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## The state of child neglect in the UK

An annual review by Action for Children  
in partnership with the University of Stirling

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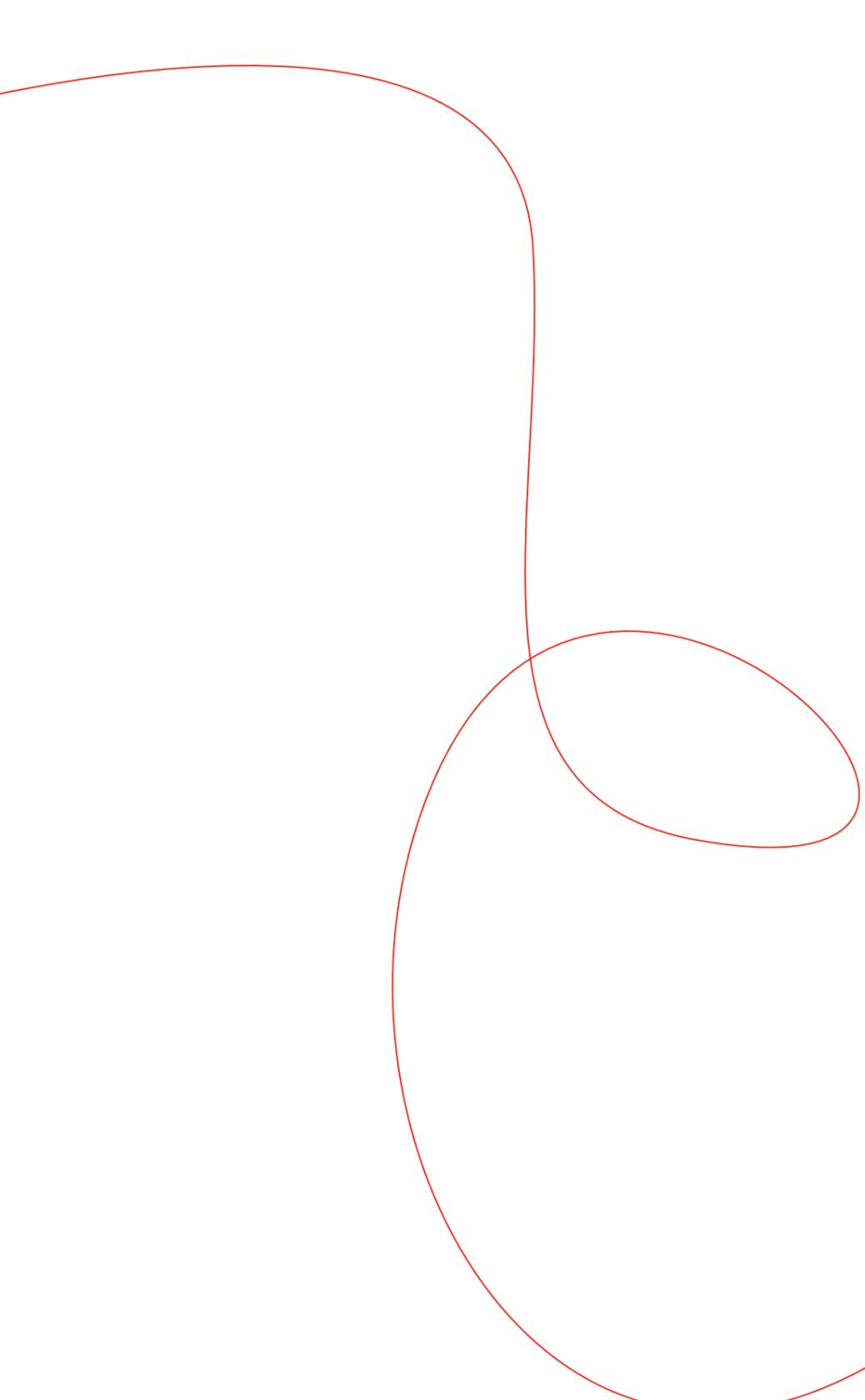
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## Child neglect

Over the last decade awareness of the extent of child neglect has grown and there is now a significant evidence base about the severe impact of neglect upon children's well-being and development (Farmer and Lutman, 2012; Stevenson, 2007). There is emerging evidence about the factors associated with effective early intervention and the difference that therapeutic support for children and their families can make (Long et al. 2012).

However, child protection statistics, prevalence research and enquiry reports indicate that too many children are still experiencing chronic neglect throughout large parts of their childhood and are not getting the help they need when they need it (Radford et al. 2011).

The current challenge across the UK is to galvanise a more coherent, integrated and effective response to neglected children. Action for Children and the University of Stirling aim to contribute to the improvement of services for neglected children by influencing the direction of policy and practice towards positive change.

## The annual reviews

This is the second in a series of annual reviews that monitor the impact of changes in national and local policy and practice, assessing whether they are helping children who are at risk of, or experiencing, neglect (Burgess et al. 2012). A Scottish extension of the 2011 review was also undertaken (Daniel et al. 2012).

Key questions underlying the annual reviews are:

- ▶ Do we know how many children are currently experiencing neglect in the UK?
- ▶ 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?

This 2012/13 review focuses on how universal services respond to children and whether universal, targeted and social care services are working together in ways which offer effective help. As there is a range of different terms and descriptors we have included a glossary of frequently used terms in Appendix 1.

We know that there is a great deal of organisational and strategic activity at national and local levels across the UK. One of the aims of this review is to find out if, and how, this is translating into early and effective help for children and their families.

### How we conducted the review

Between June and October 2012 we gathered evidence in a range of ways. The full details can be seen in Appendix 2, but in summary:

- ▶ We collated published statistics from across the UK that record incidence of neglect. Information was gathered about children subject to child protection plans or on child protection registers for the primary reason of neglect. We also gathered information about children who may more broadly be considered to be at risk of neglect such as children affected by parental substance misuse, domestic abuse and mental health problems. Any gaps in information were also noted.

- ▶ We analysed policy developments across the four nations of the UK to explore the extent to which they adequately address the needs of neglected children and the services aiming to help them.
- ▶ A telephone survey was administered in 27 local authority areas (Health and Social Care Boards in Northern Ireland) across the UK. The survey included questions about developments over the last year in the ways in which neglected children are identified, any changes in data collection to inform our knowledge about how many children experience neglect and the ways in which universal services are able to provide early help for families.
- ▶ 12 on-site multi-agency focus groups were undertaken in three areas across the UK. These allowed us to gather more detailed information about the ways in which services work together to help children and their families.
- ▶ An online poll of 3,263 adults in the general public gave us their views about awareness of child neglect and its various manifestations, what they know about how to obtain help for neglected children and whether they would be confident to report concerns if they had them.
- ▶ A total of 2,153 professionals responded to an online poll – 1,248 primary school staff, 181 pre-school/nursery staff and 379 health professionals gave their views about their roles and responsibilities towards neglected children and how effective they perceive services to be in helping them. 196 social workers and 200 police officers gave their views about the nature and quality of their responses to neglected children and about barriers to effective responses.
- ▶ The poll findings from 2012 were compared with similar polls commissioned by Action for Children that were completed in 2009 and 2011 to see if there had been any changes.

## What more do we know about how many children currently experience neglect in the UK?

### Definitions in use

**An important starting point for agencies working together to help children experiencing neglect is to have a shared definition and understanding of the point at which a child's needs are not being adequately met and they are at risk of, or experiencing, neglect. The first year review reported on the formal definitions used by each of the four nations. This was explored in more depth this year; looking at how definitions are used, at shared understandings across services and the ways in which they can be helpful or not to the task of identifying children in need of help.**

Survey responses showed that formal definitions are still used to assess children's needs and as part of the child protection investigative process.

The formal definitions were seen as being helpful in providing a basic shared understanding between staff from different services. However, they were not enough on their own. For example, some of the terms used in the definition for England and Wales such as 'persistent failure', 'serious impairment', 'adequate' and 'appropriate' were open to interpretation (HM Government, 2010).

**"The definition itself is not enough as there is often a debate then about thresholds. Staff can become desensitised and forget what it is like for the child in the home, especially if there's been some improvement – has there been enough? So we may think we are talking from the same script but it can be a judgement call."**

Survey respondent: Scotland

A number of other tools for identifying and assessing neglect are supplementing the definition including the Graded Care Profile (Polnay and Srivastava, 1995), the GIRFEC well-being indicators in Scotland (Scottish Executive, 2005), locally-devised neglect and 'quality of care' tool-kits, and the Action for Children neglect assessment model (Action for Children, 2012a, adapted from the work of Dr Srivastava and the Luton Child Development Centre who developed the original Graded Care Profile).

**"We are also piloting a generic risk assessment tool to help multi-agency staff identify concerns and make appropriate referrals, using the CAF as a referral pathway for cases that do not meet a threshold for social care."**

Survey respondent: England

### National statistical returns

We established in 2011/12 that there was a need for more consistency of statistical reporting methods across the UK, not least so that services can be planned to best address the needs of children. We concluded that there may first need to be greater consideration of the most meaningful ways of doing this. Children's day-to-day experiences of maltreatment can be more complex than will be captured by simple statistics. Forming an accurate picture of the prevalence of neglect requires many more pieces to be fitted into what is currently an incomplete jigsaw.

Our findings this year show that, while there continues to be some piecemeal and localised collection of data about the numbers of children requiring targeted support, there are still inadequate systems for collecting accurate collated figures specifically in relation to neglect. Some areas told us about developing management data collection systems which would seem to be detailed enough to address this. However, as we know, neglect can be difficult to 'label', is often part of the spectrum of 'parenting capacity or incapacity' and is often part of a broader picture of family needs.

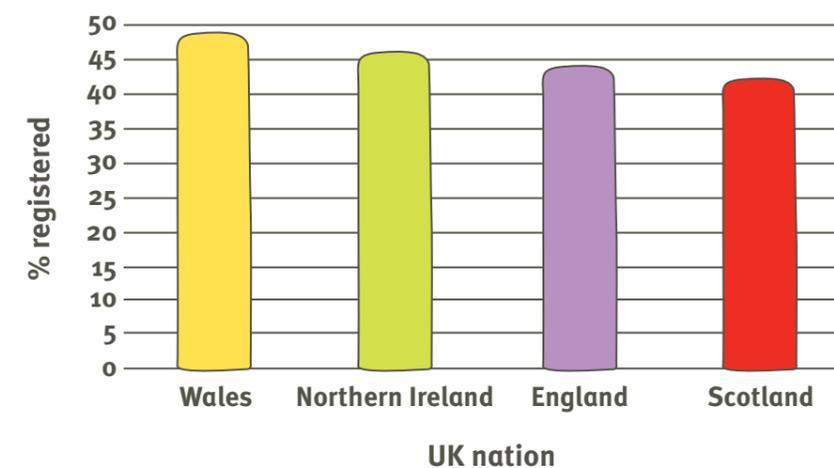
This year's review adds weight to the view that new models or methods for recording prevalence are required.

Similar to last year, neglect remains the most common initial category of those made subject to a child protection plan, or reason for registration.

In 2010-2011, the total number of children registered across the four UK nations citing neglect as the primary or a contributory reason were: 1,450 (49% of total number) in Wales; 1,131 (46% of total) in Northern Ireland; (2010) to 18,590 (44% of total) in England; (2011); and 1,646 (42% of total) in Scotland. Full details, including sources, can be seen in Appendix 3.

However, the figures must be interpreted with caution. It cannot be assumed that in Scotland there are fewer children experiencing neglect. The difference in the figures may reflect that workers in Wales and Northern Ireland can record where neglect is either the primary or contributory reason at the point of registration. Sometimes serious levels of neglect become more apparent as workers begin to work intensively with a family following registration.

Figure 1: Percentage of children registered citing neglect as primary or contributory reason



### Approaches to local data collection

This year we tried to capture information about data collection through our survey by asking: ‘what mechanisms do you use to find out how many children in your area are at risk of, or experiencing neglect/or have unmet needs?’

