rendered subject to compulsory measures, the characteristics of their families and communities, or any services they may receive.

Local data collection is most reliable in relation to the requirements of national returns. Only six of the areas surveyed were able to provide us with additional data but no consistent picture of prevalence could be gauged from these. A further ten respondents described ways in which some figures which indicated the wider prevalence of neglect were being or could be collected, although in some cases this would require analysis of data that did not take place as a matter of course. There is interest in developing better systems for collecting and analysing data across adult and child services, but it would be necessary to

address the complexities of labelling, double-counting and the range of different systems in use.

How Good Are We at Recognising Children Who Are at Risk of, or Experiencing, Neglect?

The majority of respondents reported that, to their knowledge, the national definition was generally known, helpful, and used by most agencies in their area, although in some areas it was supplemented with additional material. There was some discussion about the use of the term 'neglect' in itself, both in relation to what it encompasses and how it relates to 'lack of parental care'.

The use of the *Getting it right for every child* (GIRFEC) Well-being Indicators and My World Triangle categories was also seen to have contributed to a shared understanding of children's needs. Some areas were less certain about the extent to which working definitions were really shared by some agencies in practice and that there are still inconsistencies in interpretation about the stage at which children and families require intervention.

The YouGov poll had shown that 30% of the Scottish public asked had been worried or very worried about a child. Survey and focus group respondents asserted that referrals from neighbours and family, who were concerned about a child, were always followed up but commented that there was sometimes a problem if referrals were anonymous or there was insufficient evidence to act. It was felt that the public were as yet unaware of the GIRFEC approach to safeguarding children and that more information about this needed to be conveyed.

The participants in the focus groups identified professionals who are well-placed to recognise when a child is not being cared for adequately. There is evidence that a range of practitioners are now part of the 'identification' network including

- health service staff
- school and nursery staff
- targeted services staff
- police, housing and community/youth workers.

Most areas were able to describe multi-agency groups aimed at the early identification of children who it appeared were not being cared for adequately. Some areas had designed multi-agency groups specifically to meet the requirements of the GIRFEC approach, whereas other areas had continued to use previously existing groups and saw them as being congruent with the GIRFEC approach.

There was an overall message that the ways in which agencies work together was an improving picture, partly due to the implementation of the GIRFEC framework. It was reported that some adult services in some areas were seen as reluctant or unable to adopt the multi-agency approach and share information about families. There was a general consensus that an increasing number of children who are experiencing or are suspected of being neglected are being identified by staff from across all agencies. Emotional neglect was described as often much harder to evidence.

To support assessment the majority of Child Protection Committee areas make use of the Integrated Assessment Framework forms and GIRFEC tools. The view of some was that risk assessment tools were required to give an added perspective to GIRFEC assessment forms. Parenting capacity was also assessed using various frameworks. Respondents reported as struggling with the enduring issue of making decisions about identifying when precisely the level of care being provided could be considered unacceptable, especially in a multi-agency context. Multi-agency training was reported as helpful for supporting development of a shared understanding.

Several factors were identified as getting in the way of neglected children being identified, including:

- obtaining and collating sufficient evidence
- cultural acceptance of neglect in some areas
- overwhelming numbers of neglected children within a context of entrenched poverty
- lack of clarity about parental capacity to change
- insufficient time spent with children and families
- issues being masked by children or members of the extended family
- over-focus on adults at the expense of children
- difficulty in identifying emotional neglect
- transient families moving on when problems are identified
- home educated children not in contact with any professionals
- inadequate recognition of the needs of children of parents with learning difficulties
- lack of recognition of children and young people in some 'middle-class' families.

How Well Are We Helping Children at Risk of, or Currently Experiencing, Neglect?

Data collection to inform service planning most often makes use of Performance Management Data rather than prevalence data; most areas thought that data collection was adequate or improving.

A network of services is in place to support families and to try to ensure that children are not experiencing neglect. Overall, information about services is fairly widely available with the use of leaflets, directories and websites. However, it was acknowledged that information about services can soon become out of date. The routes by which these services are accessed by children and families themselves and by professionals seeking a service on their behalf vary in different areas. To an increasing extent the organisation of routes to services is being shaped by the ways in which the overarching GIRFEC framework is being adopted. There is increasing recognition that some neglected children and their families need long-term support and the GIRFEC approach is designed to provide ease of movement from intensive to 'maintenance' type support. In general, some areas stated that they were relatively well provided for although there would always be more children whose needs were less pronounced who could be helped. Just under half the survey respondents indicated that more services would be welcome.

The YouGov poll indicated that the general public are in support of services being provided to help children and their parents including projects that support families and children before problems get worse and services to support parents affected by substance misuse.

Respondents described the challenges of moving towards early intervention whilst retaining attention upon neglected children at risk of harm. There were strong views expressed that there needed to be greater capacity at universal service level to attain the goal of early intervention. GIRFEC was described at the framework within which services was developing, albeit in three different ways.

- Partial or incremental, where there are different child protection and family in need routes and ongoing use of 'referral onto services' and the Named Person and Lead professional roles are not yet in place
- Partial GIRFEC model (mixed pathways), using a mixed model of parallel pathways with some elements of a 'meeting around the child' system

- GIRFEC practice model in place, described in over a third of local authority areas, implementation of Named Person and Lead Professional system with multi-agency collaboration and move away from the use of 'referral'.

Respondents from at least half the areas felt that children and families were able to get help. Where children were recognised to still not be receiving help several reasons were ascribed, including:

- Lack of agreement between professionals about whether the care the child is receiving is acceptable or not
- Capacity, funding and resource issues and fears about imminent cuts in services and staff
- Knowing how best to help children experiencing chronic neglect at a level which did not warrant removal from home
- Legal challenges and evidence issues, including a perception that some Children's Panel members, Reporters and Sheriffs need more training in this area, in particular about the short and long term impact of neglect on a child.

There are a range of ways in which areas are measuring service outcomes including performance management indicators, quality improvement processes, proxy measures such numbers of children accommodated and case file audits. Individual outcomes are measured by using children's plans and the reviewing system, children's and service users' views of the impact services and individual outcome measurement tools, mostly based on GIRFEC well-being outcomes.

Reflections and Discussion

The review suggests that there is better recognition of children in Scotland who are experiencing neglect although this is only helpful if accompanied by an effective response.

There is still a long way to go in improving information sharing for the purposes of service planning. Greater use of linkage across existing data bases to collate routinely collected data on health, education and well-being would be a helpful development. Bringing together the SCRA statistics and the child protection statistics would help with establishing the scale of neglect. Better linkage of adult and child databases would also be helpful.

The GIRFEC framework is now being implemented and has the potential to work well, as long as it is adequately resourced to enable provision of support services across the spectrum from earlier intervention to intensive help. Forensic

investigative approaches that are embedded within broader service responses are optimal for situations of child neglect because of the extent to which the risks flow from the damage caused by unmet needs. Separate 'family support' and 'child protection' pathways are not helpful for neglect; instead they should both be seen as stages on the one pathway. Effective family support is protection, effective protection is supportive.

The perceived problem with thresholds can be addressed by ensuring that in each case there is clarity about:

1. the severity of the neglect and associated harm to the child or
2. the likelihood of the parents being able to accept help and make changes without the need for compulsory measures.

Models for assessing capacity and willingness to change are especially helpful in cases of neglect. Developing agreed understandings of what 'early intervention' means is also important because it can mean early in the stage of the problem, early after recognition of the problem or both.

To be effective intervention needs to be concrete, comprehensive, sustained and brokered by good relationships. There needs to be more extensive sharing of examples of developing practice across Scotland and sharing endeavours to better capture outcomes more consistently. This would appear to be a good time to bring together the learning from across Scotland and to create an integrated approach within the GIRFEC structure.

The review highlights some priorities in relation to the three original review questions.

1. Develop a co-ordinated national and local data collection, management and linkage strategy, building on existing pockets of good practice
2. Synthesise the learning from different areas developing different models of multi-agency responses to neglect within the overarching GIRFEC framework
3. Draw together the learning from the range of services being developed to address neglect with the evidence from the literature on effective intervention.

REVIEW OF NEGLECT IN SCOTLAND

WHY NEGLECT MATTERS

Neglect is extremely damaging to children in the short and long term. The experience of neglect affects physical, cognitive and emotional development; relationships, behaviour and opportunities.

For many people, the most obvious form of neglect is poor physical care. It is certainly very damaging for children's health and development to be inadequately fed and clothed. But neglect can also take many other forms, not all of them accompanied by the obvious physical signs of being severely under- or over-weight, dirty and scruffy. Neglected children include those who experience any, or all, of:

- being left alone in the house or in the streets for long periods of time
- lack of parental support for school attendance
- being ignored when distressed, or even when excited or happy
- lack of proper healthcare when required
- having no opportunity to have fun with their parents or with other children.

Of all forms of maltreatment, neglect leads to some of the most profound negative and long-term effects on brain and other physical development, behaviour, educational achievement and emotional wellbeing (Stevenson, 2007). Neglect is not only damaging in early years, its effects in teenage years are often overlooked (Stein *et al.*, 2009). For some children neglect is so profound that they starve to death or die because of accidents associated with lack of supervision. And yet neglect appears to pose real challenges for researchers, theoreticians, national and local policy-makers and those delivering services (Burgess and Daniel, 2011).

The simple and stark reality for children whose needs are not being met is that life is pretty miserable. Yet given the enormity of the impact, neglect has tended to attract less public attention than child sexual abuse, physical abuse and online exploitation.

THE SCOTTISH REVIEW

It is in this context that Action for Children in partnership with the University of Stirling are undertaking a series of UK wide reviews of child neglect. The first annual UK wide review, which was launched in January 2012, aimed to gauge

the current situation for neglected children and monitor the effects of changes in national and local policy and practice (Burgess *et al.*, 2012).

Building on the information gathered through the UK-wide reviews, the Scottish Government funded this additional short but comprehensive piece of work in order to obtain a more detailed picture about child neglect in Scotland. It was conducted by researchers from the University of Stirling in partnership with Action for Children. This Scottish extension fits with the priorities of the strategic assessment and work plan of the Scottish Child Protection Committee Chairs Forum.

The review focuses on the perceptions of professional staff working with children, looking at how we respond to children who are at risk of or who are experiencing neglect, rather than about how their situation improves as a result of services' interventions. The key questions underlying the review are:

- How many children are currently experiencing neglect in Scotland?
- How good are we at recognising children who are at risk of, or are experiencing, neglect?
- How well are we helping children at risk of, or currently experiencing, neglect?

We gathered evidence for the review in a number of ways, primarily between January and April 2012, although we also included the findings from survey questionnaire returns from six Child Protection Committees and three focus groups undertaken in Scotland as part of the UK-wide review between June and August 2011. The full details can be seen in Appendix A, but in summary these were:

- collation of published statistics and a review of policy developments
- analysis of findings from survey questionnaires distributed to all Child Protection Committee Lead Officers in Scotland, with a return rate of over 75% (n=25)
- analysis of findings from telephone interviews with a small number of voluntary sector representatives
- summary of discussions from 15 multi-agency focus groups with practitioners and managers in six areas of Scotland including an urban, rural and island mix.

A UK-wide poll was undertaken by YouGov in August 2011, which asked a range of questions about child neglect of 2,062 adults in the general public and 2,174 professionals (including social workers, police, health professionals and teachers). The poll findings were broadly consistent across the UK and, while

some are summarised in this report, more detailed findings can be found in the previous report 'Child Neglect in 2011' (Burgess *et al.*, 2012).

We also gathered information about examples of specific responses and services for neglected children and their families from across Scotland. We have included some of these as 'practice examples', with the kind permission of survey respondents for those areas. We do not mean to suggest that they are more effective than the many others which are in operation across the country, nor were we able to collect information about the outcomes for children.

However, we wanted to provide a flavour of the type of services and interventions that are in place.

Neither this study, nor the wider UK review, gathered the views of potentially or actually neglected children and their families. Future iterations of what is planned to be an annual review will address this issue. Existing evidence about the views of children and parents as to what may be helpful has been collated in Daniel *et al.* (2011).

POLICY CONTEXT

During the past decade, there has been an increasing awareness from the fields of psychology, neuroscience and social science of the impact on an infant between 0-3 years of an environment which is impoverished, combined with parenting which is neglectful or abusive. This can result in children who experience an increase in mental health difficulties in later childhood or adulthood, relationship difficulties, antisocial behaviours and aggression (Allen, 2011).

Political parties across the UK have recognised this and prior to the UK election in 2010, the commitment to early intervention in a child's life was reflected in the manifestos of the three main political parties: from early interventions to fix our 'broken society' (Conservatives) through to early interventions to support families (Labour) and early intervention to promote children's academic achievements (Liberal Democrats).

Reviews undertaken by Allen (2011) and Munro (2011), which looked at the provision of services in England, acknowledged that it may be necessary to intervene early in the development of problems or issues as well as early in a child's life, both of which are key in child neglect. Munro discussed the need to introduce a duty on all local services to coordinate an 'early offer' of help to families address problems before they escalate, who do not meet the criteria for social care.

Similarly, there has been a continuing commitment to improving the welfare of Scotland's children and the vision of the current majority Scottish National Party (SNP) is clear:

We will help everyone to fulfil their potential, by focusing on the quality of our education and support, from the earliest years right through life. We will raise and realise ambition and attainment for all, and support our vulnerable groups so that children, young people and their families get the help and support they need when they need it.

(Scottish Government, 2011, p7)

Since the SNP first formed an administration in 2007, policy developments in Scotland aimed at developing and improving the welfare and well being of its children and young people have included the development of:

- GIRFEC – an approach which applies to all children to promote early intervention and how practitioners across all services for children and adults meet the needs of children and young people, working together where necessary, to ensure that they reach their full potential
- the Early Years Framework
- Curriculum for Excellence – a framework which aims to provide every child in Scotland with learning opportunities tailored to their individual needs
- the Looked After Children Strategic Implementation Group to help improve the outcomes for looked after children
- a Child Poverty Strategy for Scotland to coordinate actions across government and public services.

Following the election of 2011, statements from the SNP majority government have reinforced its commitment to children and young people. Two recent reports have been influential in this process: *Joining the Dots* (Deacon, 2011) set out why the early years of a child is important, why they matter and how we can work together to provide the right opportunities for learning and development; and the Christie Commission (2011) discussed the importance of early years, prevention and personalised service delivery with a focus on the achievement of outcomes. Development of a National Parenting Strategy for Scotland has been launched. Finally, there has been recognition that the rights of the child are of paramount importance to achieving the vision of improving life chances for all children and young people.

As part of achieving this vision, the Government is introducing a suite of legislation which seeks to:

- embed the Early Years Framework, with a strong focus on appropriate early intervention
- build upon the *Getting it right for every child* approach to ensure that services are delivered in a child-centred way
- support a stronger focus on the achieving outcomes and improving the life chances of children and young people
- remove barriers to effective child-centred service delivery
- introduce legislation to improve the delivery of care, support and services to children in the 21st century.

(Scottish Government, 2011 pp.8-9)

A new piece of legislation is being developed to enshrine this vision in law: the proposed Children and Young People Bill. Introduction of the Bill is planned for 2013 with commencement starting in 2014. Some key aspirations of the proposed Bill are to:

- provide effective early years support
- increase prevention and early intervention
- support parents effectively
- deliver child-centred support and services
- recognise the rights of children and young people.

This policy context is congruent with the evidence that suggests that neglected children's unmet needs often cross disciplinary boundaries and they require an integrated response. It also builds on evidence that neglected children are best supported when their unmet needs are identified as quickly as possible and they are provided with authoritative and sustained child-centred services that support their parents, build their family and social networks and address their needs in all developmental domains (Daniel *et al.*, 2011; Horwath, 2007; Stevenson, 2007).

DO WE KNOW HOW MANY CHILDREN CURRENTLY EXPERIENCE NEGLECT IN SCOTLAND?

Definition

In order to gauge the extent of neglect it is important to know what it is. In Scotland, all Child Protection Committee (CPC) areas use a formal definition of neglect, most commonly that used in the National Guidance for Child Protection in Scotland:

Neglect is 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'non-organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time.

(Scottish Government, 2010a, paragraph 36)

It is also important to consider the grounds for referral to the Reporter as set out in the Children (Scotland) Act, 1995. Given the wide-ranging effects of neglect it could be the backdrop to any or all of the grounds. For example, neglected children may be beyond parental control, failing to attend school, committing offences or misusing substances. The ground at 52(2)(c) may appear to be the most directly equated with neglect and it is this that we have explored in more detail in this report to analyse prevalence:

...that the child – ...

is likely-

(i) to suffer unnecessarily; or

(ii) be impaired seriously in his/her health or development, due to a lack of parental care.

The ground is elaborated in the 'requirements of referrals'¹ thus

- There must either be some lack of care of the child **or** a likely future lack of care, by a person who has parental rights and responsibilities, or by someone who ordinarily cares for the child, or would/will care for the child;
- The lack of care, or likely lack of care, need not be intentional
- There must be a link between the lack of care, or likely lack of care and the effect, or likely effect, on the child

¹ Referral to the Children's Reporter – requirements of referrals, available at http://www.scra.gov.uk/children_s_hearings_system/index.cfm.

- The effect, or likely effect, on the child must amount to unnecessary suffering or serious impairment of health or development. (There is a legal interpretation of these terms that the Reporter is in a position to assess)
- The child's physical, mental or emotional health is relevant
- The parental care of other children may be relevant
- Living in a family environment characterized by domestic abuse **may** have a significant effect on a child where the child's exposure to the domestic abuse is due to a lack of care on the part of his/her parent or carer (eg. the domestic abuse is perpetrated by the father on the mother).

National statistics

According to the most recent estimates of population released in 2011 by the General Registrar Office for Scotland for the year 2010, there were 911,794 children and young people living in Scotland under the age of 16. There is no one statistical source to tell us how many of these children are, or may be, experiencing neglect in Scotland. Instead we need to consider a variety of responses to help piece together this complex jigsaw.

Child protection statistics

In 2009-2010 a total of 13,523 children were referred to local authorities for child protection concerns, but the national statistics do not tell us what proportion of these were as a result of concerns about neglect. Statistics are recorded for the primary reason for registration on the Child Protection Register, not all the reasons; consequently, cases where neglect may be a contributory but not the principal cause of concern are not recorded as 'neglect cases'. We also do not have national figures about children who are **not** on the child protection register, but **are** receiving services from local authorities as a result of lack of parental care. Finally, there is little information about the experiences of the children referred but ultimately not registered, the characteristics of their families and communities, and the services they receive.

What we do know is that in 2011, neglect remained the most common reason for registration or initial category of those made subject to a child protection plan. The figures differ between the four nations of the UK, which is partly due to how the information is recorded, however table 1 shows that concerns about neglect have steadily risen or remain high in terms of the percentage of total registrations or child protection plans.

Table 1 Number of children on child protection registers or subject to a child protection plan for neglect (as primary or only reason) at 31 March 2011 (or 31 July 2011 in Scotland)						% of registrations or child protection plans where neglect is the primary or only reason
Nation	2007	2008	2009	2010	2011	2011
England	12,500	13,400	15,800	17,200	18,700	44%
Scotland	1,275	1,166	1,249	1,098	1,050	41%
Wales	1,125	1,095	1,120	1,180	1,265	44%*
Northern Ireland	569	665	706	682	654	27%*

* Both Wales and Northern Ireland collect information where neglect only is the reason for registration and also record the number of cases where neglect is one of several reasons for registration. If all cases are considered then neglect features in 50% of registrations in Wales and 47% in Northern Ireland.

Looking at Scotland in more detail we can see that although there is a slight reduction in the numbers from 2009, neglect still accounts for the major reason that children are registered (see table 2).

TABLE 2 Number of children in Scotland on child protection registers by category or abuse/risk identified					
Category of abuse/risk	at 31 March				at 31 July
	2007	2008	2009	2010	2011
Physical injury	585 (23%)	509 (21%)	554 (21%)	485 (19%)	481 (19%)
Sexual abuse	240 (9%)	160 (7%)	190 (7%)	202 (8%)	231 (9%)
Emotional abuse	472 (18%)	572 (23%)	678 (25%)	727 (29%)	721 (28%)
Physical neglect	1275 (49%)	1166 (48%)	1249 (47%)	1098 (44%)	1050 (41%)
Failure to thrive	7 (0%)	10 (0%)	*	*	*
Unknown	14 (1%)	16 (1%)	*	*	*
TOTAL	2593	2433	2682	2518	2571

* represent small numbers that are suppressed to maintain confidentiality.

Source: Scottish Government (2012) *Children's Social Work Statistics Scotland, No. 1: 2012 Edition*, CP 2010-11 – Additional Tables 6 and 7. Edinburgh: National Statistics

There are issues of accuracy and concerns about how information is interpreted by individual authorities which will impact on the figures:

It should be noted that different local authorities may classify child protection referrals differently. For example, some local authorities start the referral process at a different point and some local authorities do not include unborn children. As a result of these differences, comparisons across years and across local authorities should be made with caution.

(Scottish Government, 2010a, p7)

Prior to 2011 Child Protection Register returns had categorised neglect as a registration reason and were aggregated by Local Authority. They are now individualised and use a range of different indicators, including causal factors, as reasons for registration. The fields should allow for identification of children where neglect is the primary reason for referral, but also where neglect is a backdrop for other concerns, which could give a better picture of the true extent of neglect. However, this suggests that more sophisticated methods of analysing the returns will need to be developed.

With these limitations in mind it is possible to estimate the prevalence of neglect as formally identified within the child protection system. The figure of 1,098 (registrations for neglect in 2010) therefore represents 0.12% of the 0-15 population in Scotland. For every thousand children living in our communities, one child has been formally identified as being at risk and requiring services because of neglect. This represents only a small proportion of the approximately one in a hundred children who are referred for a range of child protection concerns.

Scottish Children's Reporter Administration figures

In 2010-2011, 39,217 children were referred to the Children's Reporter (SCRA, 2011) representing 4.3% of all children in Scotland. 13,006 of these children (or 1.4% of children in Scotland) were referred due to lack of parental care. Not all of the cases referred to the Reporter are referred onto the Children's Panel, but there were clearly sufficient concerns about the adequacy of the parental care received by these children to warrant a referral to the Reporter.

Currently, there is no cross-referencing of the data held by SCRA and the national child protection statistical returns. This means that we do not know how many of the children appear in both sets of statistics. A child should only be referred to the Reporter when there is a likely need for compulsory measures for the child, which suggests that the numbers should, in fact, be smaller than those on child protection registers rather than higher. Either way, it would be surprising if some children did not appear in both sets of statistics. Further, the child protection statistics tell us how many children are **registered** because of neglect, but not how many are **referred** because of neglect; whereas the SCRA figures

tell us how many are **referred** for lack of parental care, but not how many are subject to **compulsory measures** of because of lack of parental care.

Taken alone, though, without scrutiny of figures in relation to the other grounds, these SCRA figures show that for every 100 children living in our communities, someone has a concern that one child is experiencing some degree of neglect. This is a much larger figure than the picture from registration. It is, however, closer, although still less than the findings of a comprehensive study of prevalence of maltreatment in 2009 across the UK. The NSPCC surveyed 4,036 respondents: 1,761 young adults aged 18-24 years and 2,275 children aged 11-17 years (Radford, 2011). The report concluded that almost one in ten of young adults (9%) and children (9.8%) had been severely neglected by parents or guardians during their childhood; or for every ten children living in our communities one had experienced some degree of neglect.

Local data collection

Our survey asked for information to help gauge the nature of data collection across services locally; that is, what statistics are collected and how they are collected in order to estimate the numbers of children at risk of or experiencing neglect.

As expected, respondents from all the areas (25 returns from a possible 32) reported that statistics were collected in relation to national statistical returns. However, we were also interested in finding out how services recorded the numbers of children they worked with who were experiencing or were at risk of experiencing neglect, over and above those appearing on Child Protection returns, in order to capture prevalence in a broader sense. A number of respondents to the survey commented on the complexities of this and of gathering information from across the range of child-focused and adult-focused services.

