

Noticing and helping neglected children in Scotland: ‘... sometimes it's just too hard to talk...’

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Abstract

This paper sets out the policy context for noticing and helping neglected children in Scotland. The overarching framework, Getting it Right for Every Child, now enshrined in legislation, provides the context for a response to a broad range of concerns about children whose needs may not be fully met. Supportive and protective responses are required of those working in the universal services and in targeted services with the aspiration of providing seamless services for children. The paper reports on evidence gathered in a review of neglect in Scotland and draws on the views of children gathered as part of a review in the UK to explore the nature of the response to neglected children in Scotland. The paper suggests that Scotland is in a strong position to develop a holistic framework to tackle neglect but that a number of tensions need to be addressed to ensure this direction of travel.

Keywords: Child neglect, Scotland, protection, support

Introduction

This paper is primarily informed by a review of neglect policy and practice in Scotland (Daniel *et al.*, 2012), augmented by material drawn from two of a series of UK wide neglect reviews, one that focused on children and parents' views and one that explored prevalence and responses across the UK (Burgess *et al.*, 2014; Burgess *et al.*, 2012). Undertaken between January and April 2012, the Scottish review was guided by three questions:

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

Full details of the methodology can be found in the final report (Daniel *et al.*, 2012), but in brief it included:

- Analysis of statistics and policy documents
- Survey responses from 25 returns to a survey of all 29 Child Protection Committee Lead Officers in Scotland on neglect statistics, policies and services
- 15 multi-agency focus groups with a total of 147 practitioners and managers representing social work, education, housing, child protection roles, health, voluntary sector, police and the Scottish Children's Reporters Administration (SCRA) in six representative areas (one voluntary sector representative interviewed separately)
- Scrutiny of responses from Scotland to a UK-wide poll undertaken by YouGov in 2011 (Burgess *et al.*, 2012) on neglect from 173 adults in the general public and 190 professionals (made up of 12% social workers, 11% police, 14% health professionals and 62% education staff including primary and nursery school teachers and assistants)
- Scrutiny of interviews and focus groups held in Scotland with 11 young people aged 8 – 17 children in Scotland as part of a UK wide review of neglect (Burgess *et al.*, 2014).

Policy context

Since the Scottish National Party (SNP) first formed an administration in 2007, policy developments in Scotland have been aimed at developing and improving the welfare and wellbeing of its children and young people. As part of achieving this vision, the Scottish Government embedded the rights of children and young people across the public sector in line with the United Nations Convention on the Rights of the Child (UNCRC). The Scottish Government's ambition for Scotland to be the best place to grow up is supported by the flagship policy *Getting It Right for Every Child* (GIRFEC):

GIRFEC is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports them and their parent(s) to work in partnership with the services that can help them.

It puts the rights and wellbeing of children and young people at the heart of the services that support them – such as early years services, schools, and the NHS – to ensure that everyone works together to improve outcomes for a child or young person.

(The Scottish Government, 2016b)

The concept of wellbeing is central to GIRFEC which sets out eight wellbeing indicators. All services, universal and targeted, are expected to support all children to be safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI) (The Scottish Government, 2012). The associated national practice model incorporates the *My World Triangle* – an ecological assessment framework that covers factors relating to the child, the parents and to the wider world. The model allows for intervention proportionate to the level of need from support provided on a voluntary basis through to investigation when a child is considered to be in need of protection from serious harm (Stradling *et al.*, 2009). Given that neglect can compromise development in any or all of the SHANARRI domains; is associated with aetiological factors at each ecological level; and can encompass a wide range of temporary and chronic unmet needs, GIRFEC provides a potentially very strong model for effective responses to actual and potential neglect.