There is a varied picture across the UK. Many of the responses from England listed both Child Protection and Child in Need Census returns, although it was highlighted that neglect is not always differentiated as an ‘issue of concern’. Other sources include data drawn from Common Assessment Framework (CAF) forms and returns, referrals of children and families from other services (reasons for referral), referrals to ‘Team Around the Child’ meetings and to children’s centres. Audit processes were also identified as a way of measuring the numbers of children requiring safeguarding services in the broader sense. In general the information is not cross-referenced and collated to give an accurate local picture of the numbers of children at risk of, or experiencing, neglect.

Respondents in Wales (n=7) referred to CAF data collected by Families First Co-ordinators, themed audits and figures which identify vulnerable families being referred for help by more than one agency (Welsh Government, 2011a). The following response illustrates one of the perceived difficulties in using referral data to gain an accurate picture of numbers:

**“We do not collect additional data because neglect is on a broad continuum and its occurrence cannot be verified by referral data alone.”**

Survey respondent: Wales

In Scotland the responses received (n=5) referred to a number of systems in place which included Scottish Children’s Reporter Administration (SCRA) returns in relation to ‘lack of parental care’, areas of concern recorded by health visitors, ‘Early and Effective Intervention Screening Group’ statistics, referrals by and to services and various local case management systems. It was similarly noted that neglect is not always differentiated as an issue.

The two Northern Ireland responses identified statistics collected by the ‘Gateway’ referral teams, who have a coding option labelled ‘neglect’ and Locality Core Planning Group figures. Information was also collated through the Regional Child Protection Committee and the Childcare Partnerships (which focus on Early Years, Sure Start and Article 20 Early Years Reviews) conducted jointly with Trusts. Multi-agency indicators and outcomes relevant to neglect are collected through the Children and Young People’s Strategic Partnership (Health and Social Care Board, undated).

While we were given information about the sources of data providing some indications of the numbers of children considered to be experiencing neglect, the actual figures provided were very few. Three respondents from England offered some statistics, although in one area these were an estimate and in a second these were described as ‘across the board – not just neglect’. Two respondents from Wales provided figures - again one was an estimate and the other was in the form of percentages rather than statistics. No figures were provided by respondents in Scotland or Northern Ireland. One respondent from Wales suggested an alternative way of looking at need as used in their area:

**“Rather than gather statistics the local authority looks in more detail at cases as it tells them more, they can see which actions have been taken and how need has been met.”**

Survey respondent: Wales

The evidence suggests, therefore, that there is still a lack of comprehensive local information to inform needs assessments and hence the required scale of service response.

However, all but three of the respondents described their local information collection systems and their usefulness in planning services as either ‘effective’ or ‘improving’.

**“We use the information for service planning and have learnt from the Police about how to plan activities using stats. So we can map out where referrals are coming from and plan where we need more health visitors and if they need to be more skilled and experienced. We give a digest of statistics to chief officers and frame this within the label of child well-being.”**

Survey respondent: Scotland

At the same time, though, the apparent absence of comprehensive data about children’s unmet needs means that it could be difficult to gauge the extent to which the resulting services really are sufficient.

The evidence, therefore, shows that many areas are still grappling with the complexities of data collection in relation to child neglect, and that this may be linked with the issue of how neglect is defined. This is a serious problem and progress towards consistent, specific data collection has to be made if we are truly to know how many children are experiencing neglect across the UK. The fact that the many local and different initiatives towards this end are proving insufficient suggests that there is need for a national (perhaps UK-wide) strategic approach to finding a solution.

## What more do we know about public knowledge of neglect?

**An overwhelming majority of the adults polled (94%) agreed that people should become involved where they have concerns that a child is being neglected.**

A quarter (25%) of adults have felt very or quite worried about the safety of a child living in their area. Women, in particular, were likely to say that they have felt worried about the safety of a child in their area compared with men (29% of women, 20% of men).

Two-thirds (67%) of the public who have had concerns about a case of potential child neglect have told someone. One third (35%) of these have told friends or family. Social services remain the most common professional contact for those who have concerns about a child. However, it is interesting to note that the proportion speaking to another professional, such as

a doctor or nurse, has risen significantly since 2011, from 18 to 26 per cent.

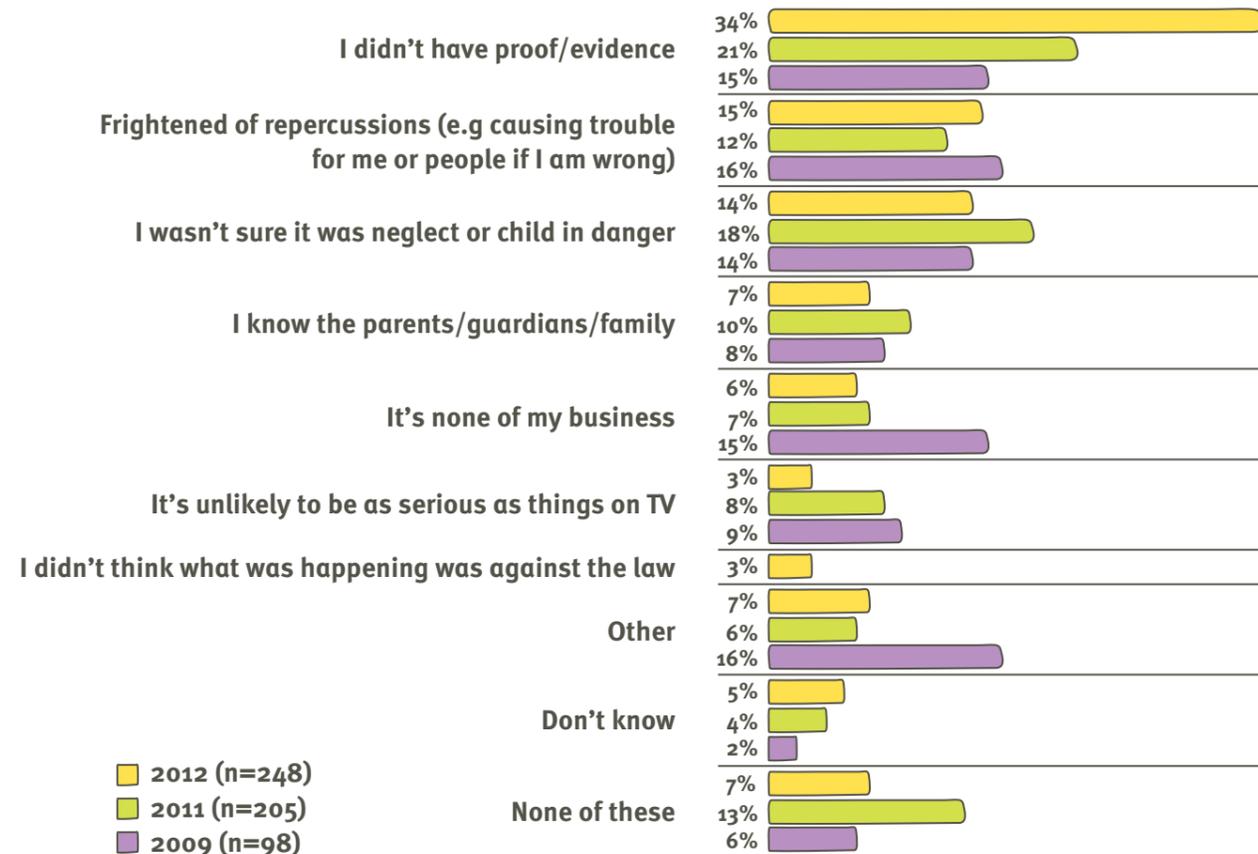
A third (33%) of those who were concerned about a child's welfare chose not to voice their concerns to anyone. The most common reason being that they 'didn't have any proof/evidence' (34%). This is an increase of 13 per cent since 2011. There has also been a steady increase in the proportion of people claiming that they do not have enough information about who to contact for help regarding a child thought to be neglected.

Over two-fifths (44%) of UK adults claimed that they did not have information about who to contact for help compared with 23 per cent recorded in 2009.

If they suspected a case of child neglect, half of the public (52%) stated that they would want to receive information on what to do from a government website, such as the WithScotland website. Over one-third would like information from a NHS website or a telephone helpline (38% and 37% respectively).

Members of the public who claim they need more information about who to contact are less likely to speak to a professional and instead are more likely to confide in a family member. Furthermore, those who lack confidence in the abilities of these professionals are significantly more likely to speak to friends or neighbours. Encouragingly, despite these barriers, confidence in professionals has grown since June 2011 with more than half (58%) feeling very or fairly confident that professionals will respond adequately to concerns over neglected children.

**Figure 2: Which of the following reasons best describes why you (general public) did not feel worried enough to tell someone about it?**



## Is the identification of neglected children improving?

**The poll indicated that experience of suspected child neglect has remained the same among professionals since 2009, primary school staff being the most likely to suspect neglect. Those who have had training and are aware of the signs of neglect are particularly likely to have identified children they suspect are being neglected.**

Among those who suspected neglect, over three-quarters spoke to their manager or superior about their concern. Just 12 per cent of those in a universal role reported that they offered a service themselves. This suggests that the majority refer cases to other people or organisations.

Professionals working in universal roles have reported significant increases in a number of areas of child development which can be affected by neglect. These include bullying, physical ill-health, limited school attendance and lack of opportunities for new experiences among others.

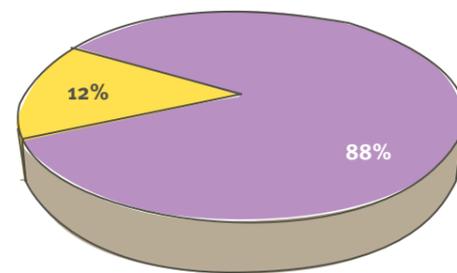
Primary school staff were more likely to notice the negative effects of neglect among children than their nursery school colleagues.

The differences are particularly profound when looking at poor attainment in school (with 84% of primary school staff reporting this compared with 67% of their nursery school colleagues).

A deterioration in parenting skills is cited as the main reason for an increase in child neglect cases (70%) along with poverty in the area (66%) and problems passed down through generations (56%). There has also been a significant increase in the proportion citing poverty in the area as a main reason for neglect cases.

**Figure 3: Universal professionals that offered a service themselves in a case of suspect child neglect**

■ Offered a service themselves    ■ Did not offer a service themselves



More than half of professionals claim that the level of pressure they feel to intervene in a case has remained the same as five years ago, with just under a third claiming that they would feel more pressure to intervene than five years ago; the main reason being increased coverage in the media and fears of a poor perception of the profession.

The proportion of police officers and social workers who reported having felt powerless to intervene in cases of suspected child neglect in the past is substantial at over one-third (36%). For the first time, the 2012 survey looked at those professionals in universal roles who have felt powerless to intervene and found that two-fifths of primary school teachers have felt this way, as have one in four health professionals (27%) and nursery school teachers (25%).

The most commonly cited reason for feeling powerless to intervene among all professionals surveyed was a lack of engagement from the family concerned (29% stating this was the main reason). This was particularly true of primary school teachers (33% stating this compared with just 20% of police officers). The main barrier to intervention for police officers in these cases was attributed to a failure among other professionals in fulfilling their responsibilities (44%). This appears to have increased dramatically from 2011 where 28 per cent of officers stated this as their main reason. One-quarter of social workers felt that families did not want to engage in support (26%) and that other professionals had failed in fulfilling their responsibilities (25%).

Overall, around half of professionals polled feel that there are barriers which make it difficult to intervene in suspected cases of neglect, in particular, because of a lack of available services and lack of resources. The poll did not ask for details about the distinction between the two, but it is likely that 'resources' includes wider aspects such as staffing and time.

Professionals in Scotland are less likely to have felt powerless to intervene than their colleagues in England, Wales, and Northern Ireland.

Encouragingly the survey responses and focus group discussions in general suggest an increasing ability of staff from across all services to recognise the signs of potential child neglect. Staff from many of the areas said that the picture was similar to last year and others that this was difficult to measure. But we were also given examples of services such as the Police, housing, staff at Accident and Emergency Clinics in hospitals and at a Women's Health Unit who are increasingly aware of what to look out for in detecting signs of neglect.

Midwives and health visitors continue to identify families who may need extra support when a baby is due or just born and systems are developing to make this process as timely and effective as possible. The role of school nurses, children's centre staff, nursery staff and teachers in identifying children was again highlighted as important, given that they often see children on a daily basis and can tune into changes in children's physical condition and behaviours.

There was some evidence from focus groups that staff from adult services such as Drug and Alcohol Teams, housing services, police and some adult health services are increasingly being included in training and multi-agency forums in order to raise awareness of whole family issues and the potential impact on the child of parental difficulties.

We also identified some enduring gaps in the ways in which services are able to recognise neglected children. Focus group respondents from health services told us about reductions in their services which meant that midwives were not able to go out and visit expectant or new parents as often as they used to and had to justify making an extra visit if they had concerns. Health visitors felt similarly that, unless a family is considered to be particularly vulnerable, they are sometimes only able to visit the home once and that parents otherwise bring children to clinics, mainly for immunisations, where they might see a different duty health visitor on each occasion. This means that health visitors no longer have the kind of on-going relationship with families that allows them to pick up concerns or changes in the care of the children. It is hoped that new initiatives such as the Health Visitor Implementation Plan in England will improve this situation (Department of Health, 2011).

While staff in most early years settings, including nurseries and children's centres, were thought to be well-versed in the signs of neglect, it was thought by some focus group participants that private nursery provision staff were not as aware. The perennial problem of encouraging some families to attend services, such as children's centres, where neglect might be recognised was raised as an on-going issue.

School-based staff were considered to be good at identifying neglect but child protection and broader social care services sometimes considered that referrals were made to them at too early a stage and did not meet their 'thresholds' for intervention. The experience of having referrals 'knocked back' could be discouraging for universal service staff, who in some instances felt that there was a need for more support for the child and/or family than they were able to offer. They were then wary of making future referrals of children about whom there were similar levels of concern.

Overall, high numbers of professionals in a wider range of universal services are still noticing high numbers of potentially neglected children and are increasingly willing and able to act on their concerns. There remain issues about the interface between universal and more targeted services which are explored after we describe below the services being provided by universal services within the context of universal provision.

## What more do we know about the help universal services are providing to neglected children?

**Policy initiatives in all four nations now place an emphasis on help being offered to children and families at an early stage of difficulties being recognised; with an increased role for staff from universal services such as health visitor services and education in providing this help (see page 24 for a detailed analysis of policy developments).**

The poll indicated that these policy aspirations are matched by the views of the public. 'Projects that support parents/families before problems get worse' were most supported (60%), with 'health-based services' second (47%). Services that deal with the children in education are noted by around three in ten people (36% of adults said 'school and nursery-based services') and 45 per cent wanted 'early years services and parenting programmes'. Fifty-four per cent of social workers also thought that there should be 'more projects that support families before problems get worse'.

This year's review explored in more depth how these services were directly helping children and families who were considered to need extra support, particularly at this 'early help' stage before targeted and statutory services were brought in for active involvement.

Survey responses and focus group discussions gave us some indications of the types of help midwives, health visitors and allied early years services (including children's centres in England) are providing across the UK. However, the distinction between universal and targeted support can be a little blurred in that as soon as a teacher or health visitor becomes a little more alert to a particular child's needs then there is already an element of targeting even before a service described as 'targeted' is invoked.

### Health services' role in helping neglected children

While the survey responses and focus group discussions indicated that health visitor services, in particular, were understaffed and stretched, there were examples of local practice which maximised support to families.

#### Box 1. Local practice in health

Examples of local practice in health where early help is given include:

- ▶ Nursery nurses part-funded by Sure Start Children Centres and health to support families;
- ▶ Health visitor drop-in sessions and advice-giving duty teams at children's centres;
- ▶ Work with 'Lads and Dads';
- ▶ Health visitor services supplemented by staff in a family support or lay health worker role; and
- ▶ Parenting groups and community child minders who provided an enhanced service for vulnerable families.

Within the universal health service there are also more targeted programmes. The Family Nurse Partnership, which offers intensive support to first time young mothers for two years after their baby's birth, is being rolled out across the UK. Health visitors are being trained to use the Solihull Approach; a highly practical way of working with families with an integrated psychodynamic and behavioural approach for working with children and families who are affected by behavioural and emotional difficulties.

There is evidence of some preventative work taking place, for example a project in one Scottish Health Board called 'Before Words' promotes attachment and communication between mother and child and also enables staff to track the developmental progress of the child. In Wales, the Flying Start initiative includes an enhanced health visitor service, free quality, part-time childcare for two to three year olds and access to Parenting and Early Language Development Programmes.

### School-based staff's role in helping neglected children

There is a dearth of research evidence about what is the most effective service that school staff can offer to neglected children (Daniel et al. 2012). This is worrying when expectations of what school staff can provide are high. There has been a recent study to identify examples of good safeguarding practice in primary schools based on Ofsted's 'outstanding' criteria, which while not research evidence as such, does offer useful practical examples of effective safeguarding (Mortimer et al. 2012).

We found that education staff have anxieties about their capacity to deliver adequate levels of help to the numbers of children with high needs and the extent to which they can provide replacement parenting, where this is required.

**“The care provided is ad-hoc and discrete. There are some worries about being overwhelmed with the need to provide care and support and there are some differing expectations between school and social work staff but most people want to work together. There is good communication now, for example the Police will inform schools if the child has witnessed a domestic incident so that school staff will be more understanding of things like missing PE kit and try to talk with children about their experiences.”**

Survey respondent: Scotland

Funding cuts and a renewed emphasis on Learning and Attainment in schools with new Ofsted inspection indicators in England (Ofsted, 2012), which are seen to not place a value on welfare-focused work within schools were also viewed as threats to this work.

Nonetheless, most survey respondents confirmed that school-based staff are offering help to children who were at risk of, or experiencing, neglect at an early stage and also in some cases to their families. Some schools 'hold' children to try to prevent escalation to the involvement of social care but for some there is a lack of clarity about what this entails. Provision varies from school to school and depends greatly on whether the head teacher is 'welfare-minded'.

#### Box 2. Local practice in schools

Examples of where schools are delivering early help include:

- ▶ Breakfast clubs and after-school activities;
- ▶ Provision of food, clothing and showers and food banks run from schools;
- ▶ Nurture groups and Circle Time which encourage expression of feelings, and work to promote self-esteem and improve peer relationships;
- ▶ 'Wrap-around care' for children thought to be vulnerable;
- ▶ Work on social norms – to try to challenge what is perceived as acceptable family life within the local community;
- ▶ Older children mentoring and caring for younger children at lunchtimes;
- ▶ Counselling and pastoral care for children;
- ▶ Parenting groups such as triple P;
- ▶ Adult literacy/numeracy for parents and advice about helping with homework, run at school; and
- ▶ Family Support, Home School link workers or other outreach staff, whose role is to visit families at home and offer support for educational, practical and social issues.

Focus group discussions with education staff gave us insights into what is happening on the ground. We heard about both primary and secondary schools which are very well rooted in their local community and well-placed to offer help.

**“Schools have an important role – a key thing is to establish relationships with families. We take pastoral care very seriously due to the need within the community and have people identified within the school team to have a key pastoral/child protection role. Staff from the schools will visit families in the home and it's about knocking on the door to help and see what can be done practically. When identifying neglect we would be looking at what the underlying issues are and seeing what can be done to support the families way before it gets to children's services. We use experience and judgement to understand the family situation and which are the chronic issues which are not going to be resolved overnight.”**

Focus group participant: England

In one area we were told about 'The Bridge', a new lottery-funded service run by Action for Children, which will work with six primary schools in the area, taking referrals from the multi-agency group within the school. It will be involved in cases where there are issues of possible neglect, housing and so on, providing 'earlier support' to families before needs escalate.

As children get older, some are more likely to hide difficulties at home and pastoral staff must be skilled at exploring their worries with them rather than asking direct questions. Any subsequent help must be offered in a non-stigmatizing way. In one focus group area Community Learning staff were seen as a trusted presence by young people in secondary schools and offered one-to-one support and drop-in groups to build relationships with them.

### Police, housing and other universal service staffs' roles in helping neglected children

During the research we heard examples of police, housing and other universal service staffs' roles in helping neglected children. On the whole the role of the police is seen as identifying neglectful situations involving children, assessing and acting on immediate risks to the child, and passing on relevant information to other agencies to enable them to be sensitive to children following police involvement in their homes, rather than directly offering help. There were some exceptions to this.

#### Box 3. Local practice by police, housing and other universal services

Examples of where the police, housing and other universal services are supporting early help include:

- ▶ Community police work with teenagers, usually activity-based; helping children who run away or go missing – sometimes as a result of neglect - by way of return home welfare-type interviews (Scotland);
- ▶ Housing staff are providing support which could benefit children at risk of neglect in the form of budgeting and benefits advice for parents. One area described direct contact with children in homeless accommodation to plan what they required from forthcoming permanent housing (England);
- ▶ Youth worker being part of a restructured Children's Service which will establish early intervention teams, including youth service staff, in each of the four localities (Scotland); and
- ▶ Outreach youth workers going out on the streets to speak with young people and to identify those who were unhappy at home with a view to joint working with Children's Services (Wales).

Furthermore, in one Scottish area police are using the GIRFEC well-being indicators when making referrals to other agencies and thinking about the impact on the child of police raids and investigations in their homes and how to make this less traumatic for them.

**Early help as more flexible and less ‘stigmatising’**

Given this year’s focus on the role of universal services, focus group participants were asked about aspects of the help they are able to offer which make it easier for children and families to accept. Nursery and primary school staff are often well-placed to offer non-stigmatizing help and build good relationships with families. Children’s centres and health visitor services are seen as there for the whole community and this is beneficial in that families do not feel so ‘picked out’. In addition, universal service staff can act as ‘brokers’ to ease the relationship between families and more targeted or statutory social work services.

**Targeted family support services**

This year we did not look in detail at services targeted at families needing more intensive support than that which universal services can provide, but who are not seen as requiring social work (voluntary and statutory) interventions. However, we did hear about services which provide this type of support, such as targeted family support services within children’s centres, as well as parenting programmes and outreach work.

Family support services - such as Family Intervention Projects, targeted family and parenting support within children’s centres and family centres - are able to work intensively with each family and build trusting relationships over time. This is seen as crucial in working with families in order to effect long-term change, helping parents to understand the impact on

the child and build on strengths while minimising risks. For example, social care staff in Intensive Family Support projects are providing 15 hours per week intensive support over a six-week period.

Multiple Intervention Assistance (MIA) is a system which is operating in at least one area in Wales and is seen locally as a potential example of good practice. It is a programme of family support aimed at families at a pre-social services stage and includes help provided by Family Support Officers in schools. MIA will be evaluated by the Institute of Public Care, with observation of some processes already underway. In Wales there are also a number of pilot Intensive Family Support Teams - integrated teams which work with families with a range of needs, some of which work to a specific model, for example to address issues of substance misuse. A Critical Intervention Team is being developed to support families in crisis and reduce the need for children to be accommodated. The results are being evaluated nationally.

The provision of help at times when family crises can often occur, including evenings and weekends, is something that families often identify as important. A new project in Dundee, the Dundee Early intervention Team, involving four national third sector agencies, is being set up on that basis. Additional support will come from a team of volunteers, and families will also have access to a 24/7 telephone helpline for support and guidance.

However, there remains a need for more specialist services, particularly to undertake direct work with children.

**“In addition to services that assist and advise families, we need more services that provide therapy for children affected by severe neglect.”**

Survey respondent: England

**How is the interface between universal and more targeted services developing?**

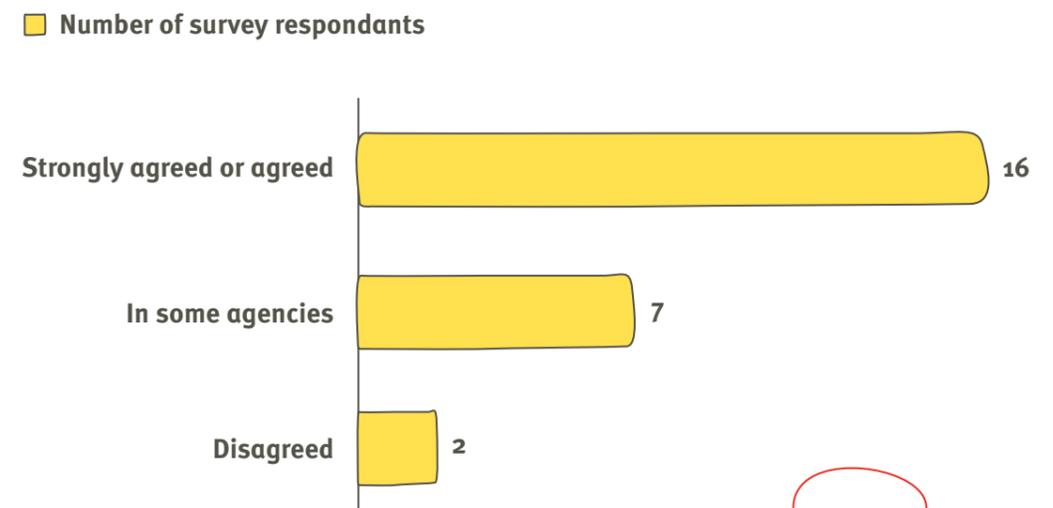
**There is a great deal of activity at a strategic level taking place across all four nations, including organisational and system change, linked in places to the Munro Review of Child Protection (Munro, 2011). Common aims are to move to a system whereby children in need at any age are identified and receive effective early help, preferably provided on a voluntary basis and delivered primarily by universal service practitioners or within the context of voluntary agencies.**

These aims are coupled with the interlinked aims of ensuring that statutory procedures are invoked when, and only when, necessary to protect children from harm, and that the involvement of statutory children’s social work services is proportionate to the level of need and risk.

The focus groups confirmed the view that the increasing emphasis on children being helped by staff in universal services and early intervention family support services is leading to children and families social work services only becoming involved when there are serious child protection concerns and the likelihood of the need to invoke child protection procedures.

We asked survey respondents if there was a common understanding in their area across all agencies about the level of concern that warrants referral to a statutory service. Most agreed or strongly agreed that there was a shared understanding (n=16), some felt this was in place across some agencies only (n=7) and a small number thought there was not a shared understanding (n=2). This is proportionately the same as last year.

**Figure 4: There is a common understanding across all agencies about the level of concern that warrants referral to a statutory**



Participants in some areas report that it is increasingly difficult to get help from statutory social work services, particularly for children who are described as ‘in need’ rather than for whom there are serious protection concerns. Social work staff described how they have to ask referring agents what they have put in place already and make suggestions for what more could be done at a universal service level before social work intervention can be considered. This can stretch the capacity of early intervention services. This can also be problematic because unmet needs can be associated with very high risk of long-term poor developmental outcomes.

**“Agencies must work closely together at an earlier stage and apply the same rigour to early intervention that there is for child protection. We must lower our thresholds of acceptable care with less tolerance of poor standards and a more robust challenge of neglectful parenting.”**

Survey respondent: England

There is increasing use of what is known as a ‘step-up and step-down’ approach to try to provide the correct level of help at the right time. This means that families can move from voluntary support, such as that provided by family support services, ‘up’ to statutory social work support if required and also ‘step-down’ to informal, that is non-statutory, help if their support needs reduce, without going back to the beginning of a referral process. In some areas this is still in the process of ‘bedding down’ and it is hard to judge at this stage whether this is indeed leading to increased help for children at an earlier point.

Many areas have structures in place which enable professionals referring children to discuss their worries with Children’s Social Care staff prior to (or instead of) making an official request for a service.

**“We also provide a consultation service to universal services; they are always encouraged to call children’s social care. This system was introduced following a Serious Case Review – so that people are clear. Also, referrals go straight through to children’s social care in a lot of cases.”**

Survey respondent: England

Some social workers may become involved in the GIRFEC meetings in Scotland or offer support and advice through Consultation Lines which exist in some areas across the UK. In other areas Children’s Social Care Services staff work in Early Intervention teams and undertake family support work, often in partnership with staff from other services.

While more children would seem to be identified earlier there are some concerns about children being ‘batted back and forth’ between services when it comes to agreement about what help should be put in place and by whom.

**“We are trying to develop smooth system pathways but I’m not always sure how successful they are.”**

Survey respondent: England

**“We need better integration; good, early preventative services delivered within a multi-agency framework. We have children’s social care and early intervention services. These two do communicate with each other but they are essentially still two separate pathways and the child goes down one route or the other. We need better integration with health services and also to work better with schools. Some schools are very good but others see social services as a nuisance or as ineffective.”**

Survey respondent: England

## England

Survey respondents overall reported that there had been, or were currently, strategic reviews of service commissioning in a move towards the provision of earlier intervention services. Examples of such services in England included a range of evidence-based, targeted parenting programmes for children aged 10+ and Family Nurse Partnership (Olds et al. 1986) programmes and group work with young fathers. In one area this was called a ‘back-to-basics’ review and resulted in services being reconfigured and social workers ‘improving the interface between themselves and families’.

Participants also described increased use of the Common Assessment Framework (CAF) processes including Early Help Panels, discussion with Social Work First Response Early Intervention Teams (FREIST) and developments such as the ‘formation of a dynamic new integrated Children and Young People’s assessment service made up of staff from the Police, Health and Education’. Meetings in various forms are held to discuss children and filter referrals and redirect if required:

**“Implementation at Universal, Police and Children’s Social Care levels of the Multi-Agency Safeguarding Hub (MASH) has allowed for lower level concerns to be screened and only appropriate referrals being forwarded to social care statutory levels.”**

Survey respondent: England

In some areas an increased use of the CAF processes was taken as an indication that more help was being provided at a universal service level before social care agencies became involved, if required.

**“A recent audit of the CAF process, led by schools, children’s centres, youth services actually worked with some families with quite complex issues, so worked successfully so children didn’t become subject to statutory child protection services. Lots of work going on around this on young children and led by children’s centres and youth services so trying to get all bases covered.”**

Survey respondent: England

When services are able to work together well the results can be very encouraging:

**“We get golden moments. If it hadn’t been for the joint working from start to finish some of the families we worked with would have lost their children.”**

Focus group participant: England

Other areas reported that it was difficult to quantify whether there were more of this type of service or suggested that services were being revamped or rationalised rather than increased. And one area was very clear that:

**“A reduction in funding has meant a general decrease in commissioning – analysis by the LSCB has identified that services that provided social and emotional skills for children have been most affected by the spending cuts.”**

Survey respondent: England

A Safer Families project, which operates from two children’s centres, provides a range of early intervention services and outreach to children and families affected by domestic violence. Services have been evaluated as an initial pilot and there is evidence that they have made a difference in ensuring families receive the help needed.

Multi-agency Safeguarding Hubs (MASH) have been established in some areas to assist with identifying children in need of help and to aid decision-making about what sort of help they require; evaluations are starting to take place (see Box 4).

#### Box 4. The MASH

The Multi-agency Safeguarding Hub (MASH) is a multi-agency team of people employed by their individual agencies (local authority, police and health services) but who are co-located in one office.

The MASH aims to ensure that better-informed decisions are made about risks to children and young people, and that these decisions are made more quickly than they have been in the past. This includes identifying cases where early intervention could remove the risk of harm. There are early indications that more informed decisions are being made. It is important to note that outcomes for children and young people are not only affected by decisions made by the MASH team, but also by appropriate action being taken by the Tier 2 and Tier 3 teams in the districts.

For example, re-referrals will still occur if there are gaps in provision at Tier 2 (Golden et al. 2011).

#### Wales

There is increased use of CAF in Wales and the remodelling taking place within the Families First Initiative is seen as instrumental in the shift towards early help services. The Families First Initiative, which built upon the Wales Child Poverty strategy (Welsh Government, 2011b), initially piloted innovative ways of working and best practice in supporting families and also identified effective joined-up working between agencies. It is now being rolled-out across Wales, with local areas developing services according to need, underneath the Families First umbrella. Systems have been developed which aim to provide early help for families through, for example, a single point of referral for Level 2 preventative services through the implementation of the 'Team around the Family' approach. In some areas this may involve referral through an Initial Assessment Team.

There can still be a mismatch, however, between what referrers think warrants a referral to targeted services and what Children's Social Care staff think can be put in place by universal services.

**"We have expressed concern in relation to the quality of referrals received by our partner agencies. Referrals generally tend to be vague in nature and fairly non-specific in relation to a child's needs, parenting capacity and the service that is required in order to meet a child's needs."**

Survey respondent: Wales

One area described how suggestions must be made to referring agencies about how families can be signposted elsewhere. However, this can lead to unintended consequences:

**"If a referral is returned to source indicating that it does not meet our thresholds we have known those agencies to escalate their original concerns and return the referral marked CP."**

Survey respondent: Wales

It is hoped that initiatives such as the Multiple Intervention Assistance will aid the process of services working together to ensure that support is provided to families which meets their needs.

#### Scotland

In Scotland some respondents described the Integrated Children's Services model as the basis for on-going development of early help services and reported that the Parenting Support and National Parenting Strategies were leading to the commissioning of specialist services to support these approaches (Scottish Government, 2012).

The Getting It Right For Every Child (GIRFEC) framework continues to be implemented in different ways and at different rates in local authority areas across the country and some evaluations are available (see Box 5) (see also Daniel et al. 2012). The roles of Named Person and Lead Professionals in calling a multi-agency meeting (which may be just one other agency) to form a plan of support for the child is being embraced by staff in some universal services more than others. On the whole survey and focus group findings suggest that the GIRFEC process is enabling services to identify and act on worries about children and that meetings have become 'more focused and better at only sharing the information that needs to be shared'.

**"We have prepared guidance on Getting it Right for Named Person and Lead Professionals which ensures that when a child needs extra help the Named Person prepares a single agency plan based on appropriate and proportionate information using the well-being indicators to consider any concerns in the light of the child's history and current circumstances."**

Survey respondent: Scotland

#### Box 5. The GIRFEC model

The Getting It Right For Every Child (GIRFEC) policy framework is an approach to assessment and planning that aims to offer a network of support so that children and young people get the right help at the right time. The network comprises family, carers and universal health and education services. Only when this support can no longer meet a child's needs are targeted and specialist help brought in. A Lead Professional who coordinates help for a child or family, might be a health visitor or teacher rather than a social worker. GIRFEC incorporates an integrated children's services approach which supports a positive shift in culture, systems and practice and involves agencies working together to make things better.

Since the introduction of the GIRFEC approach there are signs emerging of a shift in practice towards a more solution-focused approach combined with more holistic thinking about outcomes for children and families. Detailed analysis of samples of records and plans showed that in the majority of cases real progress is being made to improve children's and young people's circumstances and well-being. While it is not possible to attribute this solely or simply to the impact of GIRFEC, it is possible to highlight some of the key factors which have been contributed to bringing about these positive outcomes under the GIRFEC approach (Stradling and MacNeil, 2010).

The Integrated Children's Services/Family Centre prevention programmes in one Scottish local authority provide informal and non-stigmatizing programmes and interventions such as Baby Massage, Toddler Sense (Richardson, 2007), and locally developed and named child/parent bonding programmes, Handling Children's Behaviour, Parents' Play and sessions to enhance parental self-esteem and well-being such as Time for You for women. These are seen as potentially preventing neglect by making parents more aware and confident in parenting. Family Group Conferencing (New Zealand Parliament, 1989) also takes place, for example in early pregnancy and where there is parental substance use. Agencies and extended family come together to set up a network of support for families. A service which was highly praised by one focus group for its contribution to early stage family support was Home-Start which uses volunteers to go into homes and, by building consistent and trusting relationships with families, offering them practical and emotional help. Its funding is short term and in some areas not secure. This is one example of a family support programme, there are likely to be many more.