Nonetheless, six areas out of 25 were able to provide some figures from sources additional to child protection registration. These figures were described as being sourced from agency performance management data, from referrals to the Reporter to the Children's Hearing System or from referral information presented to early screening groups.

We do collect broader figures from various sources: mainly in relation to referrals from the NHS child protection unit at..., from... Police through the Vulnerable Persons' reporting system, from SCRA (referrals to and from the Reporter on care and protection grounds) and health visitor stats (the HP1 categories relating to core, additional and intensive support required). We can pull out which ones have neglect as the main or one of the categories identified, or at least lack of parental care which is arguably the same thing.

Survey respondent

Ten respondents, who said they did not collect figures over and above child protection registration information, did describe ways in which this wider information, or at least some of it, was being or could be collected. This was primarily through analysis of referral information and in some cases, required some 'drilling down', which was not currently being undertaken as a matter of course. In some areas this might involve looking at individual case records, but this was considered to be time consuming unless a system was put in place to do this.

Three areas stated that they were actively interested in developing data systems which would enable children's circumstances, including whether the child was at risk or experiencing neglect, to be recorded and collated. The same system would ideally be able to record children's progress towards identified outcomes and incorporate information useful for monitoring the effect of the GIRFEC approach. Consideration was being given to how this might be set up:

Currently we would have the numbers of children referred to social work but it is otherwise held in lots of different systems and not collated. It will be a challenge, too, in relation to tracking the impact of the Named Person system coming in. We would like a Framework for collecting such data and also for outcomes. We are developing a CareFirst front page so that health and education can complete referral info on the same system as social work.

Survey respondent

The phone interview with the voluntary sector representative indicated that data systems for recording reasons for referral and assessment outcomes, both of which included neglect as a category, were in place and could provide statistics at service, regional and national level. These agencies have been providing, and are increasingly required to provide, information about the numbers of families they work with and measurable outcomes for funding and commissioning purposes. Two local authority services reported that they are working with

voluntary sector partners to develop systems that can be used by all services working with a family within their area.

We asked whether proxy data was collected in each area. For example, it is known that neglect is highly associated with any, or combinations of, parental substance misuse, mental health problems and domestic abuse; and it is also associated with parental learning disability (Cleaver *et al.*, 2011). So we asked whether adult-focused services collected statistics of children whose parents' difficulties might mean that they were at greater risk of experiencing neglect. Three areas were able to provide some proxy figures, primarily from mental health, domestic abuse and substance misuse services although some of these related to incidents reported to the Police and some of the children would have been recorded within social work data systems and therefore likely to be counted twice. Other areas did not routinely collect this information:

This information is not routinely available for children experiencing neglect. Some adult services could tell you how many service users have contact with children and are good at assessing if there's a need to make a referral to Children and Families social work but this is not collated into an overall figure. It could be complicated with double-counting and would involve a nightmare of cross-referencing and there would be statistical inconsistencies.

Survey respondent

Several concerns were raised about the process of retrieving information, for example, double-counting can be a problem in the absence of single unique identifiers being used across systems:

If adult services are recognising neglect or potential for neglect of children of adults they work with they would be speaking to children's services anyway so will be recorded, numbers wise, within the referrals system. So there would then be a danger of double-counting. But also there may be neglect happening but it wouldn't necessarily be recorded as a referral due to neglect. And the adult service might be supporting parents and having a positive impact on the child's life so then they won't refer anyway. It's the same in schools – there's no mechanism for recording this if the school is dealing with it themselves. So we can't gauge the size of the problem through collection of proxy figures but we do it in other ways.

Survey respondent

The interpretation of terms and language has an impact, for example, if the term 'neglect' can be assumed to equate to the category of 'lack of parenting capacity' as used by some local authority data systems and 'lack of parental care' as used by the Scottish Children's Hearing System, then figures can be retrieved from

sources such as 'reasons for referral' within services database systems. But more evidence would be required to test this assumption.

There are also differences across areas in the ways in which factors that may be **associated** with neglect or seen as causal factors (such as parental substance misuse) are recorded, and the **outcomes** (such as neglect) are recorded. Sometimes they are used inter-changeably, sometimes recorded separately. The meaningfulness of headers (and figures) needs to be clarified where there is an overlap between, or conflation of, labels of 'causal' factors and neglect.

Bearing these caveats in mind, table 3 highlights some of the sources for proxy data, but also how different areas may collect information in different ways, and that this currently is unlikely to be sufficiently reliable for estimating the prevalence of neglect locally.

Area	Child concern reports or referrals	Referrals from police, health or education	Multi-agency referral groups	Referrals to SCRA on grounds of care and protection	% of 0-15 population in area
Area A	2,230 (not only neglect)	955 (incident of domestic abuse involving children or parental mental as part of referral)	379 (pre-birth referrals and drug-related incidents involving parents)	421	20%
Area B	20 (S.22 referral)	166 (incident of domestic abuse involving children or parental mental as part of referral)	665 (parental substance misuse as part of referral reason)	--	4.6%
Area C	239 (from parental substance misuse service)	305	163	--	1.3%

Some current developments, particularly in relation to measuring the numbers of children affected by parental substance misuse, are seen as having the potential to be applied more widely and if possible at a pan-Scotland level. This would require all services to sign up to information sharing and would at best incorporate local data collection which would incorporate 'areas of concern' for the child and measures of progress resulting from services involvement with the child and their family. One suggestion is that children's needs could be collated using the Named Person or Lead Professional system that is being put in place; the reasons for children being allocated to each Named Person or Lead Professional could be aggregated.

Summary

Both the national child protection statistics and the figures from SCRA provide information that is relevant to gauging the extent of neglect in Scotland. However, the absence of linkage across the datasets means that the extent of overlap is unknown.

The figures from the child protection statistics show that approximately one in a thousand children is on the register for the primary reason of neglect. The SCRA figures show that approximately one in a hundred is referred for reasons of lack of parental care. We do not know the extent of unmet need of children about whom people were worried, but whose circumstances were not judged to warrant registration or compulsory measures of care.

Local data collection is most reliable in relation to the requirements of national returns. Only six of the areas surveyed were able to provide us with additional data but no consistent picture of prevalence could be gauged from these. A further ten respondents described ways in which some figures which indicated the wider prevalence of neglect were being or could be collected, although in some cases this would require analysis of data that did not take place as a matter of course. There is interest in developing better systems for collecting and analysing data across adult and child services, but it would be necessary to address the complexities of labelling, double-counting and the range of different systems in use.

HOW GOOD ARE WE AT RECOGNISING CHILDREN WHO ARE AT RISK OF, OR EXPERIENCING, NEGLECT?

Definitions and recognition

It was generally seen as helpful to have a national definition which could be used across services and act as a starting point when considering whether a child was experiencing neglect. However, for some respondents this posed a question about the adequacy of such over-arching definitions.

Does the formal definition matter? Is it not more about the impact on the individual child and the need to intervene early before there is too much impact on them?

Survey respondent

This comment may be a reflection of a broader shift towards a language of unmet needs and a focus on the **potential** for later neglect rather than current neglect. In practice, though, it should be possible to refer to an overarching definition whilst still responding at early signs of problems. For example, some

respondents were also thinking through how the terminology used within a GIRFEC approach might necessitate a change in emphasis from blanket terms such as 'neglect' and 'abuse' to encompass new ways of framing children's needs:

We're not really using the word 'neglect' in a practice context. We are framing children's risks and needs through the five Integrated Assessment Framework (IAF)/GIRFEC questions (e.g. What does the child need? Can I provide it? If I can't provide it, who needs to?) We use the My World Triangle to identify areas of risk rather than using the term neglect. We would look at what needs to be put in place to identify gaps in care – for example, is parenting work needed? Or is housing the issue?

Survey respondent

While a small number of areas are still at the point of ensuring that all services have a shared understanding of the national definition, some areas have developed it in order to help practitioners consider in more detail what constitutes child neglect in relation to individual children and what is acceptable in terms of levels of care in particular circumstances:

We have not developed the definition as such but have padded it out locally in other respects through the 'Keeping Children Safe' tool, similar to a type of threshold matrix which breaks concerns down into factors. It helps agreement about at what stage to refer and help people understand what to do with their concerns. A locally developed tool, it helps define neglect at a practical level.

Survey respondent

There was some discussion about the use of the term 'neglect' in itself, both in relation to what it encompasses and how it relates to 'lack of parental care'.

Sometimes I think neglect is used as a category even if it is really emotional abuse. Neglect may better be called 'lack of parental care'. For example, in this area we have great variation in social and economic backgrounds, with child protection issues in the most middle-class families but this would be more lack of parental care/exposing young people to danger, for example letting them drink and party at home. This is neglect – but in a different way.

Survey respondent

The majority of respondents reported that, to their knowledge, the national definition was generally known, helpful, and used by most agencies in their area and that the use of the GIRFEC Well-being Indicators and My World Triangle

categories², when assessing children, had contributed to a shared understanding of children's needs. In some cases multi-agency training and the on-going discussions about individual children and their families which staff across services have daily, had been instrumental in this. Some areas were less certain about the extent to which working definitions were really shared by some agencies in practice and that there are still inconsistencies in interpretation about the stage at which children and families require intervention:

The definition is shared but I'm not sure if it is interpreted and used consistently. It appears in documents inspected as part of case file audits and we've not found any differences there but there are likely to be differences in individual interpretation. It's something we discuss at Practitioners' Forums, the thresholds issue, and people say they do their best to come to a shared understanding of what they mean with people they are co-working with. I don't think it's a particular concern.

Survey respondent

In general there was a prevailing view that common ground was increasingly being negotiated, although determining thresholds of risk and what constituted acceptable care were still influenced by availability of resources and what was described as the 'cultural acceptance' of barely good-enough levels of care in some neighbourhoods. Further research would be required to explore the extent to which apparent differences in culture are associated with differential responses and referral rates.

Identification by the general public

The YouGov poll of the public across the UK did not expressly ask about the particular signs of possible neglect, however, the public were asked if they had been worried about a child experiencing neglect (Burgess *et al.*, 2012). Thirty percent of the Scottish public, who were asked, replied that they had been worried or very worried about a child therefore obviously making a judgement about the possible signs of neglect (in Wales it was 29% and in England around 26%).

Focus group participants queried the extent to which the public were getting the message about what were acceptable levels of care and whether there needed to be more awareness raising with the public to put this message across more effectively. Having said this, respondents asserted that referrals from neighbours and family, who were concerned about a child, were always followed up but commented that there was sometimes a problem if referrals were anonymous or there was insufficient evidence to act. It was felt that the public were as yet

² Guide to Implementing Getting It Right For Every Child, Scottish Government, 2010.

unaware of the GIRFEC approach to safeguarding children and that more information about this needed to be conveyed.

Identification by professionals

The participants in the focus groups identified professionals who are well-placed to recognise when a child is not being cared for adequately. There is evidence that a range of practitioners are now part of the 'identification' network.

Health service staff

Participants in one focus group area described the way in which a Public Health approach was being adopted locally:

We also have the Joint Health and Well-being Unit led by the Health Board. It's a public health approach within early intervention. The Comprehensive Health Assessment offers a holistic view of health which could pick up some aspects of neglect.

Focus group participant

Midwives report that, where possible, they are doing home visits as early as possible to identify potential neglect risk factors for unborn children. Many areas have specialist practitioners or dedicated services to support particular groups of parents, for example those who are identified as misusing substances.

Health visitors are seen as ideally placed to assess and identify the risks for children in the home, but the majority we met in focus groups have been frustrated by the constraints of high caseloads limiting the amount of contact they have had with many of the families. There are now moves to address this, for example by reinstating the 24 month health check for all children, which should help target those in most need of additional support alongside the provision of a universal service to all. The reintroduction of the 24-30 month assessment should provide an opportunity to undertake a comprehensive assessment (yet to be finalised at the time of publication). Some areas have early years staff attached to health visitor services who are able to work more intensively with families and can have a monitoring role if there are concerns about the care of children.

School nurses have a role in identifying potential neglect although some areas have seen a reduction in this service:

In part of our area, two posts were funded with a School Nurse role and although only one is actually in post, the difference is that she spends much time in the school undertaking one to one work with children with additional support needs whether physical, educational or behavioural. She also does a lot of health promotion work and gets to know the wider population of children.

Focus group participant

Accident and Emergency Department staff, GPs, paediatricians, psychologists and dentists alert colleagues when children come to their attention who are showing signs of possible neglect or who are not attending scheduled appointments.

School and nursery staff

Nursery and primary school staff were considered key in recognising signs of neglect in children as daily contact with parents, as well as children, enable them to see changes in behaviour and whether, for example, the child is being collected by numerous people or other children. Some schools have Home School Link staff who go out to homes and can, in some cases, obtain a holistic picture of the child's living circumstances. Educational Welfare Officers or school-attached social workers can provide a useful bridge between school and home in assessing what is happening in a child's life:

Transition times, say in the move from nursery to primary to high school, can flag up problems for children. We have Multi-agency Transition Groups to try to identify children who are struggling and find ways of helping them.

Focus group participant

We were given examples of guidance and pupil support staff and school counsellors in secondary schools raising money for 'hardship funds' for toiletries and essential items for young people, which also gave an opportunity for young people to talk about any difficulties at home.

Targeted services staff

Social workers and voluntary sector staff who are already involved with families or who become involved through out-of-hours and duty systems may uncover signs of neglect while discussing other presenting issues. Voluntary sector agencies working in communities and housing schemes were sometimes approached by local families for help. However, as resources became more stretched it had been noted by the voluntary sector survey respondent that such

services were increasingly seen as being targeted and referred to them as being 'gate-kept' by social work services who had commissioned them, with self-referral considered to be on the decrease.

Youth justice social workers are often able to identify young people who have experienced or are experiencing neglect, in relation to 'absent' parenting, lack of boundaries and supervision.

Police, housing and community/youth workers

Police in all areas have processes in place for identifying and referring children who come to their attention during domestic violence incidents or other call outs. 'Child Concern' or 'Vulnerable Persons' forms are passed on to social work services and can result in what is viewed by the recipients as an 'overload' of potential referrals. In some areas there is a 'marker' system in place so that police will actively look for signs of neglect in homes which have this type of alert recorded.

In some areas there are developments in the ways in which council and housing association staff, including tradespeople who are entering homes, are looking out for signs of child neglect, which can go hand-in-hand with poor housing conditions. Staff were also becoming involved in projects to work with people to improve their physical and social circumstances.

Practice example:

Glasgow Housing Association is taking a more pro-active response to families who are identified as needing help, with a view to encouraging better care of their homes, themselves and their children. Housing Association staff are having more discussions with social work services staff about how best this can be done for individual families. The approach is to try to intervene early on with children, in part because they are the future generation of housing tenants. Housing has some resources to spend on services and is looking at a befriending service which offers support in these areas.

This chimes with the idea of 'neglected neighbourhoods' which was raised in several primarily urban focus groups. Participants commented on the importance of the living environment for families and the benefits of improvements in these and how this can have an impact on housing conditions and on family life. For some focus group participants, there was frustration that good work and progress with families was often seriously tested or undermined by not being able to address issues of poverty and unemployment in the wider communities; communities that many participants described as 'neglected'.

Youth and community workers, mentoring and befriending service staff, were seen as having a role in identifying neglect in older children and young people. The less formal and often trusting relationships they are able to develop with young people and their role, which often encompasses visiting the family home, can give them opportunities to check out what is happening with the family and either offer help or advise about available supports.

Rural and urban differences

The focus groups took place in both urban and rural areas and while many aspects of the ways in which professionals were able to identify and respond to children who needed help were common to both settings, there were some additional factors for those working in rural areas. In relation to children being identified it was felt that families who were experiencing difficulties were often more visible in a rural environment and that families who moved to very remote areas in order to disappear from the notice of services found that the opposite occurred. In some very small communities there could be difficulties for professional staff who were approached informally with concerns about children which were difficult to substantiate.

Multi-agency screening groups

Most areas were able to describe multi-agency groups aimed at the early identification of children who it appeared were not being cared for adequately. In some areas these were well-established groups, for example those based in schools but with representation from other agencies. Others were issue-specific groups, for example when domestic violence or parental substance misuse was raising concerns for children. Some groups described were locality-based; some discussed several children at a time and others considered individual children on a case-by-case basis:

We have put a lot of effort into early identification, by way of multi-agency groups which enables the safety net to be quite wide. We've taken a systems approach in that a wide range of children are considered and that can escalate issues, which we are conscious of, but it's getting the balance so that we catch children with potential difficulties early.

Focus group participant

It was clear that some areas had designed multi-agency groups specifically to meet the requirements of the GIRFEC approach, whereas other areas had continued to use previously existing groups and saw them as being congruent with the GIRFEC approach.

Many groups have a dual role in both identifying and responding to children. The GIRFEC framework has been a driver in some areas for rethinking the role and purpose of such groups and whether the Named Person role will preclude the need for such screening groups and lead on directly to a multi-agency forum which agrees on support packages:

The Named Person system is being introduced so currently there are transition arrangements. That is a Pre-referral Screening Group to try to reduce referrals down the statutory or Children Hearing route, unless really needed. A twice weekly multi-agency forum is held for concerns to be raised and a lead worker to be allocated to stop the child and family being bounced around before contact occurs. All the agencies research what is known about the family. When the Named Person is in place this should be a health visitor or teacher. So only referrals from the public would come to the group.

Survey respondent

The stage at which the child's parents become involved in groups, where the identification of need and response planning takes place, is also under discussion in some areas given the focus on working with parents as partners. One survey respondent outlined how their area had moved away from the practice of holding multi-agency discussions between professionals about several families in one meeting because of confidentiality issues.

Practice example:

Dundee Multi-Agency Screening Hub (MASH) is made up of a group of multi-agency representatives who are co-located and whose role is to gather and share information about children who are referred to the MASH. There will be some filtering of referrals before MASH staff are contacted. The MASH is where the jigsaw pieces of information are fitted together and the parent informed of the referral. As a result of the discussion, there might be a single or multi-agency response or a joint visit to the family, for example from health and social work staff or education and social work staff.

Although not long established, it is generally thought that the MASH process has helped the sharing of information about children experiencing neglect and helped to ensure responses are more timely and appropriate to the identified need or concern.

All areas within Scotland have localised structures aimed at maximising the ways in which all those working with children in universal and targeted services can identify those whose behaviour and/or physical and emotional problems signal

possible neglect. In some areas this is extending, perhaps more incrementally than it should be, to professionals working primarily with adults whose circumstances indicate that children in their care may be at risk of neglect.

The GIRFEC approach

The structures, processes and paperwork within the GIRFEC Practice Model have been designed to identify and respond to children at as early a stage as possible when problems are recognised and by offering supports at a universal service level if this is adequate and feasible. The evidence from the evaluation of the early impact of the roll-out of GIRFEC in a 'pathfinder' local authority suggests that it has the potential to reduce the numbers of children experiencing neglect (Stradling *et al.*, 2009). It will be some while before the effectiveness of the system for doing so can be evaluated more widely. Feedback from survey responses and the focus groups indicated that some staff thought that the current lack of information-sharing protocols and incompatible IT data systems act as a barrier and that more work could be undertaken to improve local and national systems in order to help the GIRFEC framework to operate most effectively. There is a national project to develop the Inter-Agency Communication Tool (IACT), which may help with this issue.

Partnership working

Analysing the findings from the survey responses and the focus groups there was an overall message that the ways in which agencies work together was an improving picture. In small areas, in particular, generally good relationships were reported both at practitioner level and also developing strategic ones, which was felt to be partly due to the implementation of the GIRFEC framework. It was reported that some adult services in some areas were seen as reluctant or unable to adopt the multi-agency approach and share information about families but it was hoped that multi-agency training and a 'culture of learning together', which had helped child-focused services collaborate more effectively, could be rolled out to adult services in time.

The focus on GIRFEC has helped the buy-in to partnership working and we have to keep reiterating this. The Getting Our Priorities Right³ agenda does help the link with adult services – we are linking in with Housing and other adult-focussed agencies like that more now too.

Survey respondent

³ Scottish Government (2003), currently being revised, with a new version due to be published later in 2012.

Practice example:

Stirling Community Safety Partnership and the Local Authorities and Research Councils Initiative (LARCI) jointly funded a partnership project that included Stirling Council, Forth Valley N.H.S., Central Scotland Police and the Voluntary sector and drew on the knowledge of practitioners and from research to raise awareness of issues about early intervention by services working with expectant mothers who use drugs and alcohol and to improve parenting and reduce the potential for abuse and neglect of this vulnerable group of children (McIlquham *et al.*, 2011).

Are more children being identified?

The feedback from survey responses and focus groups reflected the general consensus that an increasing number of children who are experiencing or are suspected of being neglected are being identified by staff from across all agencies. This cannot currently be evidenced by quantitative data as some local data collection systems are limited. The general view is that there is a better understanding of the signs and effects of neglect and a widening range of formal processes in place by which professionals can share knowledge about children about whom there are worries. Some participants reported that, while on the whole this was clearly a positive development, there were sometimes difficulties in targeting help at those most in need, because of the 'big haystack' of referrals. The implication of targeting help, though, is that those who are not targeted do not receive help, even though there must have been sufficient concerns about them to lead to the initial referral.

Respondents reported as struggling with the enduring issue of making decisions about identifying when precisely the level of care being provided could be considered unacceptable:

There is agreement on the serious cases but it's those in the big grey area of uncertainty for whom we need a framework for identification and clarity about triggers into appropriate supports. We are getting towards a shared understanding but thresholds can be different across services. When social workers are out visiting homes they need to take notice of health visitor colleagues who have ordinary households as the benchmark. Social workers' norms have shifted about what's acceptable. Is it good enough? Even within agencies, personal standards have a bearing too.

Survey respondent

There was a view that many parents would make just enough improvements to prevent removal from care, but that this was not always sustained without close

monitoring. There was also concern about tracking children living in families who move between areas. Emotional neglect was described as often much harder to evidence. This is congruent with UK-wide concerns about the difficulty of identifying and evidencing emotional neglect, even following training (Glaser *et al.*, 2012).

Focus group participants, in particular, also noted that greater recognition has led, in turn, to more children becoming accommodated. This is backed up by official statistics which show that at 31 July 2010 there were 15,892 children looked after by local authorities, an increase of four per cent since March 31, 2009. The number of children looked after has increased every year since 2001, and is at its highest since 1982 (Scottish Government Statistical Services, 2011). This in itself means that social work staff in the statutory sector are spending more time resourcing the processes required when this occurs. It was thought by some participants that as the demand for foster care placements becomes higher and placement choice less available then the care experience for some of these children can be damaging in itself. This view would need to be explored further as the current evidence suggests that being looked after away from home can also be associated with better outcomes for some neglected children (Farmer and Lutman, 2010).

Assessment

The majority of CPC areas make use of the Integrated Assessment Framework forms and most cited the GIRFEC tools (My World Triangle, SHANARRI well-being indicators and Resilience Matrix) as a way of assessing the extent to which children's needs are assessed or met. In some areas these are used widely by all agencies working with children now; in others they are being introduced more incrementally. On the whole, they were seen as very helpful and provided a common language for all services.

In addition, the most common assessment tools used by health service agencies are the Profile of Significant Factors (NHS Greater Glasgow Perinatal Care Pathway), the Health Needs Assessment (Hooper and Longworth, 2002) and the Schedule of Growing Skills (Bellman *et al.*, 2009). Pre-birth assessments were also cited. Social workers mentioned use of the Graded Care Profile (Polnay and Shrivastava, 1996), Signs of Safety (Turnell and Edwards, 1999), Real Time evaluation assessment tools (aka Realist Evaluation, Kazi, 2003) and the Keeping Children Safe toolkit (NSPCC and others). Ways of assessing the impact of neglect on the individual child were mentioned by some as important and some outlined that this is the analysis which led on from the assessment. The NSPCC Ten Pitfalls practice paper was used in at least one area to look at the impact of neglect on children (Broadhurst *et al.*, 2010). In another area the Action for Children Neglect Assessment Tool was in use and being evaluated as

part of a wider Neglect Project operating in four areas across the UK (Long *et al.*, 2010).

The view of some was that risk assessment tools were required to give an added perspective to GIRFEC assessment forms. Some CPC consortia have developed their own tools. Calder's Risk Assessment Framework (Calder, 2002) and other forms of assessment of need and risk were also mentioned. A National Risk Assessment Toolkit is under development and currently being piloted (Scottish Government, 2010b). The tool is located within the GIRFEC framework and augments the National Child Protection Guidance (Scottish Government, 2010a).

Parenting capacity was also assessed using various formats, such as the Parenting Assessment Manual (McGaw *et al.*, 2002) used by Action for Children and others, primarily for assessing parents with learning difficulties:

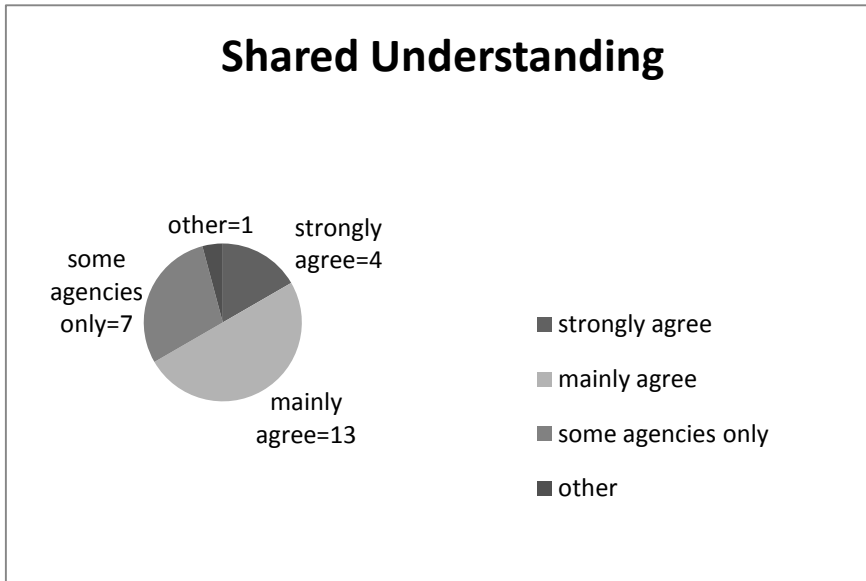
The My World Triangle is not really enough in itself for assessing emotional neglect – it comes back to how people record and interpret what they find out. We need to do more on the analysis of the actual impact on the child. The Department of Health materials were good for this as they offered a range of tools although they were time-consuming if they were all used.

Focus group participant

Discussion in the focus groups indicated that there was still an important role for professional judgement and 'instinct' about how family life is for children, with the tools offering a structured list of areas for consideration and a format for reporting on these. Structured tools go some way towards a shared understanding between services of a child's needs and also their protective factors. However, respondents reported that there is still inconsistency in views about the point at which intervention in some form is required, for example the offer of family support or referral to the Reporter to the Children's Hearing System (commonly referred to as the 'thresholds issue').

Is there a shared understanding of when neglect requires a response?

We asked survey respondents whether they felt that there was a common understanding across all agencies about the level of concern that warrants referral to a statutory service rather than direct provision of help by informal or universal services. This question had been formulated for the UK wide review. In Scotland, as GIRFEC becomes embedded, this would be reframed as 'the level of concern at which a multi-agency response, probably involving targeted help, would be required' (see figure 1).



Other = this is an on-going issue so unable to complete options (1)

Figure 1: The survey response to the question: 'there is a common understanding across all agencies about the level of concern that warrants referral to a statutory service rather than direct provision of help by informal or universal services'

Comments suggested that multi-agency training helped develop a shared understanding and that continuously stressing the need for shared responsibility at every opportunity when undertaking joint case work with families also led to common levels of understanding between services. As joint work increasingly takes place staff report that they are more able, if necessary, to challenge those from other agencies about what is an acceptable level of care.

What is getting in the way of children being identified?

Obtaining evidence of a child being neglected is still seen as problematic, certainly in comparison to other forms of abuse. The importance of chronologies and not starting again as families move out and then back into services is recognised, but when there are multiple case files it can be hard to find the most relevant information. It can be overwhelming for staff trying to make sense of previous events and to then present this in a way that can be seen as evidence. Although identification of neglected children was seen as improving, there were clear gaps reported, particularly by focus group respondents.

In some urban areas there was felt to be what was described as 'a cultural acceptance of neglect', particularly where inter-generational low standards of care were prevalent. There was a danger that professionals working in these areas had become desensitised by what had become a local norm:

There is a role for education about how we teach our young children about what is normal and acceptable in terms of living without domestic abuse, neglect and unacceptable parenting. In some areas we have to address where neglect sits within societal norms.

Focus group participant

In some areas the numbers of children who were living in these circumstances were almost overwhelming and poverty was clearly part of the issue for some of these families, coupled with low aspirations and little or no hope of future change and improvement in their lives and those of their children.

There was thought to be a need for greater acceptance by professionals of the fact that some parents did not have the capacity to parent, despite the provision of services to support change, and that children should then be removed from the home:

It's difficult to help some children whose parents seem compliant but aren't doing what is necessary to care for their children – there is sometimes perhaps an element of us being over-optimistic. We need a shared understanding of when neglect can no longer be tolerated.

Focus group participant

Social workers and health visitors told us that they need to be able to spend more time with families in their homes to be able to assess what daily life is like for children:

It is better once the child is surrounded by other professionals – but one gap could be before the child gets to nursery. Few professionals see them and it can be very difficult to make some sense of the child's situation. The health visitor service is extremely stretched. Also health visitors have no right of access and families can refuse, but this can be discussed with social work services. Although even if a health visitor manages to visit the family they may not see them enough to make sense of the family environment and see what is going on with the child and the impact of possible neglect.

Focus group participant

Some children were described as being good at masking what is really going on, perhaps showing signs of 'false resilience' which may disguise the impact on them of lack of care unless someone sees the situation at close hand.

Teenagers who are unsafe due to lack of guidance and boundaries sometimes go unnoticed unless they are coming to the attention of youth justice agencies. There were also comments about extended family trying to cover up and manage situations where children are living in neglectful situations when it would be better if services became involved.

It was thought that some professionals, in some cases from both adult-focused but also child-focused services, saw the adult as the primary client and children's needs could be lost. It was important to bring adult-focused services into the GIRFEC process and this was not yet happening in a widespread way:

Getting referrals from adult drug services can be difficult – there is a will and some understanding of child protection, but drug workers are sometimes out of their depth when it comes to children who may not hit the high tariff – and they may not be sure what to do about protecting them. Some teams are more confident – there is inconsistency across the region. Adults' workers are starting to see things in a broader, whole-family way but maybe this is not as much as it should be – it's perhaps lack of confidence or experience.

Focus group participant

Emotional neglect, often resulting from parental depression was seen as particularly difficult to identify. In some areas the situation of fathers working off-shore for extended periods and the impact on family life both when they are there and absent was also raised. Alcohol misuse was often used as a coping mechanism, in some cases by both parents.

Other children seen as at risk of neglect but hard to identify were:

- those in transient families who often moved on when problems were being identified
- home educated children who were not in contact with any professionals
- children of parents with learning difficulties, particularly those who had been inadequately parented themselves
- children and young people in 'middle-class' families suffering neglect that is difficult for agencies to recognise.

Summary

There is some on-going consideration about the use of the definition of neglect in the context of the GIRFEC framework and its focus on the language of children's unmet needs. The definition is generally thought to be shared across agencies although there are still considered to be some inconsistencies in interpretation about the stage at which children and families require intervention. The multi-agency collaboration through the GIRFEC system is considered to be helpful in working towards overcoming this.

We identified a wide range of professional staff in a position to identify children at risk of or experiencing neglect. All areas have multi-agency groups which meet to discuss and identify children at risk. Some of these groups are undergoing a change of emphasis as a result of GIRFEC and rather than screening for referral on to services aim to focus on putting in place appropriate support packages for children and families.

The GIRFEC Assessment tools are viewed positively by staff across most agencies and are now in use by some. It is thought that additional tools are valuable, for example in assessing risks for children and to assess information about levels of parental care and parenting capacity in relation to potential neglect of children.

The perception is that there is a better understanding of the signs and effects of neglect and a widening range of formal processes in place by which professionals can share knowledge about children about whom there are worries.

There are still a number of factors which get in the way of children being identified. These include professionals becoming 'desensitized' to inter-generational neglect, staff being over-optimistic about some parents' capacity for change, extended family covering up the extent of neglect for some children and difficulties in evidencing emotional neglect.

HOW WELL ARE WE HELPING CHILDREN AT RISK OF, OR CURRENTLY EXPERIENCING, NEGLECT?

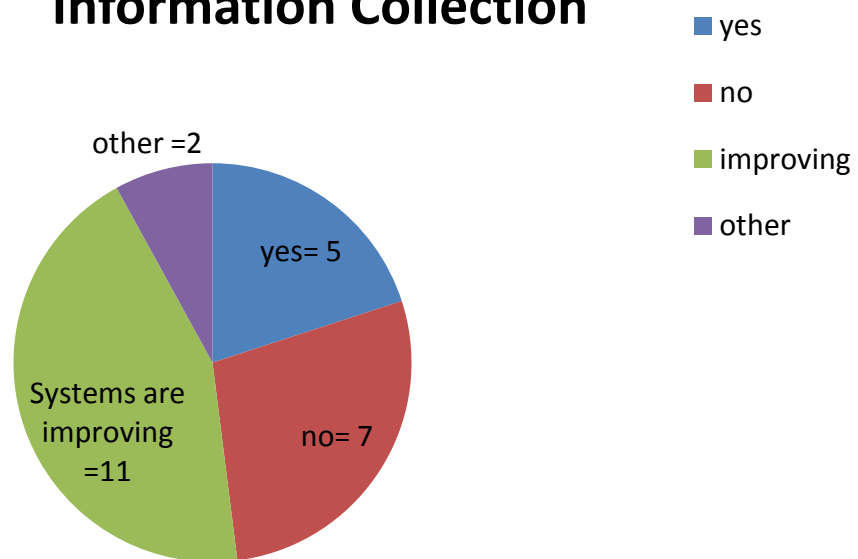
Data collection and service planning

The survey asked about the efficacy of systems for helping services to plan how to meet local need in relation to neglected children'. Some areas gave us information about the ways in which services are planned and commissioned and most were using Performance Data or other mechanisms, such as measuring the extent to which Resource Panels were able to meet identified needs or data from SCRA, to plan levels of services required and inform Joint Commissioning Frameworks. Others comments reflected recognition that data collection is as yet only partial and could be improved, while others felt that new data recording systems need to be developed which would fit with the GIRFEC framework and enable service planning to be undertaken in a more directly needs-led way (see figure 2):

We could do better but we do have systems which allow us to use Performance Monitoring Data to inform strategic planning. So colleagues from across a wide range of services, including social work and health (GPs, psychologists and psychiatrists) report to the Children’s Services Core Group and we can see what we need using these Thematic Reviews. This sort of data and process allowed us to see the need for a service for children affected by parental substance misuse. Our knowledge of how many children are affected by parents’ mental health problems is the next we need to address.

Survey respondent

Information Collection



Other = numbers are too small (1) and information of this type not used for service planning (1)

Figure 2: Showing responses to the survey question: ‘Local information collection systems in relation to child neglect are effective in helping services to plan how to meet local need in relation to neglected children’

What services are provided to help children?

A network of services is in place to support families and to try to ensure that children are not experiencing neglect. However, the routes by which these services are accessed by children and families themselves and by professionals seeking a service on their behalf vary in different areas. To an increasing extent the organisation of routes to services is being shaped by the ways in which the overarching GIRFEC framework is being adopted.

We were given lists and examples of services across Scotland which provide help for children, support their parents and monitor whether children are being cared for well enough. The types of services are outlined in Appendix B. In summary, they range from early years parenting support and nursery provision to Family Centres and additional support in schools, for example Nurture Groups in Primary Schools and support provided by Guidance Teachers in High Schools through to targeted help for teenagers and their parents, run by both social work services and voluntary sector agencies.