GIRFEC has been enshrined in law with The Children and Young People (Scotland) Act 2014 which aims to provide effective early years support, increase prevention and early intervention, support parents effectively, deliver child-centred support and services and recognise the rights of children and young people through a range of provisions. The act places a definition of wellbeing in legislation and duties on public bodies to coordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and report collectively on how they are improving those outcomes. Each child has a 'Named Person' who will act as the first point of contact when additional support is needed – for under-fives this will normally be the Health Visitor, thereafter the role will be held within the Education system.

The Scottish Government's strong commitment to early years and early intervention is threaded through a range of other policy and legislation. The Early Years Collaborative is a coalition of Community Planning Partners including social services, health, education, police and third sector professionals and is committed to ensuring that every baby, child, mother, father and family in Scotland has access to the best supports available (The Scottish Government, 2016a). The Early Years Collaborative (EYC) was launched in October 2012 and its focus on strengthening and building on services using improvement methodology enables local practitioners to test, measure, implement and scale up new ways of working and high impact interventions to improve outcomes for children and families in the areas of early support for pregnancy and beyond, attachment, and child development and learning.

National Practice Guidance on Early Learning and Childcare (2014) sets the context for high quality Early Learning and Childcare as set out in the Children and Young People (Scotland) Act 2014 (The Scottish Government, 2014). The guidance seeks to support practitioners in all settings and areas of Scotland who are delivering early learning and childcare. This builds on the Curriculum for Excellence introduced across Scotland in 2010 which was designed and implemented to achieve a transformation in education in Scotland by providing a coherent, flexible and enriched curriculum from 3 to 18 years. The curriculum aims to ensure that all children and young people in Scotland develop the knowledge, skills and attributes they will need if they are to flourish in life, learning and work, now and in the future, and to appreciate their place in the world (Scottish Executive, 2006).

In 2015, Scottish Government launched the Universal Health Visiting Pathway, which has been designed to underpin and guide the foundation of the refocused Health Visitor role for NHS Scotland and integrate the Named Person role (Scottish Government, 2015). The Pathway presents a core home visiting programme to be offered to all families by Health Visitors as a minimum standard. Along with core home visits, Health Visitors will be required to be available and responsive to parents to promote, support and safeguard the wellbeing of children by providing information, advice, support and help to access other services. The programme consists of 11 home visits to all families – eight within the first year of life and three Child Health Reviews between 13 months and four to five years.

A recently announced programme of action on child protection (March 2016) will review current legislation to ensure there are appropriate and effective measures in place to protect children from actual or risk of harm; develop a holistic picture of neglect across Scotland; and test existing models to implement the best to effect practice improvements. Neglect has been identified as a key strand in that work and in February 2016, Angela Constance, the then Cabinet Secretary for Education and Lifelong Learning, announced in the Scottish Parliament that:

Professionals tell us that neglect is the primary maltreatment issue children in Scotland currently face. We have a clear understanding of the devastating long term effects of neglect on children. We must support practitioners to recognise and respond to neglect appropriately and dynamically if we are to break what is often an inter-generational cycle.

(Constance, 2016, p.3)

This policy context is congruent with the evidence that suggests that neglected children's unmet needs often cross disciplinary boundaries and 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.*, 2009; Horwath, 2007; Stevenson, 2007).

How many children are currently experiencing neglect in Scotland?

Assessing the scale of neglect depends very much on how neglect is defined because it can potentially apply to a wide spectrum of children from those experiencing some unmet needs on a temporary basis to those with chronic and highly compromising global unmet needs. As described above, the GIRFEC model aims to encompass this range, with formal child protection proceedings reserved for those at higher risk of harm, but at the time of writing there is no one national statistical return associated with the full range of responses to children who may be in need of support, including need for protection. This is related to the fact that Scotland still has a somewhat hybrid child protection framework (Hill *et al.*, 2002) and is reflected in the fact that information relevant to neglect is found in two different national datasets: national statistics for Scottish Government; and national statistics collected by Scottish Children's Reporter Administration (SCRA). Aspects of a forensic-investigative model, very similar to those in other parts of the UK, are embodied within the national child protection procedures about which

national statistics are available (Scottish Government, 2014). The operational definition of neglect within these procedures, although not exactly the same as in the other countries, has similar elements:

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, 2014, p.12)

Since 2012, child protection data in Scotland has been collected at individual level and 'concerns' rather than a main category of abuse are recorded. The number of children on the child protection register has fluctuated regularly, but there is a general upwards trend. The total number of children on the register increased by 34% between 2000 and 2015 from 2,050 to 2,751, which means that 3 in every 1,000 Scottish children under 16 were on the child protection register in 2015 (Government, 2016). Because multiple concerns can be recorded, the total number of concerns is higher than the number of children registered and it is not possible to state how many children are on the register because of neglect. However, of the 6,769 concerns recorded in relation to the 2,751 children, the most common concern identified was emotional abuse (39 per cent) closely followed by neglect (37 per cent) and parental substance misuse (36 per cent).

In parallel is the distinctive Children's Hearing System that is built around an explicitly welfare-oriented model. Decisions about whether children may be in need of compulsory measures of supervision, whether they have committed offences or whether they are in need of care and protection, are made by lay tribunals¹. A number of grounds for referral to the Children's Hearing may be of relevance to children who are neglected, but the most obvious one is that:

... the child is likely to suffer unnecessarily, or the health or development of the child is likely to be seriously impaired, due to a lack of parental care.

(Children's Hearings (Scotland) Act, S67(2)(a))

The statistics collated by SCRA show that in 2014-2015, 27,538 referrals were made to the Children's Reporter on behalf of 15,858 children (Scottish Children's Reporters Administration, 2016) representing a decrease of 14.8% from the previous year. 6,017 of these children were referred due to lack of parental care. Not all of the cases referred to the Reporter are referred on for a Children's Hearing, but there were clearly sufficient concerns about the adequacy of the parental care received by these children to warrant a referral to the Reporter.

¹ Where matters of evidential fact need to be considered the case is referred to the Sheriff court for what is known as a proof hearing where matters of evidence are considered, if grounds of referral are proved the case returns to the Children's Panel for disposal.

Currently, there is no published cross-referencing of the data held by SCRA and Scottish Government although the trend data is compared. This means that statistics are not available about how many of the children appear in both datasets. Further, the child protection statistics cover *registrations* for concerns rather than referrals, whereas the SCRA figures show how many children are *referred* for lack of parental care, but not how many are subject to *compulsory measures* because of lack of parental care. The increase in the number of children on the child protection register at a time when referrals to SCRA are falling means that the smaller number of referrals being received by the Reporter are potentially of a more complex nature. It would be surprising, however, if some children did not appear in both sets of statistics.

Taken alone, though, without scrutiny of figures in relation to the other grounds, the SCRA figures show that for every 150 children living in our communities, someone has a concern that a child is experiencing some degree of neglect. That this is a much larger figure than the picture from registration underlines the extent to which the concept of neglect encompasses a spectrum of concerns. It remains to be seen whether the full roll-out and embedding of the GIRFEC framework will allow for collation of more comprehensive statistics about the number of children affected by unmet needs. As Radford *et al.* (2011) found in their prevalence study, as many as one in ten children may be affected by neglect. Judging by the responses in the 2014 review, children and young people adopt broad definitions of neglect that may well indicate levels of unmet need on that kind of scale:

'Left at home alone with no food';

'It was hard for a child to have fun with friends'. (Burgess et al., 2014)

How good are we at recognising children who are at risk of, or experiencing, neglect?

Recognition is also affected by definitions – and the responses to the survey illustrated the ways in which recognition of neglect is affected by all these policy strands as reflected in the use of the language of GIRFEC, the Children's Hearing System and the child protection registration system:

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, Daniel et al., 2012)

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, Daniel et al., 2012)

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, Daniel et al., 2012)

Survey responses and focus group discussions reflected a general consensus that an increasing number of children who may be neglected were being identified by staff from across all agencies. The general view was that there is, now, 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.

In health services, midwives, Accident and Emergency staff, GPs, paediatricians, school nurses, psychologists and dentists were all identified as helping with the recognition of signs of neglect. Health visitors were seen as ideally placed to assess and identify the risks for children in the home, but the majority of health visitors in focus groups expressed frustration about the constraints of high caseloads limiting the amount of contact they have had with many of the families. It would be interesting to re-visit this discussion once the new health visiting pathway, described above, is rolled out.

In educational services nursery and primary school staff were considered key for 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. Examples were given 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, and providing opportunities for young people to talk about any difficulties at home. 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. However, a strong message from children in the 2014 review was that these kind of supports may not be sufficient and that teachers need to be proactive in reaching out to children they are worried about:

I think it's the adults who need to approach children if they think something's not right, it's not up to the children to approach them. It can be a big burden for a child to ask for help. Teachers need to ask: 'How are things?', 'Are you comfy at home?' Or there could be a box that you could write your problem down and put it in if you were too frightened to speak to someone. (Young Person Focus Group Respondent, Burgess et al., 2014)

Criminal justice staff and the police were also described as playing a role in identifying neglected young people and Police Scotland have processes in place across Scotland for identifying and referring children who come to their attention during domestic violence incidents or other call outs.

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 respondent, Daniel et al., 2012)

It does appear, therefore, that the policy agenda has drawn practice towards the broader interpretations of what might constitute neglect. 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. It is also the case that, whilst the Scottish Government has tried to ameliorate austerity measures, they have had an impact on families and on services. Voluntary sector agencies working in communities and housing schemes that aimed to be responsive to parents who self-referred for help were finding that, as resources became more stretched, such services were increasingly being targeted and 'gate-kept' by social work services who had commissioned them, thus reducing capacity for self-referrals. In some urban areas there was also felt to be what was described as 'a cultural acceptance of neglect', particularly where inter-generational low standards of care were prevalent:

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 respondent, Daniel *et al.*, 2012)

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. Respondents also talked of 'neglected neighbourhoods' and commented on the importance of the living environment for families and the benefits of improvements in these. 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 neglected communities. A Scottish Government commissioned independent report on poverty and inequality in Scotland suggested that whilst Scotland is performing better in relation to relative poverty than the rest of the UK, much more still needs to be done. Housing costs were identified as a significant factor in exacerbating poverty (Eisenstadt, 2016).

The review in Scotland was undertaken at an earlier stage of GIRFEC implementation and before it was enshrined in legislation. Austerity measures were also relatively new. The potential impact of both on recognition of neglect is perhaps best summed up in the words of one respondent:

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

(Focus group respondent, Daniel *et al.*, 2012)

How well are we helping children at risk of, or currently experiencing, neglect?

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). 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 per cent 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 UK response (37% and 30% respectively), reflecting the fact that more children in Scotland are affected by parental substance misuse (The Scottish Government, 2013).

Survey and focus group respondents gave information about services across Scotland that provide help for children, support their parents and monitor whether children are being cared for well enough. 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. In summary, services described ranged 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.

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, Daniel *et al.*, 2012)

There was a range of views across the different areas about whether there were enough services in place to help all the children who are identified as needing it. 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, Daniel *et al.*, 2012)

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 was general optimism, if all levels of support are adequately funded.

On the face of it, the Children's Hearing System is conceptually more attuned to chronic neglect than the forensic investigative system that, anecdotally, tends to be triggered by acute events. However, there was a view held by some that there is 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. In some cases, the evidence may be 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. Respondents also suggested that at proof hearings in court, parents' rights were sometimes seen as taking precedence, with solicitors arguing that parents had not had the required help to improve their parenting or that specialist support for a learning disability was required. It was thought that some solicitors and Sheriffs need to know more about the impact of neglect on the children and young people.

The majority of respondents to the survey considered that most neglected 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, Daniel *et al.*, 2012)

Recent seminars in Scotland with academics, child protection practitioners and those working in the creative arts explored how arts-based approaches with children and families could inform work with children experiencing neglect and nurture their resilience (WithScotland *et al.*, 2016). There is a need for more research on the scope for this kind of approach (Stinson, 2009) however, some important pointers emerged from the seminars. For example, many arts projects and organisations reach out to communities by providing transport for children whose parents, for whatever reason, are not able to assist their participation in activities. Asking children and young people what they want, giving them choices and involving them in the planning of activities and starting with 'small' things suggested by children and young people, are all considered important. Projects were described where the child and worker work alongside each other in a way that fosters connections and facilitates creative exchange. Many exciting and promising approaches were identified, somewhere creative arts are viewed as a deliberate medium for nurturing factors associated with resilience, some that are focused more on supporting neglected children to experience the satisfaction in the moment that comes from being 'lost' in creative flow – something that in itself may promote resilience. However, given the tendency for neglected children to have low self-esteem and low self-efficacy, a key message was that it requires practitioners who combine skill in the specific creative art with empathic scaffolding skills (Vygotsky, 1962) to provide children and young people with the right balance of creative challenge and attuned support to participate.

In common with the rest of the UK, the extent of systematic evaluation of the efficacy of services for neglected children was limited and outcome measurement was patchy. Performance management indicators and quality improvement processes are used by some to gather information about overall service effectiveness. A few areas reported 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. For most areas, measuring the effectiveness of services for individuals was noted as still work in progress but seen as important. As yet there is no national approach that would allow the efficacy of the GIRFEC framework to be measured.

Reflections and discussion

The review suggested that recognition of children in Scotland who are experiencing neglect is improving. Certainly, the GIRFEC framework is conceptually well-suited to neglect because of the emphasis on a holistic assessment of needs in all developmental domains most likely to be compromised by neglect. However, whilst identification of children is a good thing, practitioners were clear that this needs to be matched with services able to offer the appropriate level of help to all the children being identified.

In the context of a policy agenda in Scotland that places considerable emphasis on early intervention, there are some 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.

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 should fit within the new system and work towards being less adversarial and investigative, although clearly there will be some families who struggle to cooperate 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 (Daniel, 2015).

Given the individual variability and complexity of child neglect no one intervention will be appropriate for all. In every case there is no substitute for careful 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, or with, the need for compulsory measures (Daniel, 2015). As just one example aimed at improving assessment and planning, Action for Children, informed by a longitudinal evaluation of their UK Neglect Project (Long *et al.*, 2012), has worked with three Child Protection Committees to embed their Neglect Toolkit into multi-agency practice in Scotland. The Neglect Toolkit, which is an adapted version of the original Graded Care Profile (Srivastava *et al.*, 2003) was piloted and a bespoke training programme developed to ensure its fit with local policy and practice. Additional resources have been developed with the local NHS Board to encourage health staff to use the tool and workshops held to raise multi-agency practitioners' identification and awareness of the impact of neglect. Another key component of effective assessment and planning lies in gauging parental capacity and willingness to change and, in recognition of this, there are plans to trial the use of Platt & Riches' model for assessing capacity to change in at least one Scottish local authority (2016).

Conclusion

The review of policy and practice in Scotland suggested that the GIRFEC framework coupled with wider policies offers huge potential for a more comprehensive and effective response to neglect. There is clear recognition across all disciplines that neglect is damaging to children 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 to tackling neglect within the GIRFEC structure. But it will be difficult to gauge just how effective these developments will be until a more holistic approach to capturing data about child outcomes is also refined. Finally, a reminder from Scottish children that their needs can be expressed in very straightforward terms:

*It's nice to know that someone cares, when older people or parents are not there for you.
Attention is really important as it shows that someone cares about you.*

(Burgess *et al.*, 2014)

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