#### Northern Ireland

Northern Ireland, under the umbrella of the Children and Young People's Strategic Partnership, has the Gateway Team system for referral of children which can lead to the involvement of the local Family Support Hub;

a 'multi-agency network which accepts referrals of families who need early intervention family support and uses their knowledge of local service providers and the Family Support Database to signpost families with specific needs to appropriate services' (Children and Young People's Strategic Partnership, 2012).

Survey respondents took the view that children are identified at an early stage using this system and that staff from agencies such as housing were referring more children, although the effects of the economic downturn might also be affecting the numbers of families referred. The hubs allow access to:

**"...a range of services including parenting programmes, family support workers and diversionary programmes for adolescents. There are however also financial pressures which impacted on the capacity to commission a wide range of services and discussions are on-going to move to joint commissioning as the norm."**

Survey respondent: Northern Ireland

The Safety in Partnership approach is being used within a Northern Ireland Trust to assist in decision making, improve quality of assessments, partnership working with other agencies and to help ensure that children and families remain central to the process. An evaluation by Queens University is currently taking place.

## Are there still concerns about service cuts?

While a move towards more early help services appears to be good news, major worries were expressed about the sustainability of these developments, given the continued stretching and reduction of local authority budgets. Feedback suggested that sensible and ultimately money-saving developments were in danger of being lost if funding is not sustained.

The poll offered quite a complex picture. Public spending cuts have been a reality for all the professions surveyed for the past few years. In 2011, just under one-half (48%) of these professionals felt that spending cuts would make it more difficult to intervene in cases of child neglect. While a year on from this a smaller proportion (29%) reported this being the case, these levels still represent huge numbers of professionals facing more difficult situations, particularly as we are seeing a picture of cuts building year-on-year.

Professionals, other than social workers, who have had suspicions of child neglect and who have received training or information on the issue were significantly more likely to state that spending cuts had a negative or no impact on their ability to intervene in cases of suspected child neglect. Those who had not had suspicions or had not received training or information were significantly more likely to report that spending cuts had made it easier to intervene.

Two-fifths (42%) of the police officer respondents this year reported that public spending cuts had had a negative impact of their ability to intervene in cases of suspected child neglect, although this figure has dropped from the 80 per cent who reported a concern in 2011.

One third of primary school, nursery school and health staff feel that spending cuts will make it more difficult to intervene in the next 12 months (32%, 30% and 36% respectively). Social workers are now the most likely to predict that spending cuts will have a negative impact with two-thirds (66%) stating so.

There is a mixed picture, therefore on the perceived effects of cuts.

Some may have anticipated an even worse effect than has yet transpired and so have tempered their concerns. Others, especially those with less knowledge or experience of child neglect may see cuts as making it easier to go straight to high level intervention or removal of a child from home. For Children's Social Care there is also the possibility that they will be likely to only hear about children for whom there are severe concerns and that therefore there will be more evidence upon which to act. At the same time there remain significant worries about the negative impact of more cuts.

The response to our survey question about the threat of budget cuts and possible service closures or reductions also varied across the spectrum, even within each of the four nations. Some respondents reported that there were no specific closures identified in the foreseeable future, although some of these felt that they could occur in the next financial year. Others talked about services having been refocused or management structures having been rationalised to try to minimise the impact of cuts. There are worries about cuts in other public services such as health, police and education services which it was felt would have an impact on safeguarding children. In England, health service changes were a particular worry, as was the future funding of children's centres.

**“There will be cuts for the next four years and year-on-year cuts will have an impact. Efforts are being made to optimise the resources we do have and it will be a struggle. Children experiencing neglect will not often present themselves through formal routes, and reduced resources will mean heightened thresholds. There will be less people out there to notice neglected children. And although the emphasis is on maintaining front-line staff, if there are reduced numbers of support staff the front-line staff then have to do that function and less time will be.”**

Survey respondent: England

Public sector cuts were thought to have impacted already upon the provision of some services, although in Wales and Scotland there was generally less worry about service closures because of devolved government and some local council protection of services taking place.

Analysis from the Local Government Association (LGA, 2012) argued that money available to fund council services will have shrunk by 90 per cent by 2020 and that this shortfall could not be met with further efficiency savings, such as cuts to support services and IT. A further concern is the abolition of the dedicated Early Intervention Grant in England.

Respondents described ‘disruption’ to services at a local level with retendering for services stalled and third sector services being under threat, even more than usual. One Northern Ireland respondent reported that:

**“Children’s Services in NI have historically been underfunded compared with other areas within the UK (validated by independent research as equating to approximately 30% underfunding) and there is on-going concern that further funds will be extracted from services as there is a requirement to make financial efficiencies.”**

Survey respondent: Northern Ireland

In some areas it is becoming more difficult to pursue a homelessness prevention agenda due to the greater number of private landlords. It was reported that private landlords are saying that they do not need the homeless client group any more because of higher demand for rented accommodation. Homeless people are therefore restricted to fewer available resources often in inadequate housing.

The survey and focus group respondents across the UK expressed great anxiety about cuts. It was observed that increases in the number of looked after children and child protection registrations had already increased demand on scarce resources. It was predicted that further cuts would result in more parents struggling to cope, which would affect their capacity to parent and lead to a greater need for services at a time when these were already stretched.

In summary, it appears that some of the major concerns raised last year have not yet been borne out, but there remain high levels of concern about the on-going and accumulating effect of cuts upon families and children and upon resources for services. There are also considerable worries expressed among practitioners about the coming welfare reforms.

**“We need to provide a better physical home environment for children and the eradication of poverty – the welfare reforms are likely to make vulnerable families even more vulnerable and increased child neglect may well be a result.”**

Survey respondent: Scotland

## Are more effective outcome measures now in place?

There appears to have been little progress overall in the ways in which services judge whether they have been effective in helping neglected children either individually or collectively. This is a particular issue in relation to measuring the effectiveness of early intervention and prevention measures.

**“It is crucial that we find ways to evidence improvements as a result of preventative and early intervention support work so that we can justify the importance of funding them.”**

Survey respondent: Northern Ireland

What we were told about methods of measuring outcomes at service level and for individual children is similar to last year. This includes the use of formal reviewing data to measure progress towards identified aims for children in the Child in Need, Looked After Children and children with CAF plans systems. Other outcomes measures include service performance indicators, feedback from service users and other ‘quality assurance mechanisms’. There appears to be greater use of case audits to look at outcomes for children and some areas have developed frameworks for these.

In Scotland, there is on-going development of outcomes frameworks based on the GIRFEC well-being indicators. In Northern Ireland, the Children and Young Person’s Strategic Partnership has an outcomes focus and Regional Outcomes Groups have instigated processes to measure impact against six High Level Outcomes. A range of measures are underway in Wales including Results-based Accountability and the use of individual action plans for children which are more outcomes focused and which should lead to measurement of impact being more available soon. The Outcomes Framework for Social Services in Wales is intended to be in place by April 2014.

However, despite all these initiatives we were not able to gather consistent and

robust data to indicate that neglected children’s lives in the UK have been improved as a result of undoubtedly intense activity in this area.

For an individual child, information held by all involved agencies about their health, education and well-being needs to be shared to track the trajectory of their development against expected developmental norms. However, the same process could be scaled up for wider service evaluations if better data collation and linkage could be developed.

Activity to measure the outcomes of service provision needs to be prioritised, not least to evidence the potential contribution of early intervention approaches.

## How has policy developed since the last review?

Across the UK, governments, parliaments and assemblies continue to pledge their commitment to the global aims of early intervention and supporting children and families who may need additional help and to eradicating child poverty. There has also been an increased focus on child neglect across the UK, especially in debates around child protection. Similar language is used across the four nations to express the overarching outcomes for children and young people, but there appear to be significant differences in how these visions are being taken forward.

### England

The Coalition Government has often re-stated its long-term objectives of encouraging early intervention, reducing the number of 'troubled families', tackling youth unemployment and increasing social mobility (Action for Children, 2012b). It has also stated its commitment to improving the child protection system, with an overall aim of long-term change to help vulnerable children, underpinned by three main principles:

- ▶ Placing greater trust and responsibility in skilled front-line professionals to do their jobs;
- ▶ Reducing central government prescription and unnecessary bureaucracy; and
- ▶ Building a system that is focused on the needs, views and experiences of vulnerable children.

(Department for Education, 2012a)

What is unclear is the extent to which this addresses the specific needs of children at risk of neglect. The Coalition Government recently published an updated version of its children's safeguarding performance information framework (Department for Education, 2012b) to help move the focus of the child protection system from processes and indicators towards performance measures that improve professional understanding and drive improvements locally. The Coalition Government also proposed a revision of the Statutory Safeguarding Guidance informed by the recent reviews by Munro (2010), Tickell (2011) and Allen (2011). However, these changes and revisions will not bring about a shift towards the early provision of help for neglected children. Nor do the revisions include the recommendations made by Munro (2010) to include the reasons for referral to increase our understanding of why children and families are brought to the attention of services.

Progress on the implementation of Munro's recommendations has been criticised by Munro herself (Munro, 2012) and others. Munro comments that although there is progress, the pace of change could be faster to develop a culture focused on helping children and on learning how to do better. In addition, the Government has rejected Munro's recommendation for a duty on local authorities to provide an 'early offer of help' (Department for Education, 2011). While some changes, such as the free nursery places for vulnerable two year olds, have been broadly welcomed, further work is required to join up these different government initiatives.

Current funding for children's services in England is delivered through the Early Intervention Grant (EIG), valued at £2.3 billion in 2012/13. The EIG was welcomed as a way of focusing spending on prevention, however, the EIG will be absorbed into wider local government funding from April 2013. Money reallocated from the existing EIG includes funding of free early education entitlement (from September 2014 the scheme will cover 260,000 children and cost around £760 million) and £150m which Children's Minister Edward Timpson has stated will be allocated to fund the Adoption Reform Grant (Department for Education, 2012c, 2012d). Figures from the Local Government Association suggest an additional £49 million will be removed from early intervention services in 2013/14 and 2014/15 (Local Gov, 2013). After these allocations, the remaining funding available for early intervention services will be £1.6 billion as part of the Business Rate Retention Scheme by 2014/15. The Government has stated that early intervention spending will be made visible through the publication of the funding profile for each local authority (Hansard, 2012b). However, there is a fear that reducing the fund and shifting it into a general pot will halt the progress that has been made.

A report by the Chartered Institute of Public Finance and Accountancy (2011) for the NSPCC found that services focused on prevention are particularly vulnerable to cuts. In 2010/11, three quarters of all expenditure on children's social care by English councils was, broadly speaking, on protection services, as opposed to prevention.

The impact on children who may be experiencing neglect also needs to be viewed in the context of the Government's wider welfare and health reform agenda.

### Scotland

Policy developments in Scotland have been aimed at developing and improving the welfare and well-being of its children and young people. As part of achieving this vision, the Government is currently consulting on a new Children and Young People Bill that will underpin Scottish Government's ambitions to enhance the life chances of Scotland's children and young people. The Children and Young People Bill will embed 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) and will embed its commitment to early years and early intervention in legislation. For example, the Bill aims to:

- ▶ Improve the availability of high quality, flexible, integrated early learning and childcare by increasing pre-school education for 3 and 4 year olds, and childcare for 3 and 4 year olds and looked-after 2 year olds (with dedicated funding);
- ▶ Make early learning and childcare more flexible and seamless for the child and better suited to the needs of families; and
- ▶ Implement the Getting It Right For Every Child approach across Scotland to ensure that all children and young people from birth up to leaving school have access to a Named Person with a single planning process in place to support children and young people who need additional support.

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 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). The review of neglect in Scotland showed that there has been considerable progress towards greater recognition of neglected children's needs by all professions and that the GIRFEC framework is providing a helpful model for considering the needs of neglected children. However, there are still variations across the country in the extent to which the full spectrum of support and protection are fully integrated (Daniel et al. 2012).

#### **Wales**

The anticipated passing of the Social Services and Well-being (Wales) Bill in 2013 will provide a renewed legislative framework to deliver prevention and early intervention service models. The Bill will provide a general duty on local authorities and their partners to maintain and enhance the well-being of people in need in their local areas. The Welsh Government's working definition of well-being includes protection from abuse and neglect, as well as physical and mental health and emotional well-being.