Practice example:

Time4Us is a joint service, run by Aberlour Child Care Trust and Signpost Forth Valley, for children and parents affected by parental substance use in the Forth Valley Health Board area. The service aims to provide support and treatment to children and parents where the parent substance use is affecting their capacity to parent. Time 4 Us works with parents, children and young people aged 0-16 years and provides parenting programmes for parents who do not live with their children but have or are seeking contact with their child.

Edinburgh is in the process of setting up four community-based **Recovery Hubs**, co-locating Social Work (Adult and families), Nurses and the Third Sector. They operate a drop-in service where people receive a triage assessment and then access the right service from the above. One area Hub is open, with a second more recently opened and undertaking triage assessments, with the co-location following at the end of May. Premises are still being sought before roll out in the other two areas of the city.

Dundee Families Service is a residential and outreach service, run by Action for Children in partnership with social work and housing services and initially funded by 'Breaking the Cycle' monies. It aims to help service users avoid homelessness and family break-up, for example through children being looked after and accommodated and aims to promote broader social inclusion for family members as well as safer, more cohesive communities. Referrals for support are triggered by anti-social behaviour. It works with both parents and children. It is now also operational in Perth and Aberdeen.

Some areas described ways in which local authority social workers continued, or were finding new ways, to reclaim the traditional social work 'hands-on' work with families:

Social work staff are creative and tend to do a lot of the work themselves instead of farming it out to other agencies. It's good old-fashioned social work, that's how it has been described by Inspectors who identified it as good practice, but it also fits with the Munro agenda of a return to less bureaucratic and more practical social work. Increased funding would allow us to be even better at doing this.

Survey respondent

There was a range of views across the different areas about whether there are enough services in place to help all the children who are identified as needing it. Those responding to the survey considered that they have a good range of services, although in answer to a more detailed question a more nuanced reply was offered (see figure 3).

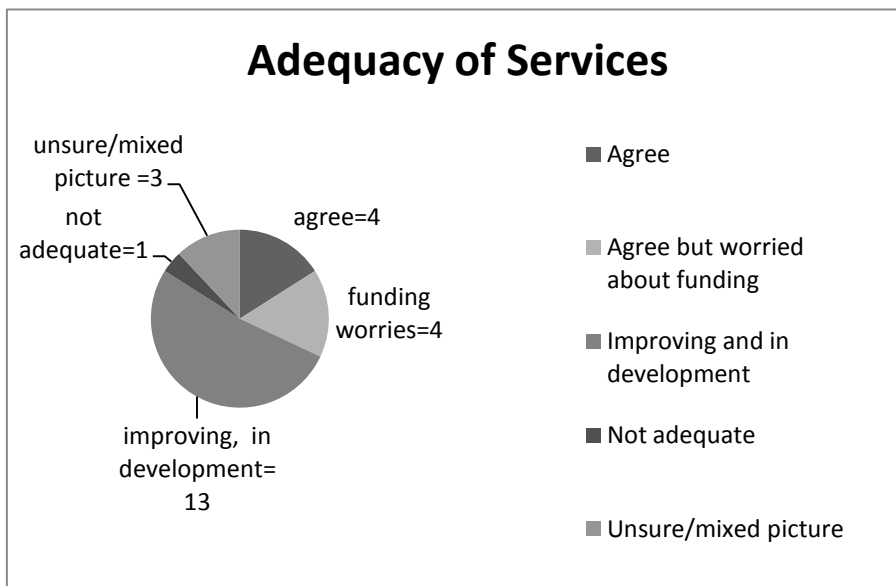


Figure 3: Survey responses to the question: There are adequate services in this area to help children who experience neglect and to support their families.

In general, some areas stated that they were relatively well provided for although there would always be more children whose needs were less pronounced who could be helped. Services in rural areas were generally seen to be very patchy and generally limited to larger towns, with very little choice of services on offer. Families often had to travel long distances to access services and public transport was usually inadequate and expensive. If families had their own transport the price of fuel was prohibitive and fuel poverty was an issue for some. Professional staff who visited families at home had to travel longer distances and could not do so as regularly as they would have liked. In some rural areas there

was limited if any voluntary sector provision available and in some the home care service was the only support which could be offered.

In two of the three large urban areas in which focus groups took place, practitioners reported that services were extremely stretched and could only meet the needs of children at 'the tip of the iceberg'.

Just under half the survey respondents indicated that more services would be welcome:

There are never enough services. We cope but we could do more. There is no capacity to do pro-active work so we have to concentrate on those with higher need. But we do our best with what we have and there is good practice within what we do have.

Survey respondent

While it is possible for families to self-refer to some services, this is not common and families were more likely to be referred through formal channels, at least to targeted services. Voluntary sector agencies reported that this had become increasingly the case as their services became more stretched and targeted, although those which were sited in the community sometimes had parents approach them for help.

Researchers and practitioners are learning more about how services can actively encourage and engage parents and children and the hope is that a greater use of non-stigmatising, universal-based services will help with this. In relation to families moving in and out of services, there is increasing recognition that some need long-term support and the GIRFEC approach is designed to provide ease of movement from intensive to 'maintenance' type support. It remains to be seen whether this will work in practice but there is general optimism, if all levels of support are adequately funded.

Communities: what services would people like to see?

The YouGov poll indicated that the general public are in support of services being provided to help children and their parents (Burgess *et al.*, 2012). When asked about the types of services the public in Scotland think should be in place to support children who may be experiencing neglect, members of the public clearly saw a role for services aimed at prevention and based within universal services. Projects that supported families and children before problems got worse polled 57% of their vote followed by preventative services (45%). Forty-four percent of those asked saw a role for health services such as specialist health visitors and 38% thought that school based services would be helpful. This was broadly similar to the rest of the UK, but more of the Scottish

public recorded that better approaches were needed for tackling problems relating to drugs and alcohol compared with the national response (37% and 30% respectively).

How is the GIRFEC framework shaping the context within which professionals are providing help to neglected children?

Focus group discussions indicated that there is a general optimism about the potential of the GIRFEC framework to provide help to children and families at an earlier stage and in a less stigmatising way, if the help that is identified to meet families' needs is adequately funded. There had been some apprehension amongst staff in universal services, particularly in relation to what would be required by the Named Person and Lead Professional role. In some areas where this was now operational the paper work and the role was not considered to be as onerous as feared.

Two, inter-related issues are affecting the shaping of systems within the GIRFEC framework. The first is the move towards earlier intervention within universal and targeted services and joint decision-making about who is best placed to provide intervention without the need for 'referral' between agencies. There were strong views expressed that there needed to be greater capacity at universal service level if children were to be helped and parents supported at an earlier stage. Practitioners stated that, during this transition time of maximising capacity in services aiming to help children and their families at an earlier intervention stage, the 'higher end' work will continue to need funding. They felt that if financial resources are not spread across the spectrum of service provision there will not be a shift of focus towards earlier intervention.

The second is the continued need to provide appropriate protective responses where there is high risk of harm. There are a significant number of families and children who need help because there are serious child protection concerns or who are at what practitioners describe as being 'just below child protection level'. There will always be some children for whom a child protection investigation, usually with police involvement, is required, sometimes when the child first comes to the attention of services. Such child protection processes can be integrated within the over-arching GIRFEC system as was shown in the 'pathfinder' without having to adopt dual pathways (Stradling *et al.*, 2009). Across Scotland, though, we identified three main models of GIRFEC adoption, either incrementally or by taking a whole system approach.

Partial or incremental adoption of the GIRFEC practice model

Approximately one third of local authority areas are at an early or partial stage of GIRFEC implementation and still use the term 'referral onto services'. Some of these areas describe parallel pathways of either a Child Protection or Child in Need route:

We do still speak about referrals and the Duty Team would take these and make a decision about whether to go down the full-blown CP route or Family in Need of Support route, unless the child already had a social worker. It could go back and forth between CP and Child/Family in Need further down the line. So the mechanism would be through the Duty Worker.

Survey respondent

These areas have not yet implemented the Named Person, and if required, Lead Professional role with the responsibility they have for arranging multi-agency discussion and planning for a child. Some of the areas do have multi-agency planning groups although these may not be fully integrated as yet into a full GIRFEC model which focuses on discussion about what services should be put in place and the plans to do so rather than 'referral on to services'.

We do not have enough information to say whether all these areas are actively choosing an approach which continues to use a dual pathway system or whether they are incrementally moving towards one pathway.

A partial GIRFEC model (mixed pathways)

A small number of local authority areas have implemented a GIRFEC model but are using a mixed model of parallel pathways with some elements of a 'meeting around the child' system:

There's the dual pathway of Family/Child in Need or family support and the Child Protection one. If the former, then the Locality office will consider a 'meeting around the child'. We use GIRFEC and the IAF and it's well embedded, with Named professionals able to call a meeting around the child, at least from Health although not from Education as yet. The Meeting Around the Child (MAC) system works well, especially in small localities where relationships are well established. It can work well as a filter such that cases don't get to Child Protection but if it's working very well none would. It has worked well with some suspected neglect cases if supports are accepted and put in. The system is being used; the problem is buy-in by parents, if they don't then it can end up as a child protection case.

Survey respondent

GIRFEC practice model in place

Over a third of local authority areas report that the GIRFEC system, using a Named Person and if required, a Lead Professional system with multi-agency collaboration (including families themselves in some cases) is now in place. This is in the early stages of being used in practice in some areas and may not include all (for example some adult-focused services). Some areas reported that well-established multi-agency collaboration at a local level, small authority size and a stable workforce have aided the process:

It's the GIRFEC practice model so we wouldn't talk about a referral to SW or a handing on process. To ensure the child doesn't fall through the net they will be allocated a Named Person/Lead Professional depending on age and which service has the most input (usually, birth-10 days – midwife; 10 days to school age – health visitor; school age (primary and high school – Guidance or Head Teacher, if small school). We also had to think through the situation with children who are not registered with a GP or don't attend school. We needed to help people who will be Named Persons not see it as 'this is more work for us'.

Survey respondent

Practice example:

GIRFEC Learning Partners in North and South Lanarkshire recently launched a Getting it right 'toolkit' – a comprehensive resource based on their three years' work to develop culture, systems and practice changes across Lanarkshire: <http://www.girfecinlanarkshire.co.uk/resources>.

The toolkit includes a combination of written reports, exemplars, graphic images, animations, assessment paperwork and digital resources which are the result of a three year development programme. The report aims to share the experience of implementing *Getting it right for every child* in the hope that it may be of interest to other areas at different stages in their own journeys. It is aimed at Heads of service, strategic managers, planning managers, operational managers and programme managers who are responsible for any aspect of implementing *Getting it right for every child*.

Do the public and professionals know what services there are?

Overall, information about services is fairly widely available. From the survey, 17 areas had information available to the public, six had some information available and one area reported that the information is so small that this is not necessary. Nineteen areas said that information is readily available to professionals and four that some is available with one again stating that its small size meant that this was not appropriate.

The type of information available ranged from leaflets provided by individual services, directories of services on the local authority websites or a link to, for example, a Family Information Service website. In most cases, the content of the information provided is very general and describes the service, possibly referral criteria, sometimes the numbers of children/families it could work with but is not very detailed. The evidence on children's help-seeking suggests that they tend not to speak to professionals directly (Daniel *et al.*, 2011). Two areas reported on web-based child focused service information aimed at encouraging children to seek help and showing them how to do this which could be a fruitful approach.

Practice example:

East Renfrewshire Council have developed a website for children and also one for teenagers. Both provide information on keeping safe, bereavement, bullying and internet safety amongst other subjects. There is also information about where to get help if children and young people need it.

The teens website is www.coolerinfo.org and the children's is www.havefunstaysafe.info.

However, information about services can soon become out of date and, even with web-based directories, this can be a problem. Some areas acknowledged that this information could be improved:

We did locality speed-dating – lots of people didn't know what services existed. People really benefited knowing about what resources were available. We used a DVD to record what was known and it was easy to set up

Survey respondent

Can most children who need it get help and if not, why not?

It was clear from the YouGov poll that, at times, professionals working in all areas of the UK felt that it could be difficult to act in all cases where children may be experiencing neglect. Fifty-two percent of the Scottish public surveyed were confident that professionals would respond adequately to their concerns about a child (52% in Wales, 53% in England). However, 39% chose the response that would suggest less confidence in professionals responding adequately (37% in England and Wales).

From our survey, results reflected a range of responses in answer to this question with at least half the areas indicating that on the whole they considered that most children were able to get help. Some were able to identify gaps, perhaps in relation to geographical areas (some areas of large cities or rural areas) or for certain age groups:

Universal services do support the under 5s through health and education and there is the Guidance system in schools. But it is hard to say if all older children are getting the help they need as there is a lack of targeted services for them, although there are Youth Services. They will get some help although not specifically about neglect.

Survey respondent

Where children were recognised to still not be receiving help several reasons were ascribed.

Lack of agreement between professionals

Some referred to lack of agreement between professionals about whether the care the child is receiving is acceptable or not:

The main barrier is in relation to practitioners accepting that in issues of neglect the care of the child is perhaps good enough when arguably it's not. Practitioners can get sucked into the families' way of functioning. It can be difficult to stand back and say we need to do something about it, alongside the feeling of wanting to give a second chance and allow parents to start again – which doesn't move things on for the child.

Survey respondent

Capacity, funding and resource issues

While there were many respondents who reported that there were no immediate plans for budget cuts in their area there was a general unease and some anxiety that there are increasing threats of this and that by next year some family support services would be at risk of closure and/or reduction. In some areas there was a suggestion that staff numbers could be reduced and that even statutory local authority social work services could be affected, for example due to vacant posts not being filled. It was noted that the voluntary sector in particular had already had services reduced or were expected to do more for less money. Some areas had been able to prioritise front-line services and one or two saw opportunities in having to think more carefully about commissioning services which would not overlap with one another. This was balanced with a wish to see preventative and earlier intervention, including universal services, given adequate funding to maximise capacity at this stage and implement the GIRFEC agenda:

In social work, we do have better tools of assessment; we do have better systems and clearer structures. We are more accountable, but that quality of work takes more time and yet the demand keeps increasing.

Focus group participant

Knowing how best to help children experiencing chronic neglect

Finding ways of intervening effectively with families in which children who were experiencing chronic neglect at a level which did not warrant removal from home was seen as problematic by some participants in focus groups. Challenging the

cycle of generational neglect was seen as difficult when there were large numbers of families in this situation:

The problem is the thresholds issue and services coming to an agreement about what should happen. Frontline relationships are key and while there may be verbal sharing of information there may not be agreement about what is then needed. Also it's about knowing how to intervene with well-known families, where neglect may be intergenerational.

Focus group participant

Legal challenges and evidence issues

Some respondents stressed the difficulties they had encountered if a Supervision Requirement Order is needed to effect change when attempts to provide help on a voluntary basis are not leading to the required improvements. There was a widespread perception by focus group participants and in some areas surveyed that there is often a stumbling block at the Children's Hearing stage when Panel Members require more evidence of neglect to be provided. This is a perception that requires further exploration because a number of factors could be at play here. It could be that, in some cases, the evidence is available but is not being delineated in reports effectively. But in other cases it could be that Panel Members require further training on the impact of chronic or cumulative neglect on a child's wellbeing or long term development.

It was identified that there is a real issue with legal frameworks and technicalities which often do not work to protect children. Once in Court parents' rights are sometimes seen as taking precedence with solicitors arguing that parents did not get the help they needed to improve their parenting or that learning disability is affecting parenting capacity and specialist support is required. It was thought that some solicitors need to know more about the impact of neglect on the child and Sheriffs need to be more informed. Again, this is a crucial issue that needs further exploration. It could be that in some cases reports are not providing sufficient information to evidence parental lack of capacity and/or willingness to change even with support. Or in others it could be that parental perspectives are overshadowing those of the child. A number of review respondents believed that some Children's Panel members, Reporters and Sheriffs need more training in this area.

And is it the right sort of help?

In the survey we asked whether there were processes in place to measure whether services provided made a difference to children by helping to keep them safe and ensuring they were well cared for. Some areas are doing this by measuring the effectiveness of services overall in relation to groups of children

and others have devised, or are in the process of devising, methods of capturing the outcomes or progress towards outcomes for individual children. Some areas are doing both. The aim for those who are gathering individual outcome information is to develop a system to aggregate individual children's outcomes in order to present an overall picture of the effectiveness of services and interventions.

There are a range of ways in which areas are measuring outcomes. Performance management indicators and quality improvement processes are used by some to gather information about overall service effectiveness. A few areas are using proxy measures to measure effectiveness such as a reduced number of children being accommodated, although proxies such as this could act as perverse incentives. Case file audits are used to look at both individual cases and the impact of services overall. One mentioned reviewing 'stuck' cases to see what could have a better impact and outcome for children.

In relation to the measurement of individual outcomes, some respondents described using children's plans and the reviewing system to measure progress towards identified goals. Other areas also gather children's and service users' views of the impact services have had on them for example through Viewpoint and other feedback tools. Some indicated that they are at various stages of developing individual outcome measurement tools, mostly based on GIRFEC Well-being Indicators. One or two mentioned the development of outcomes measurement frameworks in partnership with the voluntary sector; Barnardos was specifically mentioned in one area. Two or three are quite far ahead with their own systems for measuring outcomes for children.

Practice example:

Angus Council Social Work and Health Department have developed an outcomes tool similar to the Outcomes Star, called the Wellbeing Web, based on SHANARRI, being launched in May. They will use it as part of the GIRFEC Practice toolkit as a conversation tool to assist and empower children and families to identify their outcomes and work collaboratively to achieving improvement.

Moray Council has a range of evaluation methods. It uses Real Time case evaluation which includes self-evaluation and has an Action for Children project which uses information from the Neglect Assessment Tool to feed into an outcomes framework. Child protection Committee staff also undertook a sample of multi-agency file audits by revisiting initial referral discussions, seeing what was put in place and looking at outcomes. One outcome of doing this has been less SW/Police Joint Investigations. Staff also explored case studies using NSPCC Ten Pitfalls document to see if they were taking into account the full impact of neglect and to see if parents' own history had also been taken into account.

For most areas, measuring the effectiveness of services for individuals is still work in progress but they are all aware of the importance of developing this work. As one respondent commented:

I would say that there are adequate services to help children but whether their involvement results in a positive outcome for children in neglect cases is debateable.

Survey respondent

Summary

Data collection to inform service planning most often makes use of Performance Management Data rather than prevalence data; most areas thought that data collection was adequate or improving.

Across Scotland there are a range of services in most areas, both universal and targeted, which aim to help children and their families. While survey responses from half the areas considered service to be adequate and/or improving, there was anxiety in some areas about the effects of future spending cuts on services. In urban areas in particular it was considered that there was not enough provision available to help all children who were at risk of or experiencing neglect.

Finding ways of intervening effectively with families in which children who were experiencing chronic neglect at a level which did not warrant removal from home was seen as problematic by some participants in focus groups.

Implementation of GIRFEC is at different stages across Scotland and in some areas is very much a work in progress, particularly in relation to the Named Person and Lead Professional process and the extent to which single or dual pathways are used.

It was identified that there is a real issue with legal frameworks and technicalities which often do not work to protect children. A number of review respondents believed that some Children's Panel members, Reporters and Sheriffs need more training in this area, in particular about the short and long term impact of neglect on a child.

The review indicated that there are pockets of progress in relation to measuring the effect of service provision on children and families and that it would be useful to be able to share practice learning about this across the country. There is clearly a need to ensure that services are effective and the work in developing outcome measurement processes might be best shared across all areas within Scotland.

REFLECTIONS AND DISCUSSION

Better recognition of neglected children

The review suggests that there is better recognition of children in Scotland who are experiencing neglect. While identification of children is a good thing practitioners were clear that this needed to be matched with services able to offer the appropriate level of help to all the children being identified. It is not helpful for children if improvements in recognition are undermined by reductions in the quality of response.

In order to plan and resource services it is important to know the genuine size of the problem. Information-sharing between agencies for the purposes of individual case management has been improving, but there is still a long way to go in improving information sharing for the purposes of service planning. There are a variety of information recording systems in use across Scotland. There are developments taking place to introduce data linkage systems. It is recognised at a national level that better use should be made of administrative data and that there is a need for more linkage and aggregation across data-sets to establish the scale of problems children face and plan services to help them (McGhee *et al.*, 2011). In order to understand better the scale of the problem of neglect it would appear to be a crucial first step to link the SCRA data, especially (but not

only) on children referred because of lack of parental care with data from local authorities about children referred because of concerns about neglect. Currently we do not know the extent of the overlap between these groups. It would also help to link information about adults receiving services for mental health and substance misuse problems with information about their children. In order to understand better the impact of neglect upon children it would then be helpful to link the routinely collected data about health and education with this aggregated data set. McGhee *et al.* (2011) found there to be a gap in routinely collected information about services delivered to children, but such that there is collected by all services should also be linked to begin to build a picture of intervention.

The strategic move towards earlier intervention and a more integrated approach

The GIRFEC framework is now being implemented, although this is taking time, particularly in large urban areas where services are not always geographically co-terminus and some change regularly according to their funding stability. The aim is to ensure that help is made available earlier and in a more accessible way, with all local services deciding collaboratively with parents and, if appropriate, children about what they can offer.

The GIRFEC system has the potential to work well, as long as it is adequately resourced to enable provision of support services across the spectrum from earlier intervention to intensive help. This is particularly important during the transition stages of GIRFEC implementation.

It is anticipated that the shift of emphasis, where possible, towards a less stigmatising delivery of support and interventions by health and education service staff as outlined by the GIRFEC model, should widen the options for families by the provision of support without invoking compulsory measures of care. Child protection systems can fit within the new system and work towards being less adversarial and investigative, although clearly there will be some families who struggle to co-operate or make the necessary changes to ensure 'good enough' parenting even with the most supportive approaches. Integrated approaches, where the forensic investigative approaches are embedded within broader service responses, are optimal for situations of child neglect because of the extent to which the risks flow from the damage caused by unmet needs. For this reason, separate 'family support' and 'child protection' pathways are not helpful for neglect; instead they should both be seen as stages on the one pathway. Effective family support is protection, effective protection is supportive.

Integration, such that a protective network of support is created from all disciplines working together, should help reduce the prevailing discourse about

thresholds. The issue of thresholds seems to be associated with confusion about whether the focus should be on:

1. the severity of the neglect and associated harm to the child or
2. the likelihood of the parents being able to accept help and make changes without the need for compulsory measures.

It is not surprising that when practitioners encounter severe neglect they seek the structure of forensic investigation and/or compulsory measures of care. They act as a 'marker' of severity and of practitioner concern to galvanise action. However, in cases where parents are willing to accept help and work with practitioners, even where neglect is severe, compulsory measures may not be required, as long as there is a structured framework within which that support is provided with clear agreement about what is to change, by when and what will happen if it does not.

There are real concerns about whether early intervention will draw more families into the net than can be adequately supported and whether children at high risk of immediate harm may be obscured.

One issue that perhaps needs further development is the refinement of what 'early' means. 'Early' can mean early in the stage of the problem – whatever the child's age. In some contexts 'early' means that help is provided quickly once the need is identified – but this may not be early in the actual stage of the problem, it may be that practitioners just have not been aware of the child until something triggers their attention. When a child is encountered who appears to be experiencing some signs of neglect that is not very severe there are several possible scenarios. First, looking back, this may a family where:

- the care has, until recently, been good, but something has changed to dip levels of care
- the care has always been characterised by less severe levels of neglect
- there has been very severe neglect, but something has changed to improve the care.

Then looking forward this may be a family where, without any formal support:

- the care is on a downward trajectory and will become very severe neglect
- the care will stay the same
- the care will improve.

