

Tackling Child Neglect in Scotland

Follow-up survey 2016



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Background Paper 1: Follow-up survey 2016

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Background

1. On 25 February 2016 the Cabinet Secretary for Education and Lifelong Learning, Angela Constance, made a statement to Parliament announcing a programme of action on child protection. Scottish Government committed to reviewing policy, practice, services and structures of the current child protection system to identify what works well and what could be improved. The focus of the Programme is on processes and systems that underpin child protection in Scotland and tackling child neglect was identified as a high priority.
2. As at 31 July 2015, 2,751 children were on the Child Protection Register: 39% had been the subject of emotional abuse and 37% had suffered from neglect. In addition, 'lack of parental care' is the most common reason for referral to the Scottish Children's Reporter Administration. Part of Scottish Government's response to tackling neglect is to undertake a pilot programme of neglect improvement work in three local authority areas. The pilot aims to promote learning from different areas to improve how education, health and children's services work together to tackle neglect.

Introduction

Follow-up survey in 2016

3. This 2016 survey was commissioned by Scottish Government to inform the Child Protection Improvement Programme and the Neglect Improvement Pilot lead by CELCIS in three local authority areas. The survey was developed in partnership with the Neglect Subgroup of Child Protection Committees Scotland.
4. A similar survey of Child Protection Committees had been undertaken in 2012 as part of a series of UK-wide reviews of child neglect conducted by the University of Stirling and Action for Children. It was decided to keep the same format and questions, as far as possible, to the survey in 2012 to allow for comparisons to be made if possible.
5. Both surveys focused on four areas:
 - Section 1 - Definitions of child neglect
 - Section 2 - Identifying children who may be experiencing neglect
 - Section 3 - Identifying the number of children who may be experiencing neglect
 - Section 4 - Services for neglected children and families
6. Two or three additional questions were added to the 2016 survey to take account of developments to legislation and policy. Since 2012, the Child and Young People (Scotland) Act 2014 and Public Bodies (Joint Working) (Scotland) Act 2014 had both come into force.
7. In 2012 the return rate of completed surveys from Child Protection Committees was 75% (n=25) and in 2016 the return was also 75% (n=24).

2016 survey results

Section 1 - Definitions of child neglect

8. The survey asked Child Protection Committees (CPCs) if a formal definition of neglect was used by practitioners to identify children experiencing neglect. Almost all (except one CPC) replied that a formal definition was in place and reflected the definition provided in the National Guidance for Child Protection in Scotland 2014 (Scottish Government 2014). Only one CPC replied that instead of a formal definition, other mechanisms were in place including Getting it Right for Every Child (GIRFEC) guidelines on a multi-agency basis and National Risk Framework to Support the Assessment of Children and Young People (Calder, McKinnon and Sneddon 2012) in addition to the assessment processes in place in each service informed by GIRFEC and child protection guidelines. This was similar to 2012 where all CPCs used the national definitions as set out in the National Guidance for Child Protection in Scotland 2010. Four CPCs mentioned that the Police use a different definition of neglect which is set out in the Children and Young Person (Scotland) Act 1937, which under Section 12 sets out the offence of Cruelty to persons under 16 which includes the category 'neglect'.
9. Four CPCs reported that they had adapted the national definition locally in order to support the understanding of practitioners with reference to GIRFEC wellbeing indicators of risk and needs (SHANNARI), and the National Practice Model, research and useful practice guides (Beesley 2011).
10. The picture was less clear as to whether local definitions were interpreted and consistently used across both statutory and voluntary services. Local definitions had been agreed by local partners and were often discussed in multi-training events, but 11 CPCs reported that while all understood the definition, it may not be applied in practice consistently across local agencies. Two CPCs questioned whether neglect was always considered a child protection issue. This was a similar picture to that reported in 2012.

Summary points

- Similar to 2012, Child Protection Committees use the definitions for neglect set out in National Guidance for Child Protection in Scotland 2014. 4 had adapted the national definition in order to support local understanding of GIRFEC and the National Practice Model.
- One CPC replied that other mechanisms such as the guidelines for GIRFEC and the National Risk Assessment were used to support practitioners.
- There was thought to be less consistency in local areas as to how these definitions were applied in practice by agencies in a variety of settings.

Section 2 - Identifying children who may be experiencing neglect

11. The survey asked CPCs for information on local arrangements to integrate health and social care services for adults. Eighteen areas had Joint Integration Boards. Many added that the Integrated Joint Boards (IJM) are linked into wider Community Planning arrangements. The IJM brings together adult health care services and adult social work services, but there were a range of arrangements for integrating or linking children's services:
- Children's social work services are not in new arrangements, but represented by the Chief Social Work Officer who is a member of the IJB and in one area in addition to the IJB, the CSWO was also a member of the Health and Social Care Partnership and Adult Protection Committee [3]
 - Children's social work services transferred or integrated within the local Health and Social Care Partnerships [3]
 - Children's health services are delivered via the Health and Social Care Partnership. Education, children and families social work and criminal justice were managed by the local authority [3].
 - Educational services (including Early Years provision) sit within the local authority. Social work (children and families services), health visiting and school nursing, and commissioned services sit within the Health and Social Care Partnership [1]
 - Maternity and children's services to report through the Children's Services Executive Group (which is the Strategic Multi-Agency Group reporting direct to Chief Officers) [1]
 - No arrangements in place or under discussion. Strong inter-agency partnerships and collaborations, but no integration of budgets, management or shared posts [4]
12. All areas were clear that where the level of neglect and the impact on the child was of sufficient concern agencies would instigate formal investigative child protection procedures. If there were no immediate indications of a risk of significant harm, then almost all areas (n=18) described children being identified and assessed using the GIRFEC framework and approach. Different terms were used to describe local processes but, generally the Named Person would identify and assess a child's risks and needs leading to a range of responses: either services delivered by one or more agency proportionate to the child's needs and risks, a Lead Professional being identified if targeted interventions are requested, formal investigative child protection measures or referral to the Reporter.
13. Areas had different arrangements for bringing agencies together and progressing work with a child. In some areas, the Named Person instigates a Team around the Child meeting before assessments are undertaken, in other areas, neglect might be identified through a Wellbeing Assessment using the National Practice Model or regular assessments within health visiting's universal pathway. One area described this as the Child Wellbeing Pathway; the Pathway begins multi-agency conversations and planning for individual children at the earliest stage with the Named Person or Lead Professional. Similarly, a second area explained that its pathway would involve universal services

providing single service support, as appropriate, and ask for support from partner agencies or additional services to address any escalating concerns.

14. Another area referred to their Family Pathway where information is shared about vulnerable families at key stages of transition: midwife to health visitor to nursery and then to school. The Health Visitor, with parental agreement, will share the 27-30 month review with nurseries if additional support is identified as required. Two CPCs commented that all services complete either a Request for Assistance or Notification of Child Protection Concerns to highlight potential neglect, if they feel that additional assistance is required beyond the scope of their own agency. The concern can be addressed informally and on a voluntary basis, or where needed, through compulsory measures (SCRA), and through formal child protection procedures. The path for this is often dependent on the level of neglect assessed and agreed by agencies, the immediate impact on the child and whether the parent has not been able to achieve a consistent level of care.
15. Similar to the variety of terms given to described multi-agency processes, multi-agency meetings or fora also varied in name. These included:
 - Getting it Right Ante-natal meetings
 - Effective Early Intervention
 - Early Years Services Group to consider all referrals for services for under fives or Early Years Joint Support Teams where anyone can refer a child if they perceive the child or family are having difficulties or at the cusp of having difficulties.
 - For education staff in one CPC, concerns about a child or young person could be raised through the Pupil Support Group in schools or Support for All Groups in Early Years Services. In another area, the Education Cluster Support Group and Early Years Community Assessment Teams fulfilled similar roles.
 - Integrated Team Meetings in schools try to identify and respond to a wide range of issues, including neglect. This CPC also had Child Protection Officers in all schools.
 - Early Screening Groups, Multi-agency Screening Groups, Multi-agency Action Teams, Child Concern Collaborative, Multi-agency Referral Group were the local groups, which appeared similar in their role in providing a space for professionals to raise concerns and share information appropriately.
 - Intensive (multi-agency) Community Support Panels, GIRFEC Liaison Groups, Locality Management Group ensured the effective planning and coordination of services once a child and their family had been assessed
16. It was notable from the survey returns in 2016 that the use of the language in relation to GIRFEC, its principles and the National Practice Model were far more evident than from the survey returns on 2012. In 2012, there was a sense of a variation in processes and areas still referred to a 'child in need route' or a 'child protection route' in or accessing services. There is a sense from the surveys that there is increased multi-agency discussion about some children before formal child protection procedures are invoked. Although many terms and names are in use across Scotland, respondents were suggesting that a more unified approach is in place: unless there are indications of

significant harm requiring a formal child protection response then the Named Person is acting as the coordinator to bring people together either as the outcome of an assessment of the child's needs or as the impetus for discussion about a child where there are concerns.

17. Twelve CPCs reported that there were indications locally that concerns about individual children were being addressed earlier and that GIRFEC may be having an impact on the earlier identification of children who are at risk of, or are, experiencing neglect. Reasons given were that the National Practice Model had provided a more robust framework for the assessment and analysis of children's needs which had made neglect easier to identify and evidence. GIRFEC has provided a common language for all professionals, promoting better understanding of processes and roles across agencies and has resulted in agencies, for example, education, taking a wider focus in relation to the wellbeing of a child alongside academic achievement. Second, the enhanced training of the Named Person means workers are now better able to recognise and respond to instances of neglect and are more likely to undertake assessments or convene multi-agency meetings, such as the 'Team Around the Child'. Third, sharing of information earlier in the process has enabled professionals to provide the necessary help or support at an earlier stage.
18. One CPC was not aware of any impact to date, and three thought it either too early to say, too difficult to gauge or did not have robust measures in place to assess impact. No CPC or local area was collecting local data on whether children experiencing neglect were being identified earlier, but answers in the survey returns had been informed by the findings from:
 - Local file reading and audit information (1 CPC)
 - Reduction in numbers reported to Scottish Children's Reporter Administration on non-offence grounds (1 CPC)
 - Fewer numbers on local child protection registers (3 CPCs)
 - Team Around the Child meetings (4 CPCs)
 - Increase in the numbers of Child's Plans (1 CPC)
 - Findings from Joint Inspection of children's services (1 CPC)
19. One CPC commented that it had identified that at times the Named Person was holding onto information for too long without appropriate intervention. Work had been undertaken to improve relationships with local Intake teams and provide the Named Person with access to advice and guidance. This was similar to a comment from a second CPC, which reported that 'tensions [remain] as to the responsibilities of partner agencies, particularly if practical help is required (e.g. financial, housing, clothing, access to psychological support) for parent or child'.
20. It was not possible to collect wider views about how children experiencing neglect are coming to the attention of services, so while the observations reported here are on the earlier identification of children are tentatively positive, these would need further testing in local areas.

21. Five CPCs commented that more children at risk of neglect were being identified through other routes such as Police Scotland's interim Vulnerable Persons' Database referrals.

22. Local areas were asked to identify any formal or structured tools that are used locally to help identify risks, needs and the impact of neglect. Many reported that the National Practice Model including the Wellbeing Wheel, My World Triangle and the Resilience Matrix was supported by other tools including:

- National Risk Framework (Calder, McKinnon and Sneddon 2012) [15 CPCs]
- Graded Care Profile (or locally adapted version) [8 CPCs]
- Wellbeing Web [3 CPCs]
- Test for Change [1 CPC]
- Family Pack of Questionnaires and Scales (Department of Health 2000) [1 CPC]
- Parenting Assessment Manual [1CPC]
- Outcomes Framework (Barnardo's) [1 CPC]
- Working with Neglect: Practice Toolkit (Action for Children 2012) [1 CPC]

23. However, some expressed concerns about the extent to which tools and formats were used consistently; some areas have struggled to balance providing a wide range of tools to reflect the variety of children's circumstances with a consistent use of tools and quality of assessments. In the absence of tools, children's needs and risks were assessed and informed by an understanding of children's development, research, professional experience and practice wisdom.

24. CPCs were asked to comment on the statement:

'In general, there is a common understanding in our area across all agencies about when some form of statutory response may be required rather than direct provision of help by informal or universal services.'

25. One CPC *strongly agreed* with this statement. The majority (17) *mainly agreed* that there was a common understanding locally across all agencies about when some form of statutory response may be required rather than help by informal or universal services. Two reported that this was across *some agencies only* and only one disagreed with this view. This was similar to views expressed in 2012.

Summary points

- Most had Joint Integration Boards for Health and Social Care linked into wider Community Planning arrangements. There were a range of arrangements for integrating or linking children's services
- In 2016 the use of the language in relation to GIRFEC, its principles and the National Practice Model was far more evident from the survey returns compared with 2012.
- Half reported there were indications that concerns about individual children were being addressed earlier and GIRFEC may be having an impact on the earlier identification of children who at risk of, or are, experiencing neglect.
- At times, however, the Named Person was perceived to be holding onto information for too long without appropriate intervention. Some tensions remain as to the responsibilities of partner agencies.
- A range of tools and formats were in place: the National Practice Model, National Risk Framework (Graded Care Profile, Wellbeing Web, Family Pack of Questionnaires and Scales, Outcomes Framework (Barnardo's) and Working with Neglect: Practice Toolkit (Action for Children 2012). Some expressed concerns to what extent tools and formats were used consistently across practice.
- Generally, most CPCs thought there was a common understanding across all agencies about when a statutory response may be required rather than help from informal or universal services. A few thought this was the case across some agencies.

Section 3 - Identifying the number of children who may be experiencing neglect

26. CPCs were asked if statistical information is gathered about children experiencing neglect, who are not the subject of a child protection plan. This included children known to a range of services and not just social work.
27. Five replied that they did: one CPC described using Barnardo's Outcome Tool¹ to gather information from Child Plans for those children where the plan does not function as a Protection Plan; a second gathered data recorded through the Vulnerable Persons forms during the past year; and two CPCs described a narrower focus of collecting data on neglect in relation to children who were subject to child protection processes, which had not resulted in a child protection plan.
28. Fifteen CPCs replied that they did not currently gather information about a child experiencing neglect and not subject to a child protection plan. While statistical information was routinely collected across all services, this was not specifically about neglect. Electronic recording systems within Social Work, such as SWIFT or Care First, were often set up to gather data on neglect at the stage of that child protection processes were instigated. In one area, Care First did allow a range of *Presenting Issues* to be

¹ The Outcomes Framework tool was developed by Barnardo's Services to support the work between a practitioner and a child/young person and their families. The Outcomes Framework tool uses the SHANARRI framework to determine broad areas of concern.

recorded at the stage of initial contact with social work including housing and accommodation, health, relationship conflict, mental health, abuse or risk for example, but no distinct forms of abuse were delineated at this stage. One area reported that contacts and referrals relevant to children were categorised under the very broad headings of 'child care concerns' or 'child protection concerns'. The detail of those concerns in relation to neglect may be recorded within the child's plan, may be known to case workers and may be contained within case notes, but not recorded in a format that made it possible to extract meaningful information.

29. A few areas were beginning to collate information on the number of child's plans, however it was unclear whether this was specifically in relation to neglect. For others, the collection of data was under review as part of embedding GIRFEC across all services or as part of an ongoing partnership, which regularly agrees and review the data collected routinely across multi-agency partners.
30. Information about children's needs was gathered from a range of other sources and usually through single agencies: health use the National Practice Model and a child's Health Plan Indicator to identify children and families who require more than universal services, however, this does not specifically name or record neglect; education record all additional support needs on the SEEMIS system, which identifies children who require intervention in addition to normal education provision, but again this does not specify neglect. Many areas collect information through the Child Concern Reports completed by police attending a domestic abuse incident. For individual children, information about neglect or any other concern resulting in a single agency or multi-agency response will be recorded in assessments and the child's plan. Neglect begins to be recorded in the narrative of a Child's Plans and shared in relation to individual children as agencies began to work together. This data, however, was not in a form that could be routinely collated and shared across agencies.
31. For a child brought to the attention of social work, nine departments replied that workers are able to record neglect (suspected) as the reason a child may need a service. For the remaining fifteen, the picture varied: some social work departments record a broader reason such as *child protection* or *wellbeing concern*; and for others neglect was discussed in the narrative and not recorded in a format easy to collate at the point a child or family is brought to the attention of social work.
32. At the stage of case conferences and child protection registration, neglect is clearly identified as one of several concern and the most recent data published records that for the 2,751 children on the child protection register at 31 July 2015 there were 6,769 concerns at the case conferences at which they were registered – an average of 2.5 concerns per conference. The most common concerns identified were emotional abuse (39 per cent), neglect (37 per cent) and parental substance misuse (36 per cent) (Scottish Government 2016).

33. Of the 19 CPCs who responded to the question about whether proxy data was available about children experiencing neglect was provided by agencies working primarily with adults who care for them, not one replied Yes to this question. For two CPCs, data was available from services working with adults who have children and another could record children's wellbeing concerns, but not specifically about neglect. Information in relation to parenting capacity was recorded if appropriate to the individual family, and information about substance misuse, mental health and domestic abuse was recorded once a child was registered.

34. CPCs were asked to comment on the statement:

'Local information collection systems in relation to child neglect are effective in helping services to plan how to meet local need in relation to neglected children'

35. One CPC *strongly agreed* with this statement. Four *partially agreed* and eight thought *systems were improving*. Ten *disagreed* or *strongly disagreed* with this statement. Interestingly in 2012 only four *disagreed* with this statement.

36. It may be that four years on there is a greater focus on the information requirements for organisations beyond that asked by national Government. Some survey returns reflected that performance management and the current systems in operation was an area that had been identified for improvement either through local audit or through the Care Inspectorate. Of the ten areas, which had disagreed with the statement above, none felt that current systems provided a comprehensive picture on the levels of need, or the emerging themes and issues.

37. The picture emerging here is of inconsistent collection of information in relation to neglect until formal child protection procedures are instigated. The review of data and performance management systems is underway in many areas in light of the process of embedding GIRFEC locally and many are beginning to collate information on the Child's Plan. Outwith formal child protection procedures, however, the picture of emerging neglect is often in the narrative of information recorded and so not as easily identifiable in terms of aggregation.

Summary points

- Five areas collected information about children experiencing neglect, who are not the subject of a child protection plan. This included children known to a range of services and not just social work. Fifteen reported that while statistical information was routinely collected across all services, this was not specifically about neglect.
- A few areas were beginning to collate information on the number of child's plans, however it was unclear whether this was specifically in relation to neglect. For others, the collection of data was under review as part of embedding GIRFEC across all services or as part of an ongoing partnership, which agree and review each quarter the data collected routinely across multi-agency partners.
- 9 social work departments replied that workers are able to record neglect (suspected) as the reason a child may need a service. For 15, the picture varied: some recorded either *child protection* or *wellbeing concern*; and for others neglect was discussed in the narrative and not recorded in a format easy to collate at the point a child or family is brought to the attention of social work. At the stage of case conferences and child protection registration, neglect is clearly identified as one of several concerns.
- Proxy data was not available about children experiencing neglect by agencies working with adults who care for them. For two CPCs, data was available and another could record children's wellbeing concerns, but not specifically about neglect.
- Performance management and the current IT systems in operation were areas identified for improvement either through local audit or by the Care Inspectorate. Ten areas thought that current systems did not provide a comprehensive picture on the levels of need, or the emerging themes and issues.
- The picture of emerging neglect is often in the narrative of information recorded and not as easily identifiable to aggregate.

Section 4 – Services for neglected children and their families

38. Twenty CPCs reported that they had a range of universal and targeted services in their area that aim to address the causes of child neglect and aim to help children living with neglect. Only one CPC area reported that they did not. In nine areas, information about services tackling neglect was available to the general public, in ten areas more general information about services was available and two did not have information available to the general public. Eleven CPC areas reported that information was available to all staff about the services locally run by both statutory and voluntary agencies, eight reported that they had some and two CPC areas reported that no information was available.
39. Information was widely available to the general public through the websites of the council, local agencies or local services, through leaflets and posters displayed in public areas and, for example, in GP surgeries and schools. Information was also available through the Child's Red Book. Information for professionals was available in seven areas through

local directories, web pages or websites that workers could access, however, the information on services was often quickly out of date as services offered were often time limited and not sustained due to reduced or a lack of resources. One CPC was producing an online directory following an exercise to map local services centrally, which will sit alongside the Child Wellbeing Pathway process and help to support a more consistent and timely approach to support and intervention work.

40. More detailed information about these services in terms of type, referral criteria, numbers of children, and intervention threshold was usually available in relation to specialist provision purchased by Social Work Services where a Service Level Agreements exist or there is a clear partnership with the third sector, for example. More detailed information on early years services was available via CARIS and Care Inspectorate regarding type of service, number of children the service is registered for.

Services which respond to neglected children and their families

41. Many local services did not have a specific focus on neglect but neglect was a feature in the lives of the children and families they were working with. Services often focused on parental issues or difficulties such as problematic drug and alcohol use, domestic abuse including specialist services to support adult victims of domestic abuse such as Women's Aid, Shakti Women's Aid, Safe Secure and Supported at Home, Freedom Programme and the CEDAR programme. Other areas provided a range of support to families through family centres, special maternity, parenting support, social work, family support, early intervention, nurture groups would all address a range of issues in families that would include neglect (see Appendix 1 for examples of services across Scotland).
42. CPCs were asked how children and families move in and out of services. Seven CPCs reported that children and families can ask for help and support or be identified through universal services, other CPCs [9] reported that for some services families can self-refer, but some families need to be referred by a professional following an identified need being assessed by a relevant agency. Screening would take place to ascertain the appropriateness of the referral and allocate provision as necessary. Universal services have referral mechanisms and GIRFEC should support early identification. Request for help by families was routed through the Named Person in the majority of areas.
43. All CPCs reported that families unable to access a statutory service were able to access support and help, particularly through non-statutory services and the third sector. Services such as Nurture Group or Community Childminding, and those provided by Action for Children, Children 1st and Barnardo's. Developments in some areas for intensive non-stigmatising support were delivered through the universal services. Family and Community Support services within Education have been designed to engage with families who have a range of needs including possible neglect.
44. Ten CPCs thought that generally there were adequate services in their area to help children who may be experiencing neglect and a further eight thought that systems were improving. A key challenge was ensuring that people who require services get them at the

right time and that the service offered made a difference. A second challenge was that many services were focused towards early years provision and there is an identified need for this to be expanded particularly to the 8-15 year old range.

45. For individual children, there were a variety of mechanisms in place to measure the impact of services on children's lives. Reviewing mechanisms were in place for individual children receiving statutory intervention as set by the guidelines for looked after and child protection reviews. Many reported that where there is multi-agency involvement then a Child's Plan should be subject to review; some had these processes in place, but four were currently developing robust governance arrangements for multi-agency planning, particularly in cases where there is no statutory involvement.
46. More strategically, several CPCs had quality assurance systems in place or arrangements for performance management and self-evaluation on single and multi-agency basis often overseen by subgroups reporting to the CPC. Information about improvements in the well-being of children was collected through various methods and fed through to a range of strategic multi-agency groups:
- Single and multi-agency audits
 - Surveys of Lead Professionals and Named Persons
 - Surveys of parents/carers/children and young people
 - Examination of learning through inspections
 - Child Protection Improvement Plans
 - De-Briefs, Initial and Significant Case Reviews
 - Collation and reporting of data
 - Collaborative enquiries with other local authorities
47. Five CPCs mentioned specifically that they use an outcomes framework or tool against which to measure improvements in a child's life, however, these frameworks were not yet used for all children subject to a Child's Plan. Those CPCs, which commissioned services from third sector organisations, reported that outcomes frameworks were used to measure changes in a child and their family and that reports to Commissioners included aggregate data on individual children.
48. The survey asked respondents to identify the barriers for providing services if those, which exist currently, were not meeting children's needs. Not unsurprisingly, respondents reported the following:
- Structural issues
 - Poverty/deprivation
 - Poor parental experience of parenting
 - High levels of drug, alcohol and mental health issues affecting parents
 - Organisational issues
 - Turnover of staff as they move to permanent contracts
 - Shortage of staff in certain services/agencies e.g. health visiting

- Availability of appropriate physical accommodation for services/groups can also be a barrier
 - Greater communication and sharing information between early intervention services where emergent concerns exist
 - Guidance to support completion of integrated child assessments and plans at earlier stages for Named Persons
 - Recognition and shared interagency understanding
 - Resource issues
 - Short term funding of various projects leads to uncertainty
 - Capacity, sustainability and resources in delivering services to remote and rural localities, or across large geographical areas. Can feel there is a *postcode lottery* of some services
 - Cultural issues
 - Stigma can be a barrier
 - Staff can be inhibited about taking action because they feel they are making value judgements rather than professional assessments
 - Where there is no or sporadic acceptance that the parental lifestyle or lack of care is causing harm to the child then this can reduce and limit the effectiveness of services.
 - 'Disguised compliance' of families where no meaningful engagement is in place which impacts on parents or carers' ability to put in place the improved caring arrangements can impact the quality of care received.
49. Eight areas reported that there were no imminent plans to close services, however, thirteen were aware that savings were required over the next few years. The impact in nine areas had been a reduction in the provision of some services rather than specific closures and funding of third sector, which often provided services for neglected children, was particularly at risk. There was concern that there would be future cuts to services:

'Some current services have funding in place until 31st March 2017 and due to cuts in council budgets are unsustainable in the long term. This will mean a reduction in service for some families if the service is withdrawn, support is provided with budgeting and with family support this could impact on children experiencing neglect due to poverty and poor housing.'

(Survey respondent 2016)

50. In 2012 a few observed: 'We do what we can better, but what we can't do grows' (focus group participant 2012), but one survey return in 2016 succinctly summarised the views expressed in several responses:

‘As the financial situation worsens for local authorities then services are reduced, however the reverse of that is as the financial situation for families becomes more challenging then the need increases.’ (Survey respondent 2016)

51. Half of the CPCs who responded to the survey were very positive about the extent and quality of partnership working including adult services. One CPC thought partnership arrangements worked reasonably well or were fairly good, but had been affected by the integration of adult health and social care services, which had resulted in a separation of children and adult’s social care in some areas, and a second thought that services were not yet well integrated although there were plans locally to develop guidance to support better integration between adult and children’s services – transitions, domestic abuse and mental health. Two reported that partnerships were patchy or varied across different services, and often depended on relationships between individuals. Relationships with different services also varied; adult mental health team had concerns about sharing information in relation to wellbeing concerns rather than child protection, and seeing the child’s needs as well as the parents.

52. Respondents were able to identify possible barriers to partnership working:

- Resources
- Shared understanding of neglect; knowing how to tackle the problem
- Different responsibilities and remits; particularly the legislation and policy that guides adult workers who are supporting parents e.g. with mental health difficulties.
- Different IT systems can make partnership working more challenging.
- Delay in implementation of Children and Young People’s (Scotland) Act (2014)
- Competing and increasing demand on resources, but a lack of a prioritisation of concern
- Information sharing is still a barrier (particularly for some services to share information about a parent if they are not sure it meets a child protection threshold).
- Vulnerable young people between the ages of 16 and 18, not subject to a Compulsory Supervision Order – is this child protection or adult support and protection?

53. Interestingly, respondents in 2012 identified thresholds, time constraints and culture as barriers to partnership working. Resources and financial concerns featured less in 2012.

54. Examples offered of good practice ranged from services to approaches to collaboration:

Services

- **Development of Community Support Team.** This initiative provides support, monitoring and parenting programmes within family homes out-with normal operational hours. This enables families to access supports around areas such as bedtime routines and mealtimes. This reduces parental stress and increases their coping strategies, in turn, reducing the risk to the children of neglect and abuse.

- **First Steps Group.** This is an early intervention programme delivered over 4 weeks. Its focus is the physical and emotional wellbeing of new mothers, recognising the importance of bonding and attachment in the early stages as well as the importance of interaction and play. The aim is to promote good maternal mental health and child development, to reduce the risk of neglect and abuse, and the need for intervention.
- **Graded Care Profile.** This tool is being rolled out and provides a shared language across services, a tool to engage with families. It can support the Named Person to escalate and seek involvement of social work when required. Also provides social work with evidence for Scottish Children's Reporters Administration.
- **Nurture Hub.** This approach provides positive early, co-ordinated approaches to supporting vulnerable children and families across Fife where neglect may be a presenting issue. These approaches are supported across the span of statutory and third sector organisations.
- **Family Nurse Partnership**

Approaches

- Health and Education staff working together to facilitate joint delivery of Positive Parenting Programmes.
- Whole systems approach and have expanded our Social Work Assistant remit and Extended Learning Resource remit which allows for them to be called upon 24/7 to provide services when a child is at risk whenever this is needed. We are no longer a Monday – Friday 9.00 – 5.00pm service.
- The Family Pathway sharing and effective information
- Shadowing strategy and approach across services to develop a better understanding of roles and responsibilities.
- The Child Wellbeing Pathway both in terms of the support to universal service practitioners and in terms of the collaborative approach to its development.
- Reclaiming Social Work

Summary points

- Generally, there was a range of universal and targeted services to address the causes of child neglect and to help children living with neglect, but may not specifically focus on neglect
- Information was widely available to the general public through the websites of the council, local agencies or local services, leaflets and posters, and, for example, in GP surgeries and schools.
- Information about services to staff was through local directories and internal webpages and websites.
- Families not eligible to access a statutory service were able to access support and help, particularly through non-statutory services and the third sector.
- Ten CPCs thought that there were adequate services in their area to help children who may be experiencing neglect and a further eight thought that systems were improving.
- A key challenge remained was whether people got the right service at the right time and whether it made a difference. A second challenge the need for this to be expanded particularly to the 8-15 year old range.
- Barriers to providing services included: structural issues; organisational issues; resourcing; and cultural issues
- 8 areas had no imminent plans to close services, however, 13 were aware savings were required over the next few years. In 9 areas there had been a reduction in some services rather than closures and funding of third sector, which provided services to neglected children, was particularly at risk.
- Half of CPCs were very positive about the extent and quality of partnership working including adult services, but partnerships in some areas had been affected by adult health and social care integration, which had resulted in a separation of children and adult's social care.
- Possible barriers to partnership working were: knowing how to tackle the problem; different responsibilities and remits; different IT systems can make partnership working more challenging; competing and increasing demand on resources; and information sharing is still a barrier.
- Examples of good practice ranged from services to approaches to collaboration

Conclusion

55. It is clear that during a time of significant change and increasing demands on time and resources, there has been continued development of children's services marked by continuing multi-agency working and strong collaborations. There was continued use of national definitions for neglect in the locally adapted policies and procedures across

agencies although there remain some questions about how this was applied in local daily practice.

56. A significant development since 2012 is the development and embedding of GIRFEC principles and language in local processes and procedures. There is greater consistency in the articulation of an overall approach to the identification of a child's needs. Many talked about pathways for children and families. A welcome, but tentative suggestion is that children experiencing neglect are being identified earlier. The names and terms given to local processes and multi-agency groups vary considerably as do their purpose and while there is a sense of adherence to the GIRFEC approach it feels as though we have some distance to travel to reach the goal of a truly integrated system. Adapting and owning processes and approaches locally is key to their implementation, but perhaps some further consolidation is required. This, of course, is complicated further by the variety of arrangements for children's services in the integrated world of adult health and social care.
57. One continuing challenge, identified in 2012, is how organisations record, collect and aggregate information about children living with neglect. Some CPC areas did gather information on the Child's Plan, but it was unclear if all gathered information about neglect. More generally, information about individual children was recorded in the narrative of assessment or plans, but not in a way that could be easily aggregated until a child becomes known to social work or are subject to formal child protection procedures. Nor was proxy data about the children of parents in receipt of adult services either gathered or made available to the child's relevant workers. The picture was also mixed in the measurement of outcomes for children. Several CPCs reported that data collection and performance management systems were under review due to the integration of adult services, embedding GIRFEC in local processes or because it had been identified as an area for improvement through local audit or by the Care Inspectorate.
58. A range of services were in place across Scotland in addition to the universal services provided by health and education and the more targeted social work services; some services focused on neglect specifically while others addressed neglect more generally through tackling some of the causes for neglect such as alcohol and substance misuse. There were many examples of partnerships between social work, health, education and the third sector, however, many areas identified that services or projects delivering service were often short term or threatened with cuts to their funding. Many of these were the services offered by the third sector, which were often the services which a focus on neglect. A gap in services was the attention given to older children and young people. Many services focussed on the younger age group, but few tackled the issues in relation to neglect for this older age group.
59. Despite these challenges, dedicated and professional workers continue to provide creative and supportive services delivered to those children and families who need them most.

Examples of services in place across Scotland

Services provided	Number of CPC areas	Neglect specific?			Funding secure?			Service provided by?	
		Yes	No	Unsure	Yes	No	Unsure	Local authority	Other agency
Aberlour	2		1			1			1
Action for Children	5		5				5	1	5
Barnardo's	7	2	4			3	4		7
The Bellsbank Project	1		1				1		1
Cedar Project	1		1				1		1
Centrestage Communities (for children 0-8 for play, song, storytelling and community based support)	1		1				1		1
Change is a Must	1		1				1	1	
Child Disability Service	1		1		1			1	
Children and Families Practice Teams (social work)	1		1		1			1	
Circle (support to CAPSM)	1		1				1		1
Community Childminders							1		1
Community Education Centres	1		1					1	
Dickshill Crèche	1		1				1		1
Domestic Abuse and Sexual Assault Team	1		1			1		1	
Drug and alcohol services	2	2			2			2	1
Early intervention and prevention resource centres (children aged 0-2 years)	2		1				1	2	
Early intervention and prevention resource centres (children aged 3-5 years)	2		1				1	2	
Family Centres	8	3	3		3	2	1	7	3
Family Functioning Therapy	1	1				1			1
Family Nurse Partnership	1	1					1	1	
Gingerbread									
Graft (Furniture and starter packs)	1	1					1		1
Hillhead Place	1	1			1			1	1
Hillhouse Care (starter packs for unborn children)	1	1					1		1
Homestart	5	2	2			1	4	1	5
Incredible Years	1	1			1			1	1
Mellow Bumps and other groups	2	1				1	1	1	2
Nurture Groups	11	7		1	6	2	2	11	2
Parenting Programmes	2	1		1			2	2	2
St Andrew's Church	1		1				1		1
Step by Step	1				1				1
Substance misuse services	1	1					1	1	1
Sure Start	1		1		1			1	
Trauma services	1		1			1		1	1
Vibrant Communities	1	1			1			1	
WG13 (social enterprise café and community digital hub)	1	1					1		1
Whole Family Support	1		1			1		1	
Woman's Aid	3	1		1			3		3
YIP World (support and mentoring to children and young people)	1	1					1		1
Young carers'	2	2			2			1	2
The Zone (facilities for play, recreation and education)	1	1					1		1



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