In 2005, Wales unveiled Flying Start; specific funding for local authorities over four years to provide services such as childcare and health visitors for under-threes in deprived communities. The programme includes four core elements – free quality childcare, parenting support, intensive health visitor support, and support for early literacy. In addition, from 2012, an element of outreach work is to be included in the programme.

The Welsh Government has re-affirmed its commitment to supporting the most deprived communities across Wales through the expansion of Flying Start, and plans to double the number of children benefitting to 36,000 by 2015 through support for families, health visiting and childcare places. Additional funding of £55 million has been made available over the next three years to support this expansion. The Assembly is also continuing programmes aimed at families and communities including Communities First, on-going development and implementation of Families First and Integrated Family Support Services.

In 2001, the National Assembly published its Seven Core Aims for Children and Young People, which continue to underpin the development and delivery of services for children in Wales.

#### **Northern Ireland**

The Safeguarding Board of Northern Ireland (SBNI) was established in September 2012, replacing the Regional Child Protection Committee (RCPC) and with an extended role to include the wider area of safeguarding as well as statutory child protection.

In response to an Assembly Question in June, the Health, Social Services and Public Safety Minister outlined how an Information Support Group from the Health and Social Care Board (HSCB) is currently carrying out an exercise to map children on the Child Protection Register by their home postcode which will be compared with the levels of deprivation in each of these areas. This group will report back to the HSCB-led Regional Child Protection Committee.

In 2006, the Office of the First Minister and Deputy First Minister of Northern Ireland set out a ten-year strategy which set up the Children and Young People's Strategic Partnership (CYPSP) with the aim of improving the lives of children and young people living in Northern Ireland and, where appropriate, fund services collaboratively. The partnership states that it is best for children and young people to get the support they need at the right time and as early as possible. The CYPSP has also tried to address the fact that services are sometimes hard to access (Daniel, Taylor and Scott, 2009) and plans to bring services to the attention of children and families who need them at the earliest possible stage.

The CYPSP has developed a website that lists all services and is creating Family Support Hubs for every area of Northern Ireland. These Hubs are multi-agency networks of statutory, voluntary and community organisations that either provide early intervention services or work with families who need early intervention services. The aim of this is that each child or family who need support or a service should be able to find out about it and find their way to it – easily and quickly.

#### **Impact of wider reforms**

When reflecting on the policy direction across the four nations, there are clearly similar aspirations of nurturing children and young people to be healthy, achieving, involved, and safe and respected in their home and communities. There is an agreed acceptance of the importance of the early years and a need for early intervention.

However, there is a sense that while the three smaller nations continue to commit to the early years programme through rhetoric, policy, legislation and, most importantly, financial commitment, there is concern that in England the same level of commitment may not be fulfilled by the Coalition Government due to the severity of budget cuts. Nor can developments in children's policy be seen in isolation of the wider UK-wide reforms to the welfare and health systems planned for 2013.

The Coalition Government has introduced changes to the welfare system through the Welfare Reform Act 2012. The new Universal Credit will be a new single payment for people who are looking for work or on a low income, and will be implemented between 2013 and 2017. From April 2013, the Government will introduce, through housing benefit, a cap on the total amount of benefit that working-age people can receive so that households on out of work benefits will no longer receive more in welfare payments than the average weekly wage for working households.

The provisions in the Health and Social Care Act 2012 puts clinicians in charge of shaping services, enabling NHS funding to be spent more effectively. However, the impact of these changes on families with complex needs is unclear. Concerns have been voiced about how the NHS will contribute to other specific recommendations from the Munro Review, including those on early help, early intervention and safeguarding in general.

### Impact on families

In 2012, Action for Children, the NSPCC and The Children's Society commissioned a study to consider the impact changes to the tax and benefit system, as well as welfare reforms, will have on families, particularly vulnerable families (Reed, 2012). As part of calculating the number of children and families, who may be considered vulnerable, Reed (2012, p.4) took several factors into account:

- ▶ Worklessness – no parent in the family is in work;
- ▶ Housing – the family lives in poor quality and/or overcrowded housing;
- ▶ Qualifications – no parent in the family has any academic or vocational qualifications;
- ▶ Mental health – the mother has mental health problems;
- ▶ Illness/disability – at least one parent has a limiting long-standing illness, disability or infirmity;
- ▶ Low income – the family has low income (below 60% of the median); and
- ▶ Material deprivation – the family cannot afford a number of food and clothing items.

These are an almost identical set of indicators or factors present in the lives of many children experiencing neglect as identified in a review of literature on neglected children by Daniel, Taylor and Scott (2009). Living with any number of these factors does not mean a child is being neglected. However, the more factors present in a child's life does increase the likelihood of neglect – it is the accumulation of stress factors that is most corrosive.

Reed found that the changes to the tax and benefit systems will disproportionately hit the most vulnerable families. Overall, the negative impact is perversely greater for families with more vulnerabilities, particularly affecting families with four or more vulnerabilities present in their lives. Moreover, these families may depend more on public services than other families, and their children are likely to be more affected by cuts to provision as they will accumulate further problems.

The wider reforms are of greater concern to children living in neglectful situations. Policies aimed specifically at early help and early intervention are absolutely essential to support children, however, the current economic climate coupled with wider national reforms in health and welfare are unlikely to improve the situation for many children and may have the impact of worsening a difficult home life. The numbers of families in difficulties are likely to increase with demands on services which are subject to huge cuts. The suspected withdrawal of prevention services to preserve protection services, changes in housing benefit which may result in reduced financial support and the possibility of families needing to move due to over-capacity, and a universal credit system paid direct to adults could result in more children suffering greater degrees of neglect in increased isolation.

### Policy differences across nations and what can be learned

In Wales, Scotland and Northern Ireland there seems to be a degree of consistency, with national policy and practice frameworks in place, although there are local variations in the ways in which they are implemented in practice. There is a sense that there is political desire for consolidation.

The situation in England reflects a less cohesive picture characterised by policy churn and a constant drive for change. It may be that a period of policy and practice stability would enable developments, such as those recommended by the Munro Review, to become established and have a chance to take effect.

## What would help neglected children: next steps

### Understand the scale of the problem

The problem of data collection and definitions are evidently intertwined. Each nation has a formal ‘headline’ definition that has been designed primarily for guidance within protective proceedings. There is agreement among professionals on such definitions and within these confines neglect remains the most common category for children being made subject to a child protection plan.

However, there is a spectrum running from what might be formally identified as ‘neglect’ to circumstances that might be considered less than adequate parental care. The latter circumstances may not always be defined as formal ‘neglect’ but still represent levels of unmet need that meet broader definitions of neglect. These kinds of circumstances are labelled in different ways in different places, such as ‘child in need’ or ‘family support’. Neither local authorities nor national governments have consistent systems to collect figures about how many children are experiencing these levels of unmet need. What is important to note is that the levels of unmet need associated with an ‘in need’ label, while not always immediately life threatening can pose extremely high risk of longer term, very poor outcomes.

Statistics will never show the full picture because there will always be children who do not appear on official lists because their unmet need has not been formally recorded by any agency. Nonetheless, there are key indicators about which data could be more systematically collected, for example, local information about the potential numbers of children affected by parental substance misuse, mental health problems or domestic abuse. There is also the potential for more data linkage and sharing between health services and local authorities to provide a more rounded picture of children’s developmental well-being (McGhee et al. 2011).

Despite some national and local moves to try to overcome this, we are a long way from establishing a systematic approach to capturing the spectrum of need either at the level of each UK nation or across the UK as a whole. Without this information it will remain impossible to plan local services that best address the needs of children.

### Improve public knowledge

The prevalence of unmet need means that it is not surprising that so many people in the general public have encountered potentially neglected children.

It is encouraging that the general public remain concerned about neglected children and prepared to raise concerns. It is also encouraging that confidence in professionals is reasonably high.

Unfortunately, there remain real issues about lack of information and, in particular, about routes for referral. In Scotland, the WithScotland (2012) website recently incorporated a page with information for the public about child protection, funded by the Scottish Government. This includes general information about what to do if you have a concern and links to useful websites with information aimed at adults, and also children and young people. The website also provides the facility of reporting concerns about a child direct to the relevant council area via a postcode function.

However, although easier referral routes are likely to be helpful, it is unlikely that they will be a sufficient solution. The context of enduring public misconceptions about state safeguarding and child protection activities is also likely to contribute to a reluctance to take action. The fact that the main cited reason for not taking action is lack of ‘proof’ or ‘evidence’ suggests a dominant perception of a forensic investigative rather than primarily welfare-based system. So, it could be that the general public have fears that reporting would lead to an overly heavy-handed response. If this is the case it may well also affect the willingness of parents who are struggling to come forward for help for themselves (Thoburn, 2009).

It is evident that the public wants more information about child neglect and what to do if they have concerns. It would also be helpful to challenge misconceptions about what the public can do to help and what counts as evidence. We need to learn from the WithScotland website as this is a good example of how to meet this need and an approach that could be replicated across the UK.

### Earlier identification

High numbers of professionals in the universal services are noticing large numbers of potentially neglected children. It is encouraging that practitioners from an increasingly diverse range of professions are becoming alert to children who require additional support. There is also greater awareness of the wide-ranging effects of neglect upon all aspects of children’s development.

At the same time there is a sense of powerlessness among many professionals as to how to help – and this appears to be coupled with issues of engagement with the family. It is likely that this problem is linked with difficulties in how to gain acknowledgement from parents that there is a problem and consent from parents to involve other professionals who may be able to offer services. This is, in turn, linked with issues about the interface between universal and targeted services.

These issues indicate that more needs to be done to train and support professionals to be empowered to work in an effective and sustainable way with families and give children the early help they need.

### Realise the benefits of help by universal services

It is difficult to gauge the extent to which universal services are preventing children and families requiring more intensive help later on. It is generally believed that universal services such as health visitors and school-based staff are helping children as much as they can before referring them to social care or social services. It is difficult, though, to judge the numbers being assisted earlier because there is no systematic way of recording or collating this kind of early intervention either within education and health authorities or at a more strategic multi-disciplinary level unless the children become involved with targeted or statutory services at a later stage.

While evaluation of the impact of services does sometimes take place, it can be hard to judge whether later support would have been required if the intervention had not taken place. Although it may be possible to point to lower numbers of referrals to social care for child in need assessments or child protection procedures, it may be that these will remain at a high level because of better identification of children or increasing parental substance misuse and other factors which can lead to child neglect.

However, across all four nations, policy initiatives have emphasised early help for children and families. There has been an increased role for staff from universal services, such as health visitors and in education, which demonstrates recognition that professionals in these areas have a role to play in proactively identifying and tackling child neglect. Many examples of universal service interventions exist and sound interesting and promising in offering help to children.

There are a range of more targeted services, at a lower level this can take the form of increased intensity or an enhanced version of universal services, such as when a teacher gives a child some extra attention and time, or when a health visitor makes additional home visits. At a more intense level there are a number of services that have been specifically developed to provide services above and beyond routine services. These are staffed by a whole range of professionals in all sorts of multi-disciplinary configurations and funded in different ways. There is also the provision of individualised support from local authority family support workers or social care assistants – sometimes overseen by qualified social workers. And some families may be in receipt of more than one of these types of services. Again, the extent to which their efficacy is monitored is variable.

Schools, health professionals and other universal services do make a contribution to directly helping neglected children. However, they do not always see this as their role and may need further information to help them do perform these roles.

#### **Improve the interface between universal and targeted services**

A number of strategic developments have emerged to try and tackle the issue of the interface between universal and more targeted service; or more accurately the interface between low-level targeted support and the involvement of statutory children's social work services, and in particular more formal child protection proceedings. For example, a number of local authorities in England are using multi-agency-safeguarding-hubs, which have processes to ensure that all children and families referred to them get an offer of a service. Such strategic and systems developments could, in principle, smooth paths to help as long sufficient attention and resource is focused on ensuring that children and their families then receive specific and effective help. In some areas systems are still 'bedding down' and it will take time to judge how they are working.