When factoring in the impact of intervention Horwath and Morrison's model (2001) for exploring capacity and willingness to change remains the most helpful for assessing parental motivation to change and to change within a quick enough

timeframe to match the child's developmental trajectory. It can also help with deciding whether compulsory measures may be required. The model comprises two dimensions – one of levels of effort and one of levels of commitment. When these are combined there are four possible categories:

1. 'genuine commitment' where parents make good efforts to change and show commitment to improving their parenting for the benefit of the children, here there is unlikely to be a requirement for compulsory measures
2. 'tokenism' where parents express commitment to change, but for a range of possible reasons do not put in actual effort to change and here there may be need for compulsory measures, although the parents may be able to accept that the care is not good enough
3. 'compliance imitation' or 'approval seeking' where there can be high effort to make changes (perhaps sporadically) but the commitment to sustained change is not demonstrated. There may not be a requirement for compulsory measures if, perhaps, the parents are able to come to an acceptance that the child requires alternative care or that there is an ongoing need for extensive additional support for the child within the home
4. 'dissent' or 'avoidance' where there is a combination of low effort and low commitment, and where compulsory measures are highly likely to be required.

Given the individual variability and complexity of children's circumstances, it may be better to accept that for every situation there will need to be assessment, discussion with the family and negotiation between professionals in order to establish the level of unmet need, the associated risk of harm and the extent of real opportunity for change without the need for compulsory measures, or indeed with compulsory measures.

Improving outcomes and evaluation of outcomes

There are many examples of emerging practice across Scotland which can and should be shared across areas through vehicles such as the Scottish Child Protection Committee fora.

More evidence about intervention is available, and the voluntary sector, in particular, has been building evidence about the most effective approaches. Intervention should build comprehensive packages of support that are clear, focused and address the issues at each ecological level. The provision of direct support for children is of especial value and intervention has to include attention to the **processes** underlying service use and change. It can hinge on the quality

of the relationship between practitioner and parent and, or child. And for a long time we have known that intervention to support neglected children has to be provided on a long-term, not episodic basis. In summary, intervention needs to be concrete, comprehensive, sustained and brokered by good relationships (Daniel *et al.*, 2011). Farmer and Lutman (2010) emphasise the need for intervention to be proactive throughout; and the evaluation of the trial Family Drug and Alcohol Court (FDAC) also supports the need for authoritative practice (Harwin *et al.*, 2011).

There is, also, considerable effort being put into finding ways to measure the effectiveness of intervention by recording information that can be used to gauge outcomes. This is, again, something that could be tackled at a national and more strategic level so that wheels do not have to be re-invented in each area.

Conclusion

This review has gone some way towards examining the scale of neglect in Scotland, and we heard of high levels of concern from professionals about neglected children and their capacity to help them all.

We do what we can better, but what we can't do grows.

Focus group respondent

At the same time, this in-depth look at policy and practice in Scotland suggests that we have huge potential to take a lead in the UK with our practice response to neglected children. There is clear recognition that neglect is damaging to children across all disciplines and professions and there are considerable efforts going into supporting individual children and into developing more effective frameworks for multi-disciplinary practice and evaluating outcomes. This would appear to be a good time to bring together the learning from across Scotland and to create an integrated approach within the GIRFEC structure.

The review highlights some priorities in relation to the three original review questions.

1. Develop a co-ordinated national and local data collection, management and linkage strategy, building on existing pockets of good practice, that would:
 - support a better understanding of the prevalence of actual or potential neglect
 - underpin the planning of preventive and responsive services
 - provide the foundation for gauging outcomes for children.

2. Synthesise the learning from different areas developing different models of multi-agency responses to neglect within the overarching GIRFEC framework to:
 - identify examples of effective co-ordination of universal and targeted services that incorporate early intervention and appropriate responses to risk of harm
 - identify examples of effective thresholds
 - support the development of integrated pathways to support for neglected children and their families.
3. Draw together the learning from the range of services being developed to address neglect with the evidence from the literature on effective intervention to:
 - share learning about how to develop responsive and authoritative service models that address the needs of children and their parents
 - identify examples of promising practice that can be rolled out across Scotland
 - synthesise learning about how to embed measures at the outset that can be used to track outcomes for children and families.

APPENDIX A: REVIEW METHODOLOGY

The three review questions were:

- How many children are currently experiencing neglect in Scotland?
- How good are we at recognising children who are at risk of, or experiencing, neglect?
- How well are we helping children at risk of or currently experiencing neglect?

They were addresses with four types of data collection primarily undertaken between January and April 2012 within Scotland. The polls took place as part of the UK wide review in August 2011.

Policy and statistics collation

A range of governmental and published documents from across the UK but with a focus on those relating to Scotland were consulted and outlined to inform the policy and statistical sections of the review. Data from the Scottish Children's Reporter Administration was also drawn upon.

Survey

The survey questionnaire was sent to Child Protection Committee (CPC) Lead Officers in the 26 of the 32 Scottish local authority areas (or 29 CPC areas) which had not previously responded to the 2011 survey. The 6 previous responses were included in this data analysis.

Some areas responded quickly while others required up to five prompts. A response was received from all but two areas and a Lead Officer in one additional area responded to say that she was unable to complete the questionnaire for operational reasons.

In total there were 25 completions which was a return rate of over 75%. Two of the seven areas which did not return a questionnaire hosted focus groups and two others stated their intention to but were unable to make the deadline.

The positive response to the survey was greatly assisted by the help given by the Scottish Child Protection Committees Co-ordinator (SCPCC) who supplied the names and contact details of all the CPC Lead Officers, suggested how covering letters should be worded and arranged for one of the researchers to attend the Scottish Child Protection Committees Neglect sub-group. The involvement of the SCPCC with the review enabled it to be seen as a collaborative project which would help to identify good practice as well as gaps in the Scottish response to child neglect and would be a useful vehicle for practice

development. This was likely to have been an influencing factor in the high level of participation in the review.

In addition, survey questionnaires amended for national voluntary sector agencies were distributed to six voluntary sector agencies working within Scotland. A telephone interview was undertaken with an Action for Children representative and two other agencies made initial contact with us. For practical reasons it was not possible to follow these up with telephone interviews.

Focus groups

In total 15 focus groups were held in six areas of Scotland; this included three which took place as part of the original UK wide review and were held jointly with staff from two local authority areas. The six areas included three urban areas, two primarily rural areas (including an island community) and one area with large towns and a rural mix.

Three areas hosted three focus groups and three hosted two – all were multi-agency groups, comprising a range of services. Some areas were able to arrange groups which were primarily made up of practitioners, middle managers and strategic managers respectively. In the others the groups were a mix of staff from all levels.

The attendance at focus groups was high with 147 participants in total. The spread of representation was as follows:

Social work services: 48 Health services: 36
Education services: 21 Voluntary sector agencies: 12
Housing: 1 Police: 10
Scottish Children's Reporter Administration: 1

Polls

A series of polls were commissioned from YouGov for the UK wide review in June 2011. The polls used similar methodology and followed up from previous polls commissioned by Action for Children There were two elements – an online survey of 2062 adults ages 18+ in the UK. These figures are weighted to be representative of all UK adults (ages 18+).

A survey of professions which yielded responses from:

Primary school staff n=1177 Pre-school/nursery staff n=140
Health professionals n=329 Social workers n=282 and Police officers n=246.

The poll of the general public sought views about awareness of child neglect and its various manifestations, about routes to help for children and whether they would or have used (confidence to report). The poll results are referred to in summary form in this report and are described in more detail in the UK wide report 'Child Neglect in 2011'.

APPENDIX B: SERVICES FOR CHILDREN

Early years	Service type	Extent of (reported) availability across Scotland
	Health visitor-based services and early years support staff	Widespread
	Targeted pregnancy and post-birth parental support	In a small number of areas
	Home Start	In some areas
	Targeted support for parents with young children	In most areas
	Family Centres/ Sure Start	Widespread
	Nurseries and pre-school education	Widespread
	Specialised programmes such as: Baby Massage, Fit Babies, Rhyme Time	In some areas

Primary school age	Service type	Extent of availability
	Nurture Groups	Fairly widespread
	School/Family Link support	In some areas
	Additional support for learning within school	Fairly widespread
	School nurse service	In some areas
	Psychological support	Widespread
	Integrated Children's services staff in schools	In some areas
	Specialised programmes, often in partnership with voluntary sector agencies, such as: Roots of Empathy, Time4Us and What about me?	In a small number of areas
	Breakfast and after school clubs	In some areas

High school age	Service type	Extent of availability
	School-based social work and educational welfare officers	In some areas
	Youth Advisory services	In some areas
	Befriending and mentoring schemes	In some areas

Guidance Teacher support	Widespread
Youth Justice social workers	Widespread
Young Carers Support	Fairly widespread
Specialised services run by voluntary sector agencies such as: Trauma Recovery and support for Young Runaways	In some areas
Advocacy services	In a small number of areas

Parent/family services (all age)	Service type	Extent of availability
	Social work support including family support services	Widespread
	Health, social work and/or voluntary sector led parenting programmes	Fairly widespread
	Family Group Conferencing	In some areas
	Drug and alcohol services	Widespread
	Domestic violence support and Women's Aid	Fairly widespread
	Supported and community childminding services	In some areas
	Home Care services	Widespread
	A range of voluntary sector and partnership services such as: Stepping Stones for Families; CLASP (Aberlour); Breaking the Cycle; What about me?; Family Intervention Projects (Action for Children); Circle Scotland	Fairly widespread
	MEND programme (health equality) and Equally Well test site	

APPENDIX C: STATISTICS FOR SCOTLAND

- As 31st July 2011, there were 2,571 children on Child Protection Registers – an increase of 2 per cent compared with 31st March 2010.
- At 31st July 2011, there were 80 ‘unborn’ children on Child Protection Registers. However, this figure cannot be compared with previous years’ figures. Previously, some local authorities did not place ‘unborn’ children on Child Protection Registers until the child was born but there have been changes to the way information has been recorded in light of the revised National Guidance for Child Protection in Scotland (Scottish Government 2010a), which states that ‘unborn’ children should be placed on Child Protection Registers if this is required (and not wait until the child is born) (Scottish Government 2011).
- Registrations following an initial or pre-birth case conference by initial category of abuse in year ending 31st July 2011:

» Physical neglect	1,646 (42%)
» Emotional abuse	1,040 (27%)
» Physical injury	772 (20%)
» Sexual abuse	302 (8%)
» Failure to thrive	1 (0%)
» Unknown	123 (3%)

The figures for 2010/11 are not directly comparable due to a change in the way the category of abuse/risk was for Case Conferences that took place after 1 August 2011 following the implementation of the new Concerns/Risks identified at Case Conferences introduced by the revised National Guidance for Child Protection in Scotland (Scottish Government 2010a). The numbers given above are higher than the figures presented in Table 2 within the report. The totals above relate to the number of registrations in the year ending 31st July 2011 and the figures in table 2 reflect the total number of children registered; the figures above are higher because some children were registered more than once in the year ending 31st July 2011.

- The age and gender of children placed on the Child Protection Register was as follows:

» Unborn	80 (3%)
» 0-4 (male)	647 (25%) <i>(-2% change compared with 2010)</i>
» 0-4 (female)	630 (25%) <i>(5% change compared with 2010)</i>
» 5-10 (male)	428 (17%) <i>(1% change compared with 2010)</i>

» 5-10 (female)	375 (15%) <i>(-4% change compared with 2010)</i>
» 11-15 (male)	205 (8%) <i>(9% change compared with 2010)</i>
» 11-15 (female)	194 (8%) <i>(-4% change compared with 2010)</i>
» 16 and over (male)	2 (0%) <i>(100% change compared with 2010)</i>
» 16 and over (female)	10 (0%) <i>(233% change compared with 2010)</i>

The figures for children under 5 placed on the Register has risen by only 1 percent, however, this still accounts for 53% of all children place on the Register.

➤ The ethnicity of children placed on the Child Protection Register was as follows:

» White	2,131 (85%)
» Mixed ethnicity	41 (2%)
» Asian, Asian Scottish or Asian British	7 (0%)
» Black, Black Scottish or Black British	27 (1%)
» Other ethnic background	20 (1%)
» Not disclosed/not known	292 (12%)

➤ Children placed on the Child Protection Register with a disability was as follows:

» With disability	118 (5%)
» No disability	1,879 (75%)
» Not known	513 (20%)

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