

Child neglect in 2011

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

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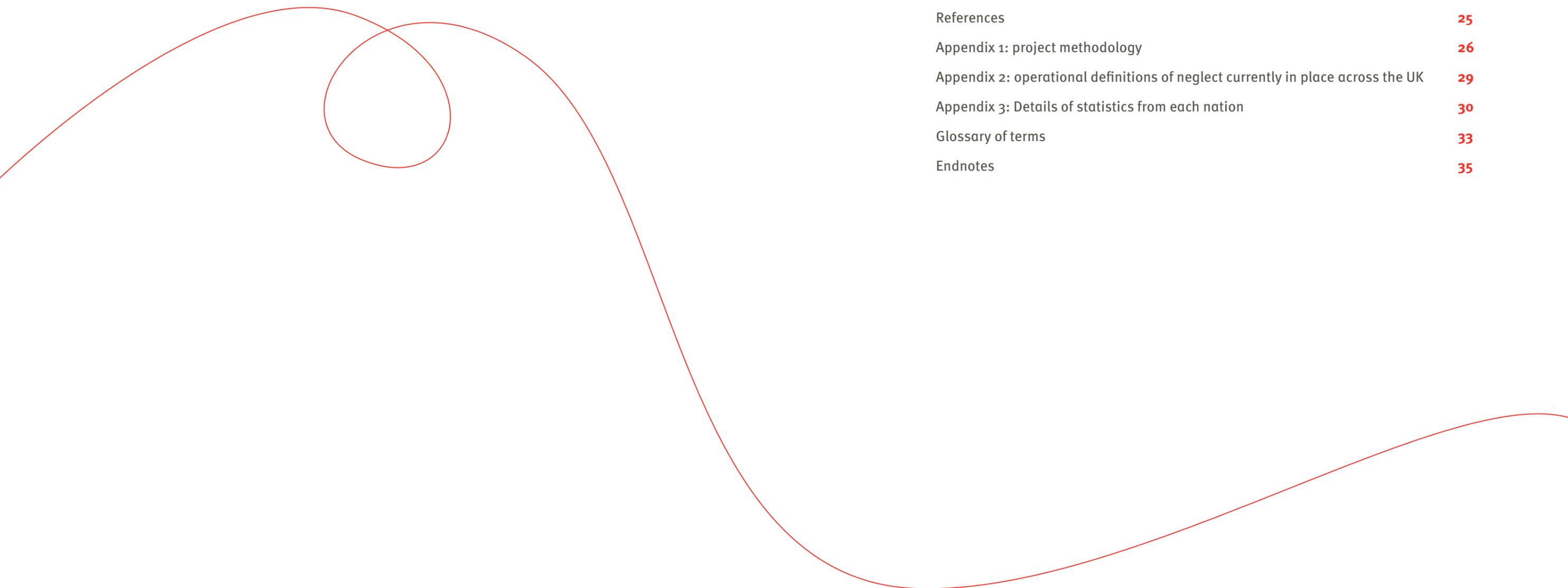
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Published January 2012

neglect



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Why neglect matters

Child neglect is the most pervasive form of child abuse in the UK today. It robs children of the childhood they deserve and leaves broken families, dashed aspirations and misery in its wake. 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.

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

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

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

Of all forms of maltreatment, neglect leads to some of the most profound negative and long-term effects on brain and other physical development, behaviour, educational achievement and emotional wellbeing. Neglect is also associated with children being looked after by the local authority and the recent statistics for England show that 52 per cent of all children who started to be looked after in the year ending 31 March 2010 first engaged with social care services because of abuse or neglect; an increase from 47 per cent in 2006.¹ The majority of these children were in foster care.

Neglect is not only damaging in early years, its effects in teenage years are often overlooked (Stein et al 2009). For some children neglect is so profound that they starve to death or die because of accidents associated with lack of supervision. And yet neglect appears to pose real challenges for researchers, theoreticians and national and local policy-makers.

The simple and stark reality for children whose needs are not being met is that life is pretty miserable. Whilst the effects on children can be quite simply described, the explanations as to why neglect is so prevalent are more complicated. To obtain a rounded picture of the causes of neglect it is important to consider different influences including those relating to the individual child, the family, the wider community and the social structures. This approach is especially important for neglect because there are many factors which can contribute, including socio-economic deprivation and parental factors. Most people living in poverty do not neglect their children, but it adds huge additional stresses which can be very damaging when people are also struggling with issues such as substance misuse, domestic abuse and mental health problems. People's own past experiences of maltreatment can also impact on their parenting. Therefore, responses to neglect need to take account of individual, family, social and structural factors affecting development, the relationship histories of parents and the quality of children's early attachments (Brandon et al 2008). It is not surprising that there are no simple answers.

Neglect tends to attract less public attention than child sexual abuse, physical abuse and online exploitation.

Our research shows the safeguarding and child protection systems across the UK are struggling to provide an effective and swift response to neglected children.

All too often children have to endure chronic lack of physical and emotional care over long periods of time before they receive help. And too often that help is too little, too late. The systems we have developed in the UK can actually get in the way of neglected children getting help promptly. Practitioners such as teachers and health visitors find it difficult to get a response to their concerns from children's social care and social workers find that they are caught up in a lot of procedural issues. All are in danger of losing sight of the child. Key to effective help for children is that their plight is spotted early and that something is done quickly to help them.

This report sets out the findings of the first annual review undertaken by Action for Children and the University of Stirling with the aim of establishing a baseline of the current situation for neglected children across the UK.

Although much good work takes place in pockets across the country, there is an urgent need for a far more concerted and consistent approach to helping neglected children. Our study has revealed significant changes to our understanding and response to neglect in the UK. While awareness of neglect is increasing, we now face the stark reality that the majority of social workers feel powerless to help. The critical challenge across the UK now is to galvanise an effective, integrated and early response to neglected children.

The annual review process

Our comprehensive review is the first of a series of annual reviews that will gauge the current situation with regard to neglect and monitor the effects of changes in national and local policy and practice.

The key questions underlying this project 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?

Between March and August 2011 we gathered evidence in a range of ways. The full details can be seen in appendix 1, but in summary:

- ▶ We collated published statistics from across the UK to record incidence of neglect. Information was gathered about children ‘officially’ recognised as neglected as well as any available information about children affected by parental substance misuse, domestic abuse and mental health problems. Any gaps in information were also noted. Statistics collated by international bodies such as WHO and UNICEF were also scrutinised.
- ▶ We analysed policy developments across the four nations of the UK with a view to exploring 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 35 local authorities (boards in Northern Ireland) and completed via email in a further 12 local authorities across the UK. The survey asked about the ways

in which children with unmet needs could come to the attention of someone in a position to help and the nature and funding security of the services for children and their families.

- ▶ In-depth, on-site focus groups were undertaken in six areas across the UK. These allowed us to gather more in-depth information about prevalence, recognition and response in relation to neglect.
- ▶ 2062 adults in the general public responded to an online poll² and gave us their views about awareness of child neglect and its various manifestations, what they knew about how to obtain help for neglected children and whether they would be confident to report concerns if they had them.
- ▶ A total of 2,174 professionals responded to an online poll – 1,177 primary school staff, 140 pre-school/nursery staff and 329 health professionals gave their views about their roles and responsibilities towards neglected children and how effective they perceived services to be in helping them. 282 social workers and 246 police officers gave their views about the nature and quality of their responses to neglected children and about barriers to effective responses.³
- ▶ The poll findings from 2011 were also compared with similar polls commissioned by Action for Children that were completed in 2009 to see if there had been any changes.⁴

Do we know how many children currently experience neglect in the UK?

Neglect is the most common category for children being made subject to a child protection plan. But neither local authorities nor national governments know how many children are experiencing neglect.

It is currently impossible to know with precision how widespread child neglect really is. However, an extensive study published in 2011 presents new research findings on child maltreatment in the UK (Radford et al 2011).⁵ This study follows up a similar study undertaken in 1998. Both tried to gain a greater understanding of the prevalence and impact of severe maltreatment within the UK population. In terms of neglect, the research published in 2011 concluded that there was little change in reported lack of care across the two samples. Around 10 per cent in each study reported at least one problem or difficulties in parental care, and just under two per cent reported multiple regular difficulties in parental care.

There is not one consistent definition of neglect across the UK. The four nations of the UK each have an operational description of neglect that is used within child protection and safeguarding procedures – these are shown in appendix 2. In this review we take broader definition of neglect as our starting point rather than focusing only on the far smaller number of children subject to child protection plans or registrations. This is because we wanted to find out more about the extent to which early signs of neglect are picked up and acted upon – without early action children suffer unnecessarily. The starting point, therefore, was consideration of children with unmet developmental needs.

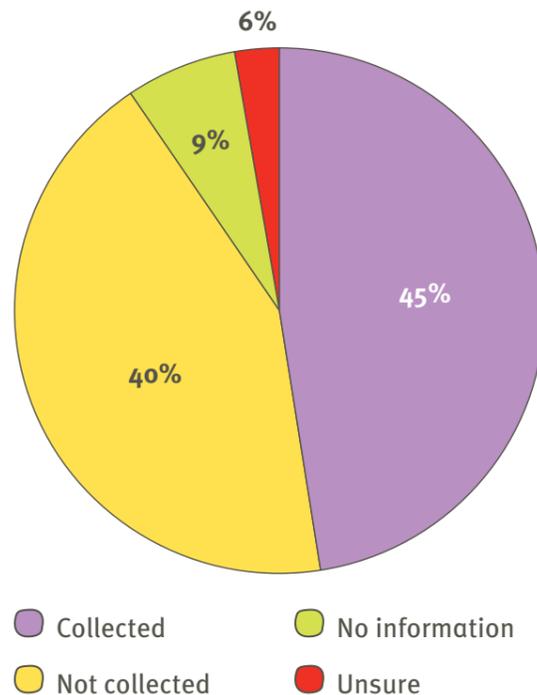
Finding out how many children experience neglect is not straightforward. Statistical information from England helpfully identifies the number of children in need referred to children’s social care and categorises the primary need at initial assessment. Overwhelmingly 39 per cent of cases recorded abuse or neglect as the primary need, but the statistics do not disaggregate

abuse from neglect. Family dysfunction accounted for 16 per cent of cases, a child’s disability or illness accounted for 12 per cent and families in acute stress was identified as the primary need code in 10 per cent of cases (Department for Education 2010).

All parts of the UK collect statistics on child protection and record some information about those experiencing neglect (for more details about available statistics, see appendix 3). The statistics can really only tell us about the tip of the iceberg, but even that is large and concerning. We know that neglect is the most common initial category of those made subject to a child protection plan, or reason for registration. The total number of children registered across the four UK nations citing neglect as the primary or a contributory reason ranged from 50 per cent (Northern Ireland 2010) to 46 per cent (England 2011) with Scotland and Wales just below the English figures.

Of the 47 areas surveyed, 21 responded that data about the prevalence of neglect, other than the required data on children subject to child protection plans (or registration in Scotland), was collected in some form, for example by way of referral information or children in need plans, where these are used. Nineteen areas did not collect this data, three respondents were unsure and there was no information from the other four. When asked to provide figures obtained from these sources, all 21 areas provided statistics about the prevalence of neglect, although the majority of the responses were based on the official child protection figures rather than wider measures from other sources, the explanation from some areas being that a total figure was not readily accessible.

Showing areas collecting statistics over and above child protection register statistics.
Results from telephone survey:



Child protection statistics

The ways this ‘tip of the iceberg’ data is collected differ across the UK.⁶ Similar information is gathered across the UK but there are a number of subtle and not so subtle variations. Differences across devolved nations are not necessarily a problem, and indeed they can allow for cross-fertilisation of new ideas. However, it does create difficulties and limitations when comparing data across the four jurisdictions.

There is also an issue of accuracy. All four nations express varying levels of confidence about the accuracy of detailed information (Department for Education 2010) and concerns about how information is interpreted by individual authorities:

‘It should be noted that different local authorities may classify child protection

referrals differently. For example, some local authorities start the referral process at a different point and some local authorities do not include unborn children. As a result of these differences, comparisons across years and across local authorities should be made with caution (Scottish Government 2010 p. 7).’

This is also an issue reflected locally, as we found from our survey. Information about why children are referred for help is recorded in a range of ways and for different purposes across each local area. In some areas there is lack of clarity about what statistical information is collected by services involved with children other than social care services. In England, many areas extrapolate figures from completed common assessment framework forms, although neglect may not always be identified as a specific reason for the assessment. In Northern Ireland, one area collects information about the numbers of children in receipt of family support services and in Wales one area is mapping the number of vulnerable families using ‘Think Family’⁷ research indicators (Department for Children, Schools and Families 2009). Scottish local authorities and child protection committees collect figures in several ways. If analysed locally, these may give some indications about the numbers of children affected by neglect, but they create confusion for scaling up to establish the national picture.

A further confusion arises because information is published for different time periods and for different groups of children. For example, information published in England includes any child referred to children’s social care services within the year and cases open at 1 April. In Wales, data is collected annually regarding the number of children on child protection registers on one day, namely 31 March. Information about the names added to or removed from a register during the previous 12 months is also gathered. Scottish authorities, however, return data on child protection referrals only

and about the number of children who had a child protection referral as well as the total number of child protection referrals and the total number of children these involved. Northern Ireland publishes data on both the number of child protection referrals through its quarterly bulletin and children in need more broadly through its annual publication on trends. Our survey confirmed that this was a local challenge because time periods often vary between annual, monthly and quarterly.

Our survey confirmed these variations. Each area collects information in different ways, for example, collection may be based on levels of need and risk rather than types of abuse (including neglect). An insight into other potential factors was hinted at by one respondent who explained that ‘emotional harm’ is often used as a category for registration rather than ‘neglect’ because of the anger the term ‘neglect’ can provoke in parents attending child protection case conferences. In some instances, the boundaries between different categories of abuse can be difficult to define and one rather than another may be used as a ‘catch-all’. Focus group discussions confirmed that a number of more subtle factors like this can affect the ‘labelling’ of concerns. Many practitioners across agencies reported that data collection systems are improving, although some felt that co-ordination of information across services could be more effective. This is not just about different areas but about different practitioners. This variation is also affected by the extent to which judgements about neglect can be so subjective and variable – people can have very different views about what constitutes good enough parenting.

Children’s experience of neglect beyond the reported statistics

Even if they were completely accurate, the reported statistics, in any event, underestimate the reality of children’s experience because many neglected

children do not end up on official ‘lists’. Statistics may give an indication of the extent of the problem of reported neglect, but do not tell us how many children in the community are being neglected (Lamont 2011). Prevalence studies suggest that up to 10 per cent of all children have experienced neglect (Redford et al 2010).

Because we know that neglect is so often associated with parental mental health problems, substance misuse and domestic abuse, we asked in our survey whether information is recorded locally about the children of parents who come to the attention of adult services. In most areas this is not readily available or routinely collected. One area in Scotland provided some data made available by adult services, one area in Wales reported on the system in place in relation to domestic abuse and one area in Northern Ireland reported on a regional project to look at statistical collection between adult mental health and child care services. But these were the exception rather than the norm.

Our research indicates that perhaps a new, more accurate model is required that includes numbers of children coming to the attention of all agencies, including adult-focused services. Some respondents saw a need to develop this type of data collection; others were already trying to do so. The information would need to be collated, perhaps by the local council or equivalent across the UK and gathered into a better national picture.

Information about local needs is the bedrock of effective commissioning, and without a specific focus on the identification and recording of local data, we cannot hope to know that local services are making a difference. National governments must play a part in making this happen and must use the data to inform national policies.

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

There are signs that we are getting better at recognising child neglect, but the public are uncertain what to do and professionals often feel powerless to help.

Communities

The people who may be in the best position to notice early signs of neglect are members of the child's community. And indeed, 52 per cent of the members of the public polled said they have worried about the welfare or safety of a child they know, or who is living in their area. This figure has increased by eight per cent since 2009, which suggests either there is more neglect, more people are aware of it, or both.

Ninety-four per cent of the respondents said that people should become involved if they had concerns about neglect, but of those who had been worried about a child only 62 per cent felt worried enough to tell someone about their concerns. Those who had spoken to someone else tended to speak to partners or family, only 26 per cent turned to social services and 19 per cent to the police.

Unfortunately many people don't report children they are worried about to anyone. Interestingly, this is not because they are afraid of repercussions or feel that it is not their business (as reported in 2009), rather because of concerns about:

- ▶ lack of evidence
- ▶ uncertainty about whether neglect is actually occurring

An optimistic message is that more people are confident that professionals would respond adequately to concerns they may have over a neglected child than are not confident. Social work services or the police are seen as the main professional contact point in theory.

It is encouraging that the general public is potentially willing to obtain help for

neglected children, but it is concerning that a lack of certainty is holding them back. Thirty-seven per cent would like more information about who to contact when concerned. This is a significant increase from the 23 per cent recorded in 2009. This would suggest the need for greater public information and encouragement to act on all concerns, even if uncertain.

Professionals

Of the staff that we spoke to in universal services (primary school teachers, pre-school and nursery staff and health professionals) 81 per cent have come across children they suspect have been neglected. This is attributed to parenting skills getting worse, problems being passed from one generation to the next and more family breakdown. Greater deprivation in the community and reduced family finance are also seen as significant.

There seems to be a good understanding of the signs and effects of neglect. The majority of professionals continue to believe that emotional or mental health problems and poor social skills are the top two issues that a neglected child is likely to experience.

Focus group participants said that over the last two or three years practitioners have become increasingly aware of neglect and are also more likely to make referrals to social care and social work services. Some said this rise was because of the fear of the consequences of not referring children, even when concerns are hard to evidence. In particular there has been a rise in the identification of neglect in primary schools – again this could be due to better recognition, increasing neglect or both.

'Although neglect is less clear-cut than other forms of abuse there is more awareness than there was and earlier identification. Staff from agencies, such as housing, know what to look for when they are going into homes for other reasons.'

Focus group respondent

Encouragingly, most practitioners appear to have heard the message that it is important to identify neglected children at both an early age and at an early stage of difficulties developing. We found evidence of local policy and practice developments across the four nations helping this, for example through joint training and awareness-raising initiatives and through working practices which encourage staff from different agencies to work closely together when they have worries about children.

Respondents in the focus groups highlighted the crucial role of nurseries, Sure Start children's centres and health service staff, namely GPs, midwives and health visitors, in identifying and also responding to young children at risk of neglect.

'The key is having staff who can recognise the effects of neglect. Nursery and early years staff often have a close relationship with parents as there will probably be a key worker system in operation. Parents are usually in daily contact with these services so staff can see when there's a dip in their health or how they are coping.'

Focus group respondent

School staff are seen by social care staff as well placed to identify children at both primary and secondary school stages. Social workers in the Children and Family Court Advice and Support Service (CAFCAS) system often identify children who are experiencing emotional neglect as a result of parental separation. Staff in youth offending teams in England stated that they

can often trace young people's behaviour back to early and current neglect within the home. It is not clear whether there is systematic recording of these links so that a more accurate picture of the extent of neglect can be gained. However, the staff did say that they aim to undertake remedial work and therefore there will be recording within individual case files.

Across the whole of the UK, locally-based multi-agency systems and groups have been set up which meet to discuss children and families identified as needing extra help. Such groups or systems try to ensure representation of all key disciplines who will have something to offer to neglected children, including health, education, children's social care and other specialist staff such as substance misuse workers. The aim of such groups is mainly to try to provide informal family support outside of the formal investigative 'child protection system' first and only invoking more statutory approaches if these fail. These groups are often based in schools and other universal settings, reflecting the expectation that all services should be responsible for safeguarding children. In England, for example, there are meetings which focus on specific groups of children such as safeguarding disabled children and multi-agency planning meetings and locality groups at which children at risk are identified and decisions made about whether a common assessment framework form should be completed or whether support can be offered without this. In Northern Ireland the role of staff in family support hubs, currently at an early stage of development, is seen as key in the identification of children who are at risk of neglect.

What is not clear is how many children receive direct help as a result of these concerns and discussions. Despite all this activity, professionals in universal roles in the online survey still reported that the most helpful improvement would be if they were able to report less serious suspicions before

they get worse (41% of health professionals, 46% of pre-school and nursery staff and 55% of primary school staff) echoing the findings of Munro (2011b).

Are neglected children still not being identified?

Although there are initiatives in place to improve the identification of children, it is evident that many children are still slipping through the net. In the focus groups professionals stated that they recognised that there are still large numbers of children experiencing what may be considered to be 'borderline' neglect and who fall below the perceived criteria for action.

'There is good recognition now when neglect is more overt, but still not enough at the less obvious stage. Social workers need to be able to spend more time actually with families to really see what is going on in the home.'

Focus group respondent

It is not always clear to professionals when there is enough evidence to act nor do they appear clear at what point the 'drip-drip' effect of neglect is having a serious impact on the child.

'Some children are very good at masking what is going on and have well-developed defence strategies to cope with this. Apparent resilience can cover things up. Then a major incident occurs and it goes straight to child protection procedures. And children may hold a situation together through loyalty to their parent.'

Focus group respondent

Issues of capacity

Focus group respondents suggested that social care agencies are so inundated with referrals that the children who need help the most are not identified as quickly as they should be.

'There has been an increase in referrals due to more awareness of the impact of parental substance misuse, domestic violence, lack of parental resilience and mental health problems. The numbers can be so high that social care agencies can struggle to identify children in the most urgent situations.'

Focus group respondent

There was also some indication of concern that as a result of squeezed services and the resulting higher case loads, social care staff will have less time to spend with families in their homes and neglectful situations being harder to identify.

'Higher case loads will lead to less resources for each family. Even simple things like being able to collect children from home means you can see inside the house. Even this could be reduced soon and more children may slip through the net.'

Focus group respondent

Communication between agencies is seen as improving in most areas, aided by developing multi-agency groupings. However, there are still barriers in partnership working which have an impact on identification. Information sharing between some agencies is not always good enough, with lack of clarity about data protection regulations still in evidence in some areas. Even when protocols are in place there can be problems at ground level, especially in the early stages when neglect is suspected rather than once it has been substantiated.

A majority of survey respondents told us that there is, now, a shared understanding across agencies locally about the level of family problems that should be referred to a statutory service. Around a quarter thought that this was true across some agencies only and a very small number

said that there was not a shared understanding locally. There was mention of a 'silo mentality' in some areas, with staff working within their own area of interest and not thinking holistically about the child and family. In some areas, social work staff retention problems and high staff turnover have had an impact on the development of good inter-agency relationships.

In summary this gives a picture of high levels of neglect being encountered, increased awareness by practitioners in universal services and much local activity aimed at dealing with these concerns.

However, despite the range of local activity, it is clear that there is still confusion about when and how to respond to identified concerns. Throughout the nineties and early 2000s the UK government recognised the importance of 'catching children who may fall through the net' (Gibbons et al 1995), particularly in relation to child neglect, but it is clear that children are, still, falling through the net. The general public and professionals are aware of the scale of the problem, but an air of uncertainty still pervades and people still seem to be very unclear about doing something to help.

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

There are many services that can help children and families but they are too often disjointed and fragile, leaving neglected children without the help they need.

Several factors influence how services are delivered to children and families across the UK. No single piece of legislation covers child protection in the UK and no single suite of legislation covers all four jurisdictions within the UK. The current child protection system is based on the Children Act 1989 (England and Wales), Children (Northern Ireland) Order 1995, the Children (Scotland) Act 1995 and the Protection of Children (Scotland) Act 2003. The Children Act 2004 (England and Wales) provided the framework for developing more effective and accessible multi-agency services focused around the needs of children, young people and families. These may have contributed to some positive developments in practice, but Munro's review suggested that we have created:

'...a defensive system that puts so much emphasis on procedures and recording that insufficient attention is given to developing and supporting the expertise to work effectively with children, young people and families.' (Munro 2011b, p6)

Our review supports this view and paints a very mixed and very complex picture of service provision. First of all, it is very difficult to find collated information about service provision. Statistical information on service provision is relatively sparse. Data published by the Department for Education (2010) identified the number and type of the services received by children and families from children's social care services and other organisations. The range of services includes adoption support, aids and adaptations, disability, guardianship support, family support, residence order payments, section 24 support and other care and accommodation, and cross-tabbed this information with information about organisations providing the service: own local authority provision, other local authority provision, other public provision,

private provision, and voluntary or third sector provision. However, while this data helped to provide a picture of the complex range of services offered across a range of agencies, there were limitations. The data about provision of services was not linked to information about the families involved nor to any measures of effectiveness.

Communities: what services would people like to see?

The general public want services for families to be funded. Sixty-two per cent want projects which support families before problems get worse. Forty-seven per cent want health-based services, 42 per cent school-based services and 41 per cent preventive services. The general public have a very good understanding of what would help neglected children – these kinds of services are crucial (Daniel et al 2011) – and in this regard the general public view is congruent with the current policy emphasis upon early intervention, including support in the early stages of an emerging problem.

Similarly, staff in universal services have very sensible suggestions; they would like to see:

- ▶ more treatment services for adults in relation to substance misuse, mental health problems and domestic abuse (32%)
- ▶ more time (29%), more resources (27%) and more advice (34%) on how to help struggling families
- ▶ clearer guidance from employers or government on when to intervene (33%)

And social workers, as they also reported to the Munro review (2011b), are desperate to undertake more direct work with children and families to help them (83% in 2011, a similar percentage as in 2009).

Professionals – are children recognised but not helped?

Once a child is identified as neglected or at risk of being neglected, and their plight brought to the attention of our helping systems, appropriate help should be offered immediately, but it is surprisingly difficult to find out how well this is happening. There are large numbers of children about whom a range of people may be concerned and who are known to communities and professionals but who are not actually receiving adequate direct help. Rather than slipping through the net they are, in effect, stuck in the net.

Some services operate a system whereby missed appointments can lead to families returning to the end of waiting lists. This has potentially serious consequences for work with children in these families. Child neglect is associated with families who often have very chaotic lives and suffer severe economic and emotional pressures. Parents in these kinds of situations have the most to gain from specialist support, but are the most likely to miss appointments, especially if no relationship has been established with a practitioner.

Respondents described a tendency for some children and families to 'bounce' in and out of services. Services are in place for a short time and then withdrawn when the urgency recedes. This phenomenon has been known to exist for many years (Stevenson 2007). The fact that it is still being reported indicates that the clear research evidence of the need for longer-term support has not filtered through to service planning or provision. The services provided over time may change, in particular there can be benefits to providing a continuum of services ranging from very intensive to more broadly supportive (Tunstall et al 2008).

The resources of some services can be sucked into extensive and unsuccessful attempts to engage with parents, thus missing the mark as far as having an impact

on the care of children. There was a view that, in some cases, families have too many services involved and the help is not clearly focused. The focus on the impact on the child has been lost. Similarly, the provision of a service to a family does not necessarily mean that long-term real change is affected in the day-to-day life of the children.

Current problems are exacerbated by the lack of specialist treatment services for parents facing difficulties in their own lives. Children and families agencies are expending resources on attempting to meet the many needs of parents which, again, may not always lead to immediate improvement in the child's day-to-day experience.

It can be difficult for children and families in rural areas to access services and it will become harder to subsidise transport costs for them if budgets are tightened. Focus group respondents suggested this to be an increasingly pressing concern.

'In a large rural area transport is an issue for families trying to get to services. It is too expensive for people to get buses, if they exist, and many families can be very isolated. There is already less money allocated for this – we have to fight for it.'

Focus group respondent

There is, also, a current concern about a lack of specialist services for some groups of young people. For example, transitional support for young people with disabilities into adult services is often inadequate and in some areas black and minority ethnic groups are not well catered for.

'Some children with disabilities are particularly at risk, especially those with less visible disabilities such as autism. There is a problem with young people not meeting the threshold for the adult disability service.'

Focus group respondent

An ongoing phenomenon that causes concern is a context of regular service re-organisation, threats of cuts and disruptions to processes and staffing which means that access to services is frequently disrupted.

Constant service restructuring means staff changes, which are detrimental to both families, who have to make new relationships, and to other agencies, who have to relearn who they need to contact with concerns about children. Staff turnover in some services can also be a major problem.'

Focus group respondent

The current assessment system

The wish of professionals in universal roles to be able to report concerns earlier supports the perception that there is a 'thresholds' system operating whereby the child's circumstances have to be viewed as very high risk before action will be taken. This contributes to the problem described above of children being 'stuck in the net' in that someone is worrying about them but is finding it hard to access help on their behalf. In fact, our survey suggests that there are many thresholds at work and that these are complex things, relating to individual perception, training and knowledge as well as the need to ration services because of scarce resources.

Neglect suffers further from the influence of a forensic investigative system which still has a powerful filtering effect and influences judgements about the severity of likely harm and need for action. This forensic system is embedded in England and Wales in the Children Act 1989 where the duty to make enquiries in cases of likely significant harm is summarised in the statute as the duty to investigate. The timescales which have since come to exist for measuring performance in 'child protection' relate to the belief that there should be a swift investigative process with a clear conclusion, much as there might be with criminal investigations.

There are concerns also, that the investigative system drives a hunt for definite 'hard' evidence of abuse of children which is not always helpful when working with families where much of the harm is of an emotional nature and where the nature of the harm is in itself to do with parenting being seriously unpredictable. These kinds of situation call for careful assessment and analysis that is not necessarily encapsulated within 'investigation'.

Neglect does not lend itself to swift investigations. It is a collection of phenomena which are unpredictable. There will be days when children feel loved and valued and days when food and stimulation and warmth is available. But there are also days when these are not available and they are replaced by emptiness, rejection and coldness. Making judgements about when the bad days seriously outweigh the good days is a skilled and multi-disciplinary task. It is not something which can be completed quickly as there needs to be reflection and observation over time.

Neglected children would benefit from a system that recognises that timescales will vary for different children. This is not to say that children should be allowed to suffer over long periods of time, but it is important that all the key professionals have the space and time to undertake a full and proper assessment that includes analysing and forming and testing hypotheses and conclusions. This system would explicitly see practitioners expected not to conduct business rapidly for the sake of it but purposefully and with a focus on the child's outcomes. This system would also see there being available the tools and time to practise and reflect. Much of this has been recommended by Munro (2011b) for maltreatment more widely, but for neglect specifically it is key that these recommendations are put into action.

Service outcomes

Clearly there is a considerable amount of resource being deployed on service delivery. But activity to measure the outcomes of service provision is not commensurate with this investment. Respondents described some attempts to develop outcome measures, which include audits, performance management, service evaluation and some attempts at individual case impact measurement including feedback from service users.

Some are trying to develop outcome measurement systems and in Scotland, for example, some areas have developed outcomes tools and personal outcomes plans based upon the Getting it Right for Every Child wellbeing indicators. More often than not, though, outcomes measurement was described more as an aspiration than an attainment. Most survey respondents were aware that there is a need to measure change in the situation of individual children and many were actively looking at this, often within the context of the wider safeguarding children's boards.

'What we want to know is what services we have been providing for whom and on what basis can we assess whether we are successful. We need a consistent data set, so we can aggregate that data. We have agreed an outline with other agencies what that data set should look like. I am cautiously optimistic that we will have meaningful information and then can plan services accordingly.'

Survey respondent

Why don't people act and are things getting worse?

The twin pressures of apparently needing to meet a definition of seriousness and of scarce resources can result in professionals in universal services feeling that there is little point in referring families for services if their need is not perceived to be very high. We found that 36 per cent of police officers

and 51 per cent of social workers have felt powerless to intervene when they have suspected a child is being neglected and for social workers this figure has risen from just over a third since the previous poll in 2009.

The main reason police officers gave for feeling powerless was that:

- ▶ the case did not meet the threshold for social work intervention

and social workers that:

- ▶ the issue met the threshold but there was insufficient time or resources

and the main barriers to intervening reported by both social workers and police were similar:

- ▶ lack of resources and services
- ▶ the point at which they can intervene is too high

Thus we have created a situation of greater understanding about the effects of neglect, and greater willingness to report concerns, but have constructed frustrating structural barriers to the provision of help. This has a devastating effect upon children who remain at risk of significant harm.

It is clear from the survey and focus groups that the concern about this log-jam in the system has been noted. Respondents described a range of attempts and developments aimed at shifting towards a model where services work together to provide the required level of support without passing children from one service to the next. In England, many local areas are developing ways to provide support services in a more 'seamless' manner, including the completion of use of 'early assessment of need' forms and then early intervention services with a 'step-up'⁸ and 'step-down' referral process to social care – a continuum-of-need approach, which offers families different levels of support at different times.

In Wales, integrated services and better-resourced universal services are the focus

for this work, funded through the Families First funding initiative and currently being piloted. In one area at least, a systems approach is being taken in order to identify and respond to children earlier. Social workers are being located in schools, in some cases with health visitors, to enable agencies to work together and at a localised level, to develop a multi-agency team approach. The 'Flying Start' pre-school education and care initiative also links social care and health visitors so that children who need it can access help in an immediate way, without a referral process.

Help for children in Northern Ireland is channelled through Gateway (in-take) teams or The Family Support Hub which maps which services are available for them locally. In England, there is a range of local systems but the general process is for discussions to take place to see if a common assessment form is needed or if supports can be provided without this. If it is completed, it is followed by further discussion to see if the family can be helped informally or a child protection or children in need route should be followed.

All these developments are laudable attempts to overcome the structural barriers to swift provision of help. Whilst a range of initiatives are cited, 43 per cent of social workers polled stated that, in their view, there was still a lack of services to help a child they suspected was being neglected. Further, the fact that so many different ways of finding a solution are emerging is concerning because it suggests a rather piecemeal approach and that there will be considerable variation across the UK. A more overarching strategic approach, underpinned by the best evidence about effective service delivery and supported at national level, would be more efficient and likely to lead to more sustainable change.

Promising developments

Review respondents were asked which services were in place to help neglected children in their area and for examples of those which they found to be particularly helpful. We heard about a wide range of services, provided by statutory and third sector agencies for children of all ages and their families from preventative and early intervention delivered via health, social care and third sector services – some as part of mainstream provision, some as specialist services. The focus groups described as many as 32 between them and many more were listed in the survey returns.

Some services have a focus on prevention and target families who are considered to be at particular risk or who live in a specific catchment area. Services, on the whole, do not tend to focus specifically on neglect, or they may not use the term 'neglect' in their information, but they do offer crucial support for children at all ages and in various settings and include:

- ▶ Pre-school aged children and their families have access to Sure Start children's centres (in England) and Flying Start (in Wales); First Steps and family nurse partnerships are aimed at newborns and young parents.
- ▶ Primary school aged children, and in some cases their families, may have access in some areas to nurture groups (school-based).
- ▶ Lots of these are intensive interventions – aimed at addressing specific problems but where neglect may well be an underlying factor. Intensive family support projects such as family intervention projects (FIPs are mainly for families where there is concern about anti-social behaviour and where tenancies are at risk), family group conferencing, family outreach work from schools, children in need teams and Team Around the Child multi-agency support.

- ▶ Young people of secondary school age also have access to FIPs and some children's centres, and, in some areas, are able to access help from family and adolescent support teams, school-based counsellors and pastoral care staff, specialist teams linked with housing and homelessness services and intensive support in youth offending teams.
- ▶ Parents in contact with adult services may receive help to cope with histories of loss and abuse with the aim of preventing problems being passed on to next generation.

Impact of cuts

Practitioners have clearly stated that there are not enough services to offer help to all the children at risk of or experiencing neglect, whether by way of parenting support or direct help for children. There are large waiting lists for service and the demand is becoming higher. This view was clear from both the poll results which showed that 43 per cent of social workers and 28 per cent of police officers thought that the lack of services was a barrier to helping children and from participants in all the focus groups.

It is a challenge in some areas to help families to gain earlier entry into services as places are filled with families whose needs are even greater. Respondents were concerned that this is likely to become even more the case as a result of proposed benefit cuts, more unemployment and increased poverty.

Some services have had their funding taken away or reduced over the past year and this has had an impact on both the identification of children and the numbers of children and families who can access services. This situation is particularly noticeable in England where cuts are reported to have already taken effect.

'We know as social workers that early intervention can make a difference but it

is still a challenge to get families into services early, especially when services are scarce. Families' circumstances are getting more difficult with the impact of welfare reforms and funding cuts mean that it will be harder for children to be accepted by services for help.'

Focus group respondent

A recent survey shows that only one in four councils are protecting children's services from cuts, while in 39 per cent of cases they are making a substantial contribution to local cuts (PwC 2011). More detailed analysis indicates that, while children's social care, schools support and support for those with special educational needs remain significantly protected, early years and youth services are vulnerable. When finance directors predicted where proportionately larger savings would come from among front-line services, 'services for young people' featured top, 'libraries, cultural services and community learning' second and 'early years' third. This can be read in part as the result of children's services featuring low down the priority list of elected representatives: there is far more interest in universal services such as street cleaning and parks than in support services for young people, early years or special educational needs (Local Government Association 2011).

Practitioners across all agencies are worried that, where cuts had not yet taken place, there are funding cuts to come and where they have, more may be to come and this will mean that some services will close and budgets will be squeezed in others. This view came across clearly in the focus groups and is backed up by evidence in the poll which showed that 80 per cent of social workers, 51 per cent of police officers and 44 per cent of primary school staff think that cuts will make it more difficult to intervene. It was thought that cuts will have an impact on the numbers of children who can be helped and the ways in which they can be helped, for example the length of time supports can be offered.

What would help neglected children?

Make the reduction of neglect a priority

The child protection systems we have developed across the UK struggle to provide an effective and swift response to neglected children can actually get in the way of neglected children getting help promptly.

Legislation, policy and guidance have developed with good intentions, but a distance has developed between common-sense empathy with the unhappiness of hungry, tired, unkempt and distressed children and an overly bureaucratic and anxiety-ridden system for reaching out to help them.

It will be of benefit both economically and socially to improve our response to neglected children and to prevent neglect occurring in the first place.

Neglect is highly associated with poor educational attainment, chronic and enduring poor physical and mental health and the ensuing cycle of deprivation and welfare dependence. A strong feature of neglect is the extent of inter-generational patterns of neglect because neglected children have not experienced good parenting themselves and often require considerable support when they, in turn, have children. In short, neglected children draw heavily upon public services and resources throughout their lifetimes.

Each of the four governments of the UK has a role to play in reducing the number of neglected children. Governments can do more to reform social work systems and practice, to promote innovation and evidence-based solutions in local areas, to ensure data is collected and collated, as well as much more.

This entails recognising the range of factors associated with neglect including poverty and deprivation, parental mental health problems, substance misuse and domestic abuse. Respondents working with families are worried about the effects of increased unemployment, benefit cuts, the increase

in the cost of fuel for heating and of food and the resultant increase on stress on families. There is a real concern that this will have an impact on children's lives and may lead to more children experiencing neglect (Field 2010).

We need commitment to long-term effective early intervention services measured by outcomes not outputs. What would stop children being neglected is: access to personal support services in the long term, intensive support services for those in greatest need now and a move towards transforming service provision so that we have more low-cost high-volume early intervention services and fewer high-cost, low-volume services for those in acute need.

Improve data collection about the scale of neglect and the effectiveness of services

There is clearly 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. However there may first need to be greater consideration of the most meaningful ways of doing this. Children's day-to-day experiences of maltreatment may be more complex than can 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.

Just as it is important to collect better data about the scale of neglect, it is also important to dedicate far more attention and resource to ensuring that the services we do offer are effective and meet children's and families' needs. Although there are many local attempts to develop better approaches to outcome measurement, there needs to be a far more integrated and overarching approach if we are to ensure that our, now increasingly scarce resources, are not being wasted.

Develop a truly integrated and responsive system

Members of the public, teachers and health professionals appear to be more aware of, and worried about, children who may be experiencing neglect; but these children still do not get the kind of help they need when they need it.

Much of the emphasis within training and development for practitioners in the universal services is on 'recognition' and tends to focus on picking up 'signs and symptoms' and making referrals to children's social care. However, on the whole, practitioners are better able to spot both the direct and indirect signs of neglect than they are often given credit for. Their anxieties centre on what they should do as a result of their concerns because of their perception of high thresholds for access to services. In part this is being addressed by the development of a new set of training materials (Department for Education forthcoming), however, organisations need to support the implementation of practice development as a result of training, and strategic analysis of blocks in the system is required.

It is the chronic nature of neglect that is known to be particularly corrosive to child development. However, protective systems, like those across the UK, have developed around a forensic core, and are notoriously clumsy when it comes to dealing with sustained problems rather than one-off events. 'Neglect' as defined by the official system has become overly complicated and process-bound. A distance has developed between common-sense empathy with the unhappiness of hungry, tired, un-kempt and distressed children and an overly bureaucratic and anxiety-ridden system for reaching out to help them. There seem to be many delays and barriers to children receiving a swift and coordinated response.

The UK coalition Government introduced several measures with the aim of reducing bureaucratisation and established four reviews to inform how best to deliver services to children in need of protection (Allen 2011; Field 2010; Munro 2010, 2011a, 2011b; Tickell 2011). Both Tickell (2011) and Munro (2011b) call for reduced and more simplified assessment frameworks and reductions in targets, but Field (2010) and Allen (2010) call for different indicators to be introduced. Field (2010) recommends that indicators looking at poverty should include a set of life chance indicators in addition to the well-established financial indicators. Allen (2010) discusses regular assessments of children from birth up to and including five focusing on social and emotional development so that children can be put on the path to school readiness.

Our review demonstrates that agencies are trying to work together to identify vulnerable children and families at the first signs of possible neglect and put in help quickly, using supports available at universal service level and informally, without the delays of referral onto more targeted services. Thus, services are coming on stream which have a greater emphasis on earlier intervention and services are working together to put in place a matrix of supports and re-organisations of services are occurring across the UK.

Structures are now in place across the UK, which aim to break down barriers between universal and statutory services so that they improve how they work together to support families. Common Assessment Framework (CAF) multi-agency panels in England have a role in the co-ordination of supports for each family and this could potentially help to ensure that services are working to best effect, avoiding duplication of work and services overlapping or even working with families in different ways. In one area in England for example, the Local Safeguarding Children's Board has

a strategy for trying to improve outcomes for the longer-term neglect cases where extensive periods of intervention appear not to have made any difference. Education, health and social care agencies all feed in information about what has been put in place to date and how situations which are not improving can be rectified. With this in place, it is hoped that more children can be helped before they are at serious risk of or already experiencing neglect.

Enable the general public and professionals to respond to concerns earlier

The general public are now more able to recognise child neglect when they see it but they have concerns about how best to obtain support for neglected children. They need far more information and support about how to actually obtain help for these children. There is a need for more public information that not only describes the signs of neglect but offers reassurance about the benefits of seeking help for children even when not absolutely certain about their worries.

Professionals in universal roles, also, clearly want to be able to report less serious concerns before they get worse and the general public understand the benefits of early intervention. Indeed, the review showed that all the agencies working directly with children are keen to help them as early as possible and that many areas across the UK are planning services which aim to do this. However, without a whole system and strategic response which takes account of the totality and spectrum of children’s needs, there remains the recurrent problem that when resources are inadequate the needs of children at greatest risk have to be prioritised.

Several announcements have been made by the UK Government to support its commitment to early intervention, including a recruitment drive to create a further 4,200 health visitor posts and a commitment to double the capacity of family nurse partnerships. However it is not clear where

the resources are coming from for a radical shift to early intervention, especially as the early intervention grant in England amounts to less than all the former funding streams.

The focus of early intervention in those crucial years between birth and five should, also, not be at the expense of interventions later in a child or young person’s life. The neglect of older children and adolescents may lead to chronically poor outcomes in adulthood (Rees et al 2010). It is also important to acknowledge the need to intervene at times, early in the development of problems or issues. Only Munro (2011b) comments on the need to introduce a duty on all local services to coordinate an ‘early offer’ of help to families who do not meet the criteria for social care to help address problems before they escalate, and there is no evidence of a swift governmental response to this recommendation.

Offer the right kind of help

A vast array of services was described to us. Many appear to be offering important support for children and their families but agencies are, as yet, unable to provide clear information about outcomes for children. Investment in services must be matched by investment in gauging whether the services are working.

Some respondents identified the problem that children and families can be bombarded with services that appear to have little appreciable impact on the quality of the child’s day-to-day life. It is as important to consider how services can incorporate the views of children and young people about what would best help. Professionals too often have a tendency to make decisions for children but we could learn a great deal from talking more with children both generally and specifically about what would make a difference to them and what would help them to feel protected. Where and to whom do they go for help and protection? Many children are protective of one or both of their parents and want to be

at home to protect and support them. How can we manage that and keep them safe?

Munro (2011a) suggests that the social worker must ‘put themselves in the shoes of the child’ and in the context of children suffering neglect the child’s narrative about the reality of their everyday experiences should be explored (Munro, 2011a). There also needs to be a sharp focus on improving the life of the child.

The Munro (2011a/b) review also identified the need to reduce bureaucracy, to develop better working relationships with children and their families and to find more creative and effective ways to support children. The need to work cooperatively with families, wherever possible, raises issues about terminology. Our review suggests that the use of the label ‘neglect’ is clearly avoided by services so that parents are not alienated when there is still potential for support to be provided. However, it is also important that professionals do not skirt around their concerns about children and can be ‘upfront’ about neglect, as a serious form of abuse. What is needed are services that parents feel do not stigmatise them, which build positive and trusting relationships with them and which they can return to if they need further help at a later stage but which are authoritative in their focus on reducing neglect.

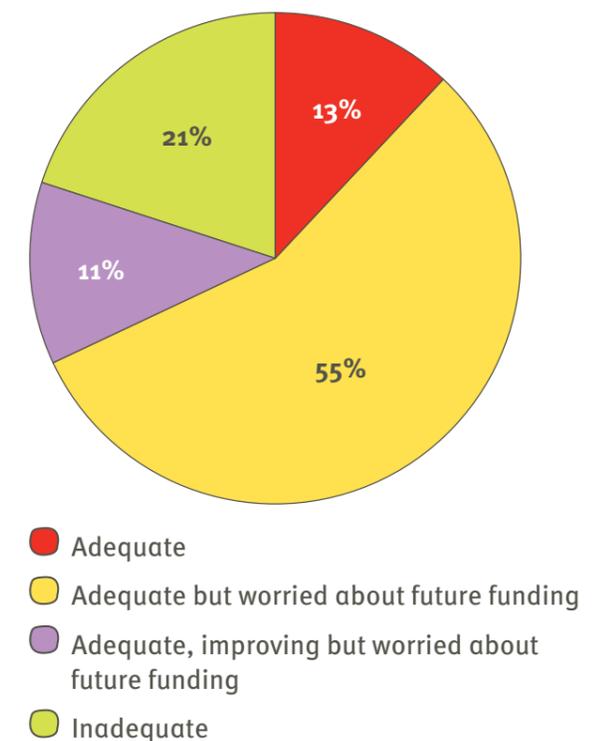
Our review also identified a gap in services for adults affected by substance misuse, mental health problems and domestic abuse. The poll showed that 40 per cent of health professionals, 32 per cent of pre-school staff and 30 per cent of primary school staff thought that more services to help such adults would be helpful. Feedback from the focus groups was that endemic issues such as poverty and unemployment was leading to an increase in parental substance use, domestic violence and mental health problems and that services to help with these issues were becoming more important but more stretched. Given that these factors are so

often associated with neglect it is perverse not to provide adequate and effective specialist help to eliminate them.

Do not allow cuts to derail good initiatives

The review highlighted that, where they haven’t happened already, the fear of spending cuts on services was very real (see pie chart below). There are worries that important new developments, such as putting in place services aimed at intervening earlier and offering support before problems get worse, will be stalled. Encouraging agencies to work more closely together to avoid ‘referral on’ requires staff from services to have time to attend meetings, talk to one another and plan supports for individual families carefully. This collaboration needs to be ongoing and cannot be achieved if services are stretched and trying to do more for less. It is vital that such developments are resourced to continue. Budget cuts to services for children and families are a false economy.

Adequacy of services in place: results from telephone survey



Conclusion

Childhood neglect is a major feature of life in the UK. The proportion of children who experience neglect remains at an unacceptably high level. It is unacceptable first and foremost because neglect ruins the lives and potential of children, but also because it is within our power to do something about it.

Our research findings show that while there have been positive changes in public awareness and some pockets of good local practice have developed, there is a long way to go before we can expect a significant improvement for neglected children.

Systems in place across the UK to assess, monitor and record the needs of local children do not work sufficiently for child neglect. Without changes to the ways in which individual, area and national data are collected we cannot hope to provide the strategic and comprehensive responses required, or indeed to know that local practice is making a difference.

The public need clarity about what constitutes neglect, both to support their own parenting and to inform them if they are concerned about others. Too often parents are not aware of the support services that are available in their area. Across the UK we need a concerted and integrated campaign to improve parenting skills and public responses to neglect.

Local child protection and safeguarding systems have been shown to stand in the way of appropriate assessments for neglected children, and can act as a barrier to effective early help. This must be addressed. At the same time we need a rebalance in local, community-based provision to provide early help as well as crisis responses.

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Appendix 1: project methodology

The three review questions were:

- ▶ How many children are currently experiencing neglect in the UK (prevalence)?
- ▶ 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)?

They were addressed with four types of data collection undertaken between March and August 2011 across the UK.

Statistics collation

Published current statistics relating to child neglect from across 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 this sub-project looked for statistics to illuminate the level of neglect as broadly defined. The sub-project aimed also to map any significant gaps in statistics or problems in interpreting the available statistics. Statistics were searched for on:

- ▶ demographic details
- ▶ referrals to children's social services for concerns that are related to lack of parental care
- ▶ numbers of children receiving services where neglect is the primary concern
- ▶ children entering care where neglect is a factor
- ▶ children registered or subject to a child protection plan as a result of neglect and key family factors in such cases
- ▶ children in need statistics
- ▶ child protection statistics
- ▶ statistics relating to parental substance

misuse, domestic abuse and parental mental health problems where available

- ▶ child health and wellbeing statistics

The way in which countries with similar jurisdictions record their statistics was also explored with a view to examining feasibility of international comparison. Statistics collated by international governments or bodies, such as WHO and UNICEF, were also scrutinised. The sub-project comprised:

- ▶ an audit of the ways in which statistics are recorded in countries with similar child welfare and protection approaches
- ▶ collation of information about how international organisations do or do not record data about neglect
- ▶ comparative analysis of incidence (and, if possible, prevalence) figures
- ▶ whether information about service provision is gathered and recorded
- ▶ whether information about outcomes is gathered and recorded
- ▶ analysis of any available information about the nature and outcome of assessments defined as 'in need' or 'family support'

Survey

More detailed data was collected on a local authority basis (boards in Northern Ireland) 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, initial assessment tools, statistics on those formally identified as neglected and for statistics on 'proxy' data, such

as that relating to children affected by parental substance misuse, mental health problems or domestic abuse. 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.

The survey was sent to 74 LSCB, Child Protection Committee areas (Scotland) or Health Boards (Northern Ireland) with a request to take part in a telephone-based survey, 35 took part in the telephone survey. The survey was sent electronically to a total of 183 areas with the request that it be completed electronically or by telephone and 12 were returned electronically. Only one area was able to provide full statistical information, 20 partial information and 26 no information. Five areas said that information would follow but this was not forthcoming. 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 answers 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 five of the local authorities the telephone survey was followed up with on-site focus groups conducted by two members of the reviewing team. In one area representatives from two local authorities attended so information was gathered about six local authorities in total. The aim of the focus groups was to gather more in-depth information about prevalence, recognition and response in relation to neglect.

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.

A single focus group was held in two areas, one with 12 and the other with 14 attendees from a range of services, including practitioners from children's services, health service staff and local safeguarding children's board members. In two areas, three groups took place, with 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 one of these areas the three groups were divided into front-line staff, middle managers and senior managers from the various agencies, with 47 participants in total. The other area comprised 21 participants. Four small focus groups took place in the fifth area, with 20 participants divided into separate groups from statutory childcare services, the LSCB, early prevention services and the youth offending and community safety team.

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 www.actionforchildren.org.uk/policy-research/policy-priorities/child-neglect

There were two elements – an online survey of 2062 adults ages 18+ in the UK. These figures are weighted to be representative of all UK adults (ages 18+). A survey of professions which yielded responses from:

Primary school staff n=1177

Pre-school/nursery staff n=140

Health professionals n=329

Social workers n=282

Police officers n=246

The poll of the general public sought views about awareness of child neglect and its various manifestations, about routes to help for children and whether they would or have used (confidence to report).

The poll 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 poll undertaken in August 2009 among 2496 professionals.

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 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 poll undertaken in 2009.

Appendix 2: operational definitions of neglect currently in place across the UK

England⁹

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- ▶ provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- ▶ protect a child from physical and emotional harm or danger
- ▶ ensure adequate supervision (including the use of inadequate care-givers)
- ▶ ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (p. 38).

Scotland¹⁰

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'non-organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as

greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time (p. 14).

Wales¹¹

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or care-giver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

In addition, neglect may occur during pregnancy as a result of maternal substance misuse.

Northern Ireland¹²

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision.

It may also include non-organic failure to thrive (faltering growth).

Appendix 3: Details of statistics from each nation

England¹³

- There were 603,700 referrals to children's social care services in the year ending 31 March 2010.
- There were 395,300 initial assessments completed in the year ending 31 March 2010, which was 65.5 per cent of all referrals in the year.
- There were 142,070 core assessments completed in the year ending 31 March 2010, or 39.5 per cent of initial assessments.
- The number of children subject to a section 47 enquiry which started in the 2009–10 year was 87,700. Of these, 43,100 (49.1%) were subject to an initial stage child protection conference.
- At 31 March 2010, there were 39,100 children who were the subject of a child protection plan:

- The initial category of abuse was as follows:

neglect	17,300 (44%)
emotional abuse	10,800 (27.6%)
physical abuse	5,000 (12.7%)
multiple	3,700 (9.4%)
sexual abuse	2,300 (5.9%)

- The age and gender of children who were the subject of a child protection plan was as follows:

unborn/unknown gender	660 (1.7%)
0–4 (male)	8,700 (22.2%)
0–4 (female)	8,000 (20.6%)
5–9 (male)	5,800 (14.9%)
5–9 (female)	5,100 (13.0%)
10–15 (male)	5,000 (12.8%)
10–15 (female)	5,000 (12.8%)
16 and over (male)	330 (0.8%)
16 and over (female)	450 (1.2%)

- The ethnicity of children placed who were the subject of a child protection plan was as follows:

white	29,900 (76.5%)
mixed ethnicity	3,200 (8.2%)
Asian or Asian British	2,100 (5.5%)
black or black British	2,200 (5.6%)
other ethnic background	540 (1.4%)
not disclosed/not known	1,12 (1.4%)

Scotland¹⁴

- There were 13,523 child protection referrals between 1 April 2009 and 31 March 2010.
- 4,660 (34%) of child protection referrals resulted in a child protection case conference in 2009/10.
- Between April 2009 and 31 April 2010, 76 per cent of 4,660 case conferences resulted in the child being placed on the local child protection register.
- At 31 March 2010, there were 2,518 children on the child protection register:

- The initial category of abuse was as follows:

physical neglect	1,098 (44%)
emotional abuse	727 (29%)
physical injury	485 (19%)
sexual abuse	202 (8%)
failure to thrive	*
unknown	*

* represent small numbers that are suppressed to maintain confidentiality

- The age and gender of children placed on the child protection register was as follows:

unborn/unknown gender	46 (2%)
0–4 (male)	661 (26%)
0–4 (female)	601 (24%)
5–10 (male)	423 (17%)
5–10 (female)	392 (16%)
11–15 (male)	188 (7%)
11–15 (female)	203 (8%)
16 and over (male)	1 (0%)
16 and over (female)	3 (0%)

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

white	2,131 (85%)
mixed ethnicity	41 (2%)
Asian, Asian Scottish or Asian British	7 (0%)
black, black Scottish or black British	27 (1%)
other ethnic background	20 (1%)
not disclosed/not known	292 (12%)

- Children placed on the child protection register with a disability was as follows:

with disability	118 (5%)
no disability	1,879 (75%)
not known	513 (20%)

Wales¹⁵

In Wales, children on child protection registers made up 11 per cent of all open cases of children in need at 31 March 2010

There were 2,730 children (including unborn children) on child protection registers at 31 March 2010:

► The category of abuse was as follows:

neglect (only)	1,180 (43%)
physical abuse (only)	415 (15%)
sexual abuse (only)	205 (8%)
emotional abuse (only)	735 (27%)
neglect, physical abuse and sexual abuse	--
neglect and physical abuse	130 (5%)
neglect and sexual abuse	45 (2%)
physical abuse and sexual abuse	15 (0.5%)

► The age and gender of children placed on the child protection register was as follows:

unborn/unknown gender	20 (0.7%)
0–4 (male)	665 (24%)
0–4 (female)	565 (21%)
5–9 (male)	370 (14%)
5–9 (female)	355 (13%)
10–15 (male)	335 (12%)
10–15 (female)	355 (13%)
16–18 (male)	20 (0.7%)
16–18 (female)	40 (1.5%)

Northern Ireland¹⁶

There were 31,693 referrals to children's social care services in the year ending 31 March 2010.

At 31 March 2010, there were 2,357 children on child protection registers:

► The category of abuse was as follows:

neglect (only)	682 (29%)
physical abuse (only)	627 (27%)
sexual abuse (only)	208 (9%)
emotional abuse (only)	264 (11%)
neglect, physical abuse and sexual abuse	60 (3%)
neglect and physical abuse	368 (15%)
neglect and sexual abuse	78 (3%)
physical abuse and sexual abuse	70 (3%)

► The age and gender of children placed on the child protection register was as follows:

0–4 (male)	432 (36%)
0–4 (female)	389 (34%)
5–11 (male)	452 (38%)
5–11 (female)	406 (35%)
12–15 (male)	246 (21%)
12–15 (female)	261 (22%)
16 and over (male)	65 (5%)
16 and over (female)	106 (9%)

Glossary of terms

Children in need

Children in need are defined in 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.

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.

Family support hubs (Northern Ireland)

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

Forensic investigative approach

This term is often used as a 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 have 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.

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.

Local Safeguarding Children Boards (England and Wales)

The statutory body 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, it supports 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

representatives from social care, health 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.

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.

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.

Endnotes

1 <http://www.education.gov.uk/rsgateway/DB/SFR/s000960/index.shtml>

2 Through the YouGov panel with field work, 3–22 June 2011. Figures weighted and representative of all UK adults (aged 18+)

3 Through the YouGov panel with field work, 13–21 June 2011

4 Through the YouGov panel among 2496 professionals with field work, August 2009

5 Undertaken by the NSPCC

6 England: Children in Need in England, including their characteristics and further information on children who were the subject of a child protection plan (2009–10 Children in Need Census) (annual)

Wales: Local Authority Child Protection Registers 2010 (annual)

Scotland: Children's Social Work Statistics 2009/10 (annual) and statistics produced by the Scottish Children's Reporters Association

Northern Ireland: Children Order Child Protection and Referral Statistics for Northern Ireland (quarterly) and Children Order Statistical Trends for Northern Ireland 2004/05 to 2009/10 (annual)

See also Munro et al (2011) Safeguarding children statistics: Availability and comparability of UK data <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RB153>

7 'Think Family' is a co-ordinated approach to family support involving children, adults and family-focused services, championed by the Department of Children, Schools and Families (Think Family toolkit, 2009)

8 '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 helping services if their support needs reduce, without going back to the beginning of a referral process.

9 HM Government (2010) Working Together to Safeguard Children London, HM Government

10 Scottish Government (2010) National Guidance for Child Protection in Scotland Edinburgh, Scottish Government

11 Office of the Children's Commissioner for Wales (2008) All Wales Child Protection Procedures

12 Northern Ireland Department of Health, Social Services and Public Safety (2005) Regional Safeguarding Policy and Procedures in Northern Ireland

13 Department for Education (2010) Children in Need in England, including their characteristics and further information on children who were the subject of a child protection plan (2009–10 Children in need Census), London: Department for Education

14 Scottish Government (2010) Children's Social Work Statistics 2009/10, Edinburgh: Scottish Government

15 Welsh Assembly Government (2010) Statistical Bulletin: Local Authority Child Protection Registers 2010, Cardiff: Welsh Assembly Government

16 Department of Health, Social Services & Public Safety (2011) Children Order Statistical Trends for Northern Ireland 2004/05 to 2009/10, Belfast: Department of Health, Social Services & Public Safety

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Action for Children is committed to helping the most vulnerable and neglected children and young people in the UK break through injustice, deprivation and inequality, so they can achieve their full potential.

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