There is still a need in many areas to clarify the roles and responsibilities between staff in universal services and those in children's social care in particular. We gained a picture of concern that some children fall into the gap between what universal services can do to help them and what might require the involvement of social care services. There seems to be a real challenge, still, in creating smooth pathways between different professional realms and different types of services. There is still a tendency to use the model of separate, parallel pathways of 'risk' and 'need' rather than one pathway with different stopping off-points along the way.

The tensions between services appear to be at their greatest where there are difficulties in engaging with families, where families withhold consent for a CAF and where families do not acknowledge that there are problems. Essentially, in circumstances where more intrusive action seems to be called for professionals in universal services are in a difficult position unless they can get some support or guidance from Children's Social Care. Again, this tension can be linked with the problem of definition. Universal and targeted support services can be guided by broader categories of concern based on concepts of unmet need. Formal safeguarding and protective activities, on the other hand, have to be guided by the formal operational definition of 'neglect' which offer more licence to intervene in family life.

While there are a lot of interesting initiatives and projects, a potential downside is that developments are too piecemeal, with too many different and confusing models that may make it more rather than less baffling for the children and families seeking help and those seeking help on their behalf.

It is also important to distinguish between the different services and the different professions working within them. Services provided on a universal basis, or at a prevention or early intervention stage may well benefit from the professional expertise of social workers. Similarly, highly complex

child protection investigations or long-term interventions may well involve the expertise brought from educationalists and health professionals. Overall we seem to be some way from reaching a situation where all para-professionals, professionals and services see themselves, and are seen as, being part of one holistic support network, rather than a collection of different services.

The roles of, and relationships between, universal and targeted services in identifying neglect and providing early help need to be clarified so that all involved are clear about what they can do to provide seamless, early and sustained help to children who are at risk of, or experiencing, neglect.

#### **Reduce the impact of cuts on policy aspiration**

The family policy aspirations of all four UK nations are inclined towards prevention, early intervention and effective support for all children to ensure their health and well-being. Clearly considerable human and financial resource has been dedicated to service re-structures to further these aims. However, to combat neglect, services have to support families in an intensive and long-term way (Tanner and Turney, 2003).

The much needed period of consolidation of these initiatives is in danger of being derailed by policy churn, especially in England, and across the UK by the welfare reforms which are hitting the poorest the hardest. The double impact of greater needs for services in the face of more homelessness, poverty, depression and substance misuse coupled with cuts in services bodes ill for neglected children.

Within the context of year-on-year cuts to services, policy makers should strive for a period of stability to enable developments, such as those recommended in the Munro Review, to become established and have a chance to take effect.

#### **Measuring outcomes**

The evidence is overwhelming that progress towards systematic and consistent approaches to measuring outcomes for children is still slow.

Admittedly, this can be a complex task, especially when trying to capture the effects of preventive measures or when trying to link specific service provision with specific effects. There are also differences between the kind of data that is needed to gauge the outcome for an individual child and the kind of data that is needed to evaluate the general effectiveness of a service. Because a child's development is continuous and there may be a number of key transition stages it can be misleading to use the blanket term 'outcome' because it implies an endpoint. Rather than focusing on 'outcomes' as such, it may be more productive to concentrate on collecting and collating comprehensive information about children's health and well-being at different developmental stages.

For individual children this entails the sharing of information about his or her health, education and well-being held by all involved agencies and tracking the trajectory of their development against expected developmental norms. However, the same process could be scaled up for wider service evaluations if better data collation and linkage could be developed.

There is a need for more strategic overview of the collective endeavours of all agencies and professionals on behalf of neglected children. As we found, practitioners in a range of universal settings are providing considerable levels of support – but the scale of that support is not being fully captured by information systems. There is also a significant gap in information about the views of children and families of the efficacy of these services.

## Conclusion

**This report highlights that child neglect remains a major cause for concern. It recognises the attempted shift to early help, which is a clear aspiration of policy, but systems and local structures to facilitate this shift remain inconsistent and sporadic. There are still challenges in establishing effective data collection mechanisms to capture the true scale of neglect and with embedding early intervention services in a systematic way.**

**The interface between social care services and universal services emerges as a major point of tension, most often described with the shorthand-term ‘thresholds’. This term illustrates the extent to which the different services that aim to support and protect children continue to be operated as separate services. In the majority of the UK we are still a long way from realising the vision of an overarching, seamless service that will identify and meet children’s needs across the full spectrum of concern.**

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## Appendix 1: Glossary of terms

### Children in need

Children in need are defined in English law as children who are aged under 18 and:

- ▶ need local authority services to achieve or maintain a reasonable standard of health or development
- ▶ need local authority services to prevent significant or further harm to health or development
- ▶ are disabled

The local authority must keep a register of children with disabilities in its area but does not have to keep a register of all children in need.

### Children's centres

Children's centres in England aim to support young children and their families, particularly the most disadvantaged, with the aim of reducing inequalities in child development and school readiness and improve outcomes for them and their families. The mechanism for achieving this is through supporting children's personal, social and emotional development, improving parenting aspirations and skills, providing access to good early education, and addressing family health and life chances (Tanner et al, 2012). There are local variations in who runs the centres (mainly local authority or third sector agencies) and the interventions which they make use of in order to meet their aims.

### Children and Young People's Strategic Partnerships (Northern Ireland)

The Children and Young People's Strategic Partnership was established in January 2011 to improve the wellbeing and realisation of the rights of children and young people across Northern Ireland. The Partnership is cross-sectorial consisting of the leadership of all key agencies who have responsibility for improving outcomes for children and young people including; health, social services, education, policing, housing as well

as representatives from the voluntary and community sectors.

### Common Assessment Framework (and other UK equivalents)

The Common Assessment Framework form in England and Wales, Integrated Assessment Framework in Scotland and Understanding the Needs of Children in Northern Ireland form are overarching assessment forms which enable practitioners to identify a child's or young person's needs early, assess those needs holistically, deliver coordinated services and review progress.

### Families First Initiative (Wales)

The Families First Initiative pilots innovative ways of working and best practice models in their efforts to support families. In particular, the pioneer areas seek to identify best practice and effective joined-up working between agencies including; Education, Youth Services, Police and Debt Counselling / financial advice. It aims to improve the delivery of services to families, particularly those affected by poverty, in line with the Government's Child Poverty Strategy.

### Family Intervention Projects

A national network of Family Intervention Projects (FIPs) was set up as part of the Respect Action Plan, launched in January 2006. These projects aimed to reduce anti-social behaviour (ASB) perpetrated by the most anti-social and challenging families, prevent cycles of homelessness due to ASB and to improve child outcomes. FIPs use an 'assertive' and 'persistent' style of working to challenge and support families to address the root causes of their ASB. There are different ways in which the service can be delivered: outreach support to families in their own home; support in temporary (non-secure) accommodation located in the community – the dispersed option; and 24-hour support in a residential core unit where the family live with project staff.

### Family support hubs (Northern Ireland)

A network of statutory, community and voluntary agency professionals who work directly with parents and children who do not meet the threshold for statutory social work support. The hubs aim to avoid duplication of work and improve coordination of service delivery to individual families.

### Forensic investigative approach

This term is often used as shorthand to describe the perception that child protection and safeguarding activity is driven by what is, really, only one aspect of the protective system – namely the enquiry and investigative duties of local authorities and the police. Under s47 of the Children Act (1989) English legislation, for example, where a local authority:

- (b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

The Police also has duties to investigate whether a crime has been committed against a child. Procedures have developed to allow for joint local authority enquiries and police investigations where the process of collecting evidence of crime and information for assessments is combined. Often the process involves a joint police and social work interview of the child. To many it can appear as if 'child protection' is equated with this aspect, and that much resource is drawn into it, whereas child protection more broadly can encompass a whole range of activities, underpinned by a range of relevant legislation.

### Gateway teams (Northern Ireland)

The Gateway Service Teams were set up in all the five Health and Social Care Trusts to receive referrals which constitute as requests for assessment and assistance, because of concern about the safety, welfare and well-being of children. Social workers undertake Initial Assessments and, as appropriate, undertake short-term interventions with a family, refer them on to the Family Intervention Team or convene the Initial Case Conference if a child protection referral is required.

### Getting it Right for Every Child (GIRFEC) Framework (Scotland)

This is a national, multi-agency approach to working with children in Scotland. Close collaboration between universal and social work services at local level and through multi-agency groups assists the process of identifying children who need support and enables this to be given by staff in universal services themselves or by agencies working together if required.

### Graded Care Profile

The Graded Care Profile (GCP) was developed by Drs. Polnay and Srivastava as a practical tool to give an objective measure of the care of children across all areas of need. It can be used to improve understanding about the level of concern for a child and to target areas of work as it highlights areas of greater risk of poorer outcomes. It is a descriptive scale and its grades indicate quality of care and are recorded using the same one to five scale in all areas. Instead of giving a diagnosis of neglect it defines the care showing both strengths and weaknesses.

### **Integrated Children's Services (Scotland)**

The integration of services, such as education, health, social work and the Police, initially for more vulnerable children but increasingly for all, began in Scotland in 1995, when the Children (Scotland) Act required local councils to consult and cooperate with other statutory and voluntary agencies in drawing up Children's Services Plans to identify and support children's needs. In the late 1990s a Social Inclusion Strategy provided the policy framework for the further integration of children services. The policy is on-going and taken a number of forms in relation to local authority structures since it was first articulated as an aim.

### **Local Safeguarding Children Boards (LSCBs, England and Wales)**

LSCBs are the statutory bodies responsible for protecting children and young people from significant harm and for promoting their welfare. Working in partnership with a range of agencies and organisations, they support the effective implementation of national legislation and guidance which aims to protect and safeguard all children and young people.

### **Multi-agency groups**

These consist of professional staff from agencies working with children, and sometimes adults, and usually include services, education services and third sector agencies. These groups foster collaborative working relationships and ensure that all appropriate disciplines are involved in progressing the aims of the group, whatever they might be.

### **Safety in Partnership approach (Northern Ireland)**

The Safety in Partnership model is a solution-focused framework to enable children to remain at home. The model promotes working closely with children, families and their social networks to build on their strengths, identifying key people the children can contact

if they have any worries. Safety plans also identify people who can assist the parents and monitor the child's safety.

### **Section 24 support (and other UK equivalents)**

This refers to the section in the Children Act (1989) which enables local authorities in England and Wales to provide advice and assistance to families in need of support. In Scotland this is known as section 12 support (Children [Scotland] Act 1995) and in Northern Ireland stems from section 18 of the Children (Northern Ireland) Order 1995.

### **Step up and step down approach**

'Step up' and 'step down' means that families can be provided with more formal and/or intensive types of help if required but can also access informal, that is non-statutory, help if their support needs reduce, without going back to the beginning of a referral process.

### **Team Around the Child (TAC)**

TAC is a model of multi-agency service provision that brings together a range of different practitioners from across the children and young people's workforce to support an individual child or young person and their family. The members of the TAC develop and deliver a package of solution-focused support to meet the needs identified through the common assessment.

### **Team Around the Family**

Where a multi-agency response is identified from the CAF assessment, a Team Around the Family brings together relevant practitioners with the young person, child or family to address unmet needs. The Team Around the Family work together to plan co-ordinated support from agencies to address problems in a holistic way through an agreed written support plan which clarifies each team member's responsibilities.

### **Third sector agencies**

This term is used interchangeably with voluntary, charity or non-statutory sector and encompasses organisations which are neither public nor private sector. They are usually not-for-profit providers of services and often campaigning and community-based agencies.

### **Thresholds system**

This term is often used as a shorthand to denote the perception that, in a context of scarce resources, children's social care, in particular, ration those resources by using some form of threshold. The perception is that resources are not available to support children and families at an early stage of need, but rather are reserved for situations where there is considered to be a high risk of harm. Some services operate with specific 'eligibility criteria' but more often there is a lack of clarity about how access to resources can be triggered.

### **Troubled Families Initiative**

The Government has identified 120,000 families in England who have long-standing problems which can lead to their children repeating the cycle of disadvantage. These may include child protection issues and school exclusions, domestic violence, relationship breakdown, mental and physical health problems and isolation. The Government has put in resources to incentivise and encourage local authorities and their partners to develop new ways of working with families, which focus on lasting change.

## Appendix 2: Review methodology

The three review questions were:

- ▶ How many children are currently experiencing neglect in the UK?
- ▶ How good are we at recognising children who are at risk of, or are experiencing neglect (recognition)?
- ▶ How well are we helping children at risk of, or currently experiencing neglect (response)?

The second review focused particularly on the ways in which universal services respond to children and whether universal, targeted and social care services are working together in ways which offer effective help to them. They were addressed with four types of data collection undertaken between June and October 2012 across the UK.

### Statistics collation

Published current statistics relating to child neglect from each nation in the UK were collated in order to produce figures for recorded incidence of neglect. Statistics relating to the broad definition of children with unmet needs and factors associated with neglect were collated in order to extrapolate prevalence figures. Some of these figures were not easily accessible, but where possible we looked for statistics to illuminate the level of neglect as broadly defined, and identified gaps in available information.

### Survey

More detailed data was collected on a local authority basis by means of a survey administered across the four UK nations. The survey aimed to shed light on the prevalence of neglect as defined more broadly in relation to unmet developmental needs and to gather information about provision of services. The survey was in two parts, the first focused on prevalence and recognition and the second on response. It contained a mix of open and closed questions.

In relation to prevalence the survey asked for information on definitions, referral pathways, inter-agency working and statistics on those formally identified as neglected and from any other available data. In relation to response it asked about nature and type of services, referral pathways and access from different professions, resources and any anticipated cuts or changes. We also asked about the role of universal services and the ways in which they are able to provide early help for families.

The survey was sent to 140 LSCBs, Child Protection Committee areas (Scotland) or Health Boards (Northern Ireland) with a request to take part in a telephone-based interview or to return the survey electronically. There were 27 completed responses of which 12 took part in a telephone interview and 15 were returned electronically. This was half the number which responded last year. It included one response from a national third sector agency in Scotland who asked to be included. Of the 27 areas which provided a response, 17 responded to last year's survey.

Very few areas were able to provide full statistical information, although five areas provided partial information and most reported on the ways in which they are or would be able to collect this. The majority of the other questions on the surveys were completed, with most respondents giving concise answers, a small minority giving one word or no answer to some questions and some giving very full and detailed answers.

The statistical information from all the surveys was collated and scrutinised in the context of the wider statistics collation. The open-ended responses were grouped and analysed by country (the four UK nations) and in relation to the main research questions and emerging sub-themes within these. Commonalities and particular points of interest were then highlighted, as it was not possible to include all the detailed information.

### Focus groups

In three of the local authorities the telephone survey was followed up with on-site focus groups conducted by two members of the reviewing team. The aim of the focus groups was to gather more in-depth information about recognition and response in relation to neglect, with a particular focus on the role of universal services.

The focus groups were organised by a key contact within each area who contacted participants and arranged the practical details of each group. Participants were sent guiding questions and topics in advance.

Two of the three areas hosted four focus groups and the third area hosted three groups, which were held on one day in each area. In each of the three areas the total number of participants was 20, 21 and 22 respectively, giving a total of 63. All of the groups comprised a mix of staff from a wide range of agencies including those from children's services, third sector agencies, the police, housing, education and health. In general the groups broadly comprised professional staff who worked with children within specific age groups. In most areas this equated to an 'early years' group (midwives, health visitors, children's centre staff), a primary school group (teachers, social workers, social care staff and support staff) and a secondary school/teenage group (teachers, social care staff, youth workers and youth offending team staff). In all three areas there was also a group of strategic staff at management level. Third sector agency staff were well represented, including a representative from Soldiers, Sailors, Airmen and Families Association Forces Help (SSAFA).

The large number of participants reflects the widespread interest in the topic of child neglect across agencies. For the most part, participants were keen to take part and engaged fully in the discussions. Some areas fed back to us the usefulness of the discussions which took place. Where possible, focus groups were recorded and detailed

notes were also taken. The discussions were analysed in depth to look for emerging themes in the same way as the qualitative information from the survey, described above.

### Polls

A series of polls were commissioned for the review from YouGov. The polls used similar methodology and followed up from previous polls commissioned by Action for Children which can be found at [actionforchildren.org.uk/policy-research/policy-priorities/child-neglect](http://actionforchildren.org.uk/policy-research/policy-priorities/child-neglect)

There were two elements – an online survey of UK general population adults which yielded a response from 3,263 adults and a survey of professions which yielded responses from:

- ▶ Primary School staff n=1,248
- ▶ Pre-school - Nursery staff n=181
- ▶ Health Professionals n=379
- ▶ Social workers n=196
- ▶ Police officers n=200

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 of professionals in universal services sought views about their respective roles and responsibilities towards neglected children and about the perceived efficacy of the responses on offer and barriers to effective response. It repeated some questions from the previous polls undertaken in 2009 and 2011.

Child protection professionals such as social workers and police officers were asked about the nature and quality of their responses to neglected children and about barriers to an effective response.

YouGov provided the review team with both the raw data and an analysis for the project. The analysis included comparisons with the previous polls undertaken in 2009 and 2011.

## Appendix 3: Statistical overview for each UK nation

### England

- There were 615,000 referrals to children's social care services in the year ending 31 March 2011.
- There were 439,800 initial assessments completed in the year ending 31 March 2011, which was 71.5% of all referrals.
- There were 185,400 core assessments completed in the year ending 31 March 2011, or 42.2% of initial assessments.
- The number of children subject to a section 47 enquiry which started in the 2010-11 year was 111,700. Of these, 53,000 (47.5 per cent) were subject to an initial stage child protection conference.
- At 31 March 2011, there were 42,700 (an increase of 3,600 from 2010) children who were the subject of a child protection plan; 38 per 10,000 population aged under 18:

- The initial category of abuse was as follows (n = 42,690):

Neglect	18,590 (44%)
Emotional abuse	11,420 (27%)
Physical abuse	4,820 (11%)
Multiple	5,490 (13%)
Sexual abuse	2,370 (6%)

(source: Department for Education (2011) Table 5: Number of children who were the subject of a Child Protection Plan, by age, gender and initial category of abuse. Year at 31 March 2011)

- The age and gender of children (n = 41,950) who were the subject of a child protection plan was as follows:

0-4 (male)	9,340 (22%)
0-4 (female)	8,620 (21%)
5-9 (male)	6,110 (15%)
5-9 (female)	5,840 (14%)
10-15 (male)	5,520 (13%)
10-15 (female)	5,360 (13%)
16 & over (male)	430 (1%)
16 & over (female)	580 (1%)
Unknown age	20 (0%)

(source: Department for Education (2011) Table 5: Number of children who were the subject of a Child Protection Plan, by age, gender and initial category of abuse. Year at 31 March 2011)

- The ethnicity of children (n = 42,710) placed who were the subject of a child protection plan was as follows:

White	32,820 (77%)
Mixed ethnicity	3,240 (8%)
Asian or Asian British	2,280 (5%)
Black or Black British	2,310 (5%)
Other ethnic background	530 (1%)
Not disclosed/not known	1,530 (4%)

(source: Department for Education (2011) Table 22: Number of children who were the subject of a Child Protection Plan by ethnicity. Year at 31 March 2011)

### Scotland

- At year ending 31 July 2011, there were 5,235 initial or pre-birth case conferences.
- At year ending 31 July 2011, 74% of case conferences resulted in the child being placed on the local child protection register.
- At 31 July 2011, there were 2,571 children on the child protection register, an increase of 2 per cent compared with 31 March 2010 and 25 per 10,000 population aged under 18:

- The initial category of abuse/risk was as follows:

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

- \* represent small numbers that are suppressed to maintain confidentiality

(source: Scottish Government (2012) Table 7: Number of children on Child Protection Registers: 31 March 2007-2010 and 31 July 2011 by category of abuse/risk identified, ethnic group, disability status and religion)

- The age and gender of children (n = 2,491) placed on the child protection register was as follows:

0-4 (male)	647 (25%)
0-4 (female)	630 (25%)
5-10 (male)	428 (17%)
5-10 (female)	375 (15%)
11-15 (male)	205 (8%)
11-15 (female)	194 (8%)
16 & over (male)	2 (0%)
16 & over (female)	10 (0%)

- \* represent small numbers that are suppressed to maintain confidentiality

(source: Scottish Government (2012) Table 7: Number of children on Child Protection Registers: 31 March 2007-2010 and 31 July 2011 by category of abuse/risk identified, ethnic group, disability status and religion)

The revised National Guidance for Child Protection in Scotland, published by the Scottish Government on 13 December 2010, asks local authorities to record risks/concerns rather than a main category of abuse. As a result of this, there has been a slight increase in the number of 'Unknowns' recorded in the main category of abuse as local authorities migrate to the new recording requirements.

- The ethnicity of children placed on the child protection register was as follows:

White	2,097 (82%)
Mixed or multiple ethnicity	36 (1%)
Asian, Asian Scottish or Asian British	35 (1%)
African, Caribbean or Black	11 (0%)
Other ethnic background	20 (1%)
Not disclosed/not known	370 (14%)

(source: Scottish Government (2012) Table 7: Number of children on Child Protection Registers: 31 March 2007-2010 and 31 July 2011 by category of abuse/risk identified, ethnic group, disability status and religion)

**Wales**

- There were 47,600 referrals to children’s social care services in the year ending 31 March 2011.
- There were 24,500 initial assessments completed in the year ending 31 March 2011, which was 51.5% of all referrals.
- There were 8,853 core assessments completed in the year ending 31 March 2011, or 36% of initial assessments.
- There were 2,900 children (including unborn children) on child protection registers at 31 March 2011. This was an increase of 6 per cent compared with 31 March 2010 and represents 46 per 10,000 population aged under 18:

The category of abuse (n = 2880) was as follows:

Neglect (only)	1,265	(44%)
Physical abuse (only)	375	(13%)
Sexual abuse (only)	155	(5%)
Emotional abuse (only)	890	(31%)
Neglect, physical abuse and sexual abuse	10	(0%)
Neglect and physical abuse	125	(3%)
Neglect and sexual abuse	50	(2%)
Physical abuse and sexual abuse	20	(1%)

(source: Welsh Government (2011c) Table 1: Number of children on child protection registers and rate per 10,000 population, by category of abuse, at 31 March 2011)

The age and gender of children (n = 2,880) placed on the child protection register was as follows:

0-4 (male)	690	(24%)
0-4 (female)	600	(21%)
5-9 (male)	395	(14%)
5-9 (female)	300	(11%)
10-15 (male)	380	(13%)
10-15 (female)	375	(13%)
16-18 (male)	30	(1%)
16-18 (female)	30	(1%)

(source: Welsh Government (2011d) Table 2: Number of children on child protection registers by category of abuse and age at 31 March 2011)

**Northern Ireland**

- There were 603,700 child in need referrals to children’s social care services in the year ending 31 March 2010.
- At 31 March 2011, there were 2,401 children on Child Protection Registers. This was an increase of 2 per cent compared with 31 March 2010 and represents 56 per 10,000 population aged under 18:

The category of abuse (n = 2,401) was as follows:

Neglect (only)	654	(27%)
Physical abuse (only)	675	(28%)
Sexual abuse (only)	227	(9%)
Emotional abuse (only)	295	(12%)
Neglect, physical abuse and sexual abuse	28	(1%)
Neglect and physical abuse	391	(16%)
Neglect and sexual abuse	58	(2%)
Physical abuse and sexual abuse	73	(3%)

(source: DHSSPSNI (2011) Table 1.4: Composition of the Child Protection Register by age and gender at 31 March 2011)

The age and gender of children (n = 2,401) placed on the child protection register was as follows:

0-4 (male)	428	(18%)
0-4 (female)	420	(18%)
5-11 (male)	449	(19%)
5-11 (female)	423	(18%)
12-15 (male)	247	(10%)
12-15 (female)	282	(12%)
16 & over (male)	66	(3%)
16 & over (female)	86	(4%)

(source: DHSSPSNI (2011) Table 1.2: Composition of the Child Protection Register by category of abuse at 31 March 2011)



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