

Child Neglect in Scotland: Understanding Causes and Supporting Families

Child Protection Committees Scotland

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Introduction

1. Neglect is one of the most damaging childhood experiences and is associated with some of the poorest behavioural, emotional and cognitive outcomes. These affect life chances and contribute significantly to widening social, economic and health inequalities. The negative effects of child neglect ripple throughout society with high social and economic costs (Bywaters et al. 2020¹; Daniel, Taylor and Scott 2010²; Horwath 2007³).
2. This framework has been developed by Child Protection Committees Scotland (CPCScotland) for all Child Protection Committees (CPCs) across Scotland to help local areas ensure that local Integrated Children's Service and Child Protection Committee Plans incorporate appropriate actions to prevent, reduce and manage the impact of neglect on children and families. CPCScotland does not have the delegated responsibilities and powers of a national Safeguarding Board unlike its UK counterparts and this framework reflects the enabling role of CPCScotland on behalf of member organisations.
3. CPCScotland brings together a wealth of knowledge and expertise from the multi-agency child protection community and in conjunction with Scottish Government and other partners supports the development and delivery of efficient and effective processes, common standards, and continuous improvement of child protection practice. CPCScotland shares and promotes child protection policy and practice developments, best practice and aims to agree action on areas of shared concern. It is committed to promoting a multi-agency strategy for neglect within the wider context of child welfare and social justice and to embed anti-poverty action in children's social care and multi-agency policy, systems and practice.
4. This framework sets out guiding principles for working with children and young people, who may be experiencing neglect. Some parents (and this term includes carers) actively neglect their child. Children who experience neglect often live with ongoing chronic neglect and may also experience other forms of abuse. Some parents may suffer from illness impacted by addiction to alcohol, illegal or legal substances, may struggle with their own self-care and also may become physically and mentally unwell meaning they struggle to provide their children with the emotional and physical care and support they need to keep them safe.

Policy context

5. Scottish Government has voiced its commitment to building a fairer Scotland and tackling inequalities through actions such as its Child Poverty Delivery Plan. The Programme for Government 2020-21⁴ brings the United Nations Convention on the

¹ Bywaters P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCarton, C. and Steils, N. (2016) *The relationship between poverty, child abuse and neglect: An evidence review*. York: Joseph Rowntree Foundation. Available online: www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review.

² Daniel, B., Taylor, J. and Scott, J. (2010) *Noticing and Helping the Neglected Child*. London: Jessica Kingsley Partners.

³ Horwath, J. (2007) *Child Neglect: Identification and assessment*. Hampshire: Palgrave MacMillan.

⁴ Scottish Government (2020) *Protecting Scotland, Renewing Scotland: The Government's Programme for Scotland 2020-2021*. Edinburgh: Scottish Government.

Rights of the Child (UNCRC) directly into Scottish law through the UNCRC Incorporation (Scotland) Bill, reaffirms its commitment to make Scotland the best place in the world to grow up and, in particular, Article 23 protects the rights of disabled children. If a child has learning disabilities or needs additional support with communication, consideration must be given to the best way to involve the child.

6. The revised draft *National Guidance for Child Protection in Scotland* (Scottish Government 2020)⁵ sets out the responsibilities and expectations of all who work with children, young people and their families in Scotland and how agencies should work together with children, young people, parents, families and communities to protect children from abuse, harm, neglect and exploitation. The Scottish Government has committed to *The Promise* made to Scotland's care experienced young people by doing more to support early intervention and prevention work with families across Scotland to ensure where possible children and young people remain at home with support. As the draft guidance states, interventions by a public authority in the life of a child must be properly justified, children must be heard in decision-making and their important relationships should be recognised, supported and sustained.
7. *Getting It Right for Every Child* (GIRFEC) continues to develop across Scotland supporting families to receive the right help, at the right time and from the right people. *GIRFEC* places children and young people's wellbeing at the centre of all assessment and planning. It recognises that children and young people will have different experiences in their lives and have the right to expect appropriate support from adults to allow them to grow and develop and reach their full potential. This is now enshrined in legislation in the *Children and Young People (Scotland) Act (2014)*⁵ which reinforces the rights of children and young people. The *Curriculum for Excellence*⁶ and *Building the Ambition*⁷ also emphasise the need to ensure that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future. This is seen as a 'Responsibility of All'. The *National Improvement Framework*⁸ sets out clear priorities to deliver excellence and equity, including: closing the attainment gap between the most and least disadvantaged children and young people and improving children and young people's health and wellbeing.
8. Reducing health inequalities is also a major component of the Scottish Government's overall purpose of achieving sustainable and inclusive economic growth through tackling poverty by sharing opportunities, wealth and power more equally. The tackling of inequalities in health and their determinants - e.g. poverty - also features prominently in Scottish Government's *Programme for Government 2020-2021*, while the narrowing of *economic* inequality (a fundamental cause of health inequality) is one of two 'key pillars' in the Government's current economic strategy⁹.

⁵ Scottish Government (2020) *DRAFT National Guidance for Child Protection in Scotland 2020*. Edinburgh: Scottish Government.

⁶ Scottish Government (2019) *Curriculum for Excellence. Refreshed narrative*.

⁷ Scottish Government (2014) *Building the Ambition, National Practice Guidance on Early Learning and Childcare, Children and Young People (Scotland) Act 2014*.

⁸ Scottish Government (2020) *Achieving Excellence and Equity. 2021 National Improvement Framework and Improvement Plan*. Edinburgh: Scottish Government.

⁹ Scottish Government (2015) *Scotland's Economic Strategy*. Edinburgh: Scottish Government.

9. For Child Protection Committees specifically, the *Minimum Dataset for Child Protection Committees* responds to an action within the Scottish Government's Child Protection Improvement Programme to: deliver robust datasets to support child protection improvement; develop a national resource for advice on using child protection data for local planning and service development; and expand analytical capacity. Developed by CELCIS in partnership with Scotland's Child Protection Committees, Scottish Government, Care Inspectorate, and Scottish Children's Reporter Administration, the Minimum Dataset for Child Protection Committees is a package of data collation, presentation, analysis, scrutiny questions and reporting.
10. In delivering its vision, Scottish Government has to manage the wider impact of the UK government's programme of welfare reform within a challenging economic climate plus the long term impact of the coronavirus pandemic. Legislation and policies in relation to child poverty and tackling neglect should not be developed and delivered in isolation.
11. There is a need for Scottish Government to lead on a joined up public health approach underpinned by a social justice perspective focusing on poverty and inequalities. CPCScotland has a role in engaging with Scottish Government to inform legislation and policy relevant to neglect and wider social care and supporting CPCs to deliver this approach locally.

What is neglect?

12. The national guidance for child protection should underpin local multi-agency child protection procedures, guidance and training.
13. The draft guidance defines neglect as:

'...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. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty and is an indicator of support needs.

[Scottish Government 2020, pp.13]¹⁰

14. Definitions reflect the wider research that a child may be neglected through a failure to meet medical, nutritional, emotional, educational and physical needs and a lack of supervision and guidance (Howarth 2007¹¹) (see Appendix 1). The impact of neglect is also across the age range from pre-birth if a mother neglects her own health during pregnancy this can affect the development in the womb to infancy, pre-school, primary age to adolescence (see Appendix 2). For some children, the absence of fathers may result in physical, financial and emotional neglect. The impact of neglect can manifest in different ways reflecting the different ages and stages of children through to young

¹⁰ Scottish Government (2020) *DRAFT National Guidance for Child Protection in Scotland 2020*. Edinburgh: Scottish Government.

¹¹ Ibid.

adults in terms of their relationships and their own health and wellbeing (see Appendix 3).

15. A further challenge is that different people - whether children, families or professionals may have different views on what it means to be neglected - and may have different views about which services need to be involved and when. The intergenerational nature of neglect in some families and the impact of living with poverty combined with the range of circumstances of children and young people who may be living with neglect can mean that sometimes practitioners feel stuck or become 'desensitised', normalising what they see or grappling with 'what's good enough'. It is important to guard against starting again with families. Good multi-agency information sharing, discussion and respectful challenge supported through good supervision will help all professionals working with families to discuss or reflect on their worries and concerns for children and families.

Neglect in Scotland

16. No single statistical source tells us how many children are, or may be, experiencing neglect in Scotland. According to the most recent estimates of population (General Registrar Office for Scotland 2020¹²), there were 928,761 (or 17% of population) children and young people living in Scotland under the age of 16. On 31 July 2020, the number of children on the child protection register was an estimated 2,654 with emotional abuse and neglect two of the most common concerns recorded at registration¹³.
17. Scottish Children's Reporters Administration¹⁴ reported that from 12,849 children and young people referred to the Reporter in 2019-20, 4,230 were referred for *Lack of parental care*. Not all cases resulted in a Children's Hearing, but the figures show that for every 230 children living in our communities, someone has a concern that a child is experiencing some degree of neglect. This, however, is still fewer than the findings of a comprehensive study of prevalence of maltreatment in 2009 across the UK which concluded that almost one in 10 of young adults (9%) and children (9.8%) had been severely neglected by parents or guardians during their childhood; or for every ten children living in our communities one had experienced some degree of neglect.¹⁵
18. Locally, the picture is less consistent and less clearly recorded. In many areas, a continuing challenge for all agencies is how to record, collect and aggregate information about children living with neglect. Research in Scotland identified that neglect is often discussed in the narrative of social work case files and not recorded in formats easy to collate at the point a child or family was brought to the attention of services.¹⁶

¹² National Records of Scotland (2020) *Mid-Year Population Estimates Scotland, Mid-2019*. Edinburgh: National Records of Scotland.

¹³ Scottish Government (2020) *Children's Social Work Statistics Scotland, 2019-20*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2021/03/childrens-social-work-statistics-2019-20/documents/childrens-social-work-statistics-scotland-2019-20/childrens-social-work-statistics-scotland-2019-20/govscot%3Adocument/childrens-social-work-statistics-scotland-2019-20.pdf>.

¹⁴ Scottish Children's Reporters Administration (2020) *SCRA Statistical Analysis 2019/20*. Stirling: SCRA.

¹⁵ Radford, L. (2009) *Child abuse and neglect in the UK today*. London: NSPCC.

¹⁶ Scott, J. and Daniel, B. (2016) *Background Paper 1: Child Neglect in Scotland: Follow-up survey 2016*. Edinburgh: Scottish Government.

Living with neglect

19. Children can experience neglect in a range of circumstances and at all ages. In Scotland, where neglect featured in Significant Case Reviews, a third of the children were aged 12-17 years (Care Inspectorate 2021)¹⁷. Some children may be living in homes which appear clean and organised, and parents are affluent and articulate, but children are living with parental domestic abuse, mental health and addictions and experiencing emotional neglect. Other families may be some of the most economically and socially deprived, and neglected children are at risk of growing up to be amongst the poorest in society, with increased likelihood of poor health and wellbeing.
20. Research has identified the range of factors present in the lives of children who may be experiencing neglect: parental risk factors of drug and alcohol use, domestic abuse, and mental ill-health; parental experiences of childhood abuse and neglect; and wider environmental issues such as poverty, homelessness and large family size.¹⁸ Living with any number of these factors does not necessarily mean a child is being neglected, however, the more factors present in a child's life increases the likelihood of neglect. Moreover, it is these families who may depend more on statutory and third sector services than other families, and their children are likely to be more affected by cuts to provision.¹⁹ The complexity of some families' lives and cumulative impact of parental issues as well wider structural challenges will undoubtedly have an impact on children's wellbeing.
21. Children who are neglected and exposed to parental substance misuse or witness or experience domestic violence suffer lifelong consequences. The longer such experiences persist may have a detrimental impact on a child's mental health. Studies have shown strong associations between all forms of maltreatment in childhood and a range of poorer child outcomes including depression, anxiety, post-traumatic stress, suicide, self-injury, severe and persistent behavioural problems, challenges with school, increased risk taking i.e. use of drugs and alcohol, sexual exploitation and crime.²⁰ As the impact of neglect on children is often accumulative and gradual, it is important that all agencies identify emerging problems and potential unmet needs and seek to address these as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome, and alert to the importance of an outcomes focused approach in their work. This can be compounded for families living in remote and rural communities where there can be a lack of affordable transport links and high levels of social isolation.
22. Research by Kennedy and Wonnacott²¹ has highlighted that children with disabilities are often at an increased risk of neglect. This may include not providing timely and appropriate equipment, specialised diet, household adaptations or specialised communication aids. Compromised development for a disabled child may often be attributed to the disability rather than neglect. Frequent health appointments may

¹⁷ Care Inspectorate (2021) Triennial Review Of Initial Case Reviews And Significant Case Reviews (2018-2021): Impact on practice. Dundee: Care Inspectorate.

¹⁸ Daniel, B., Taylor, J. and Scott, J. (2010) *Noticing and Helping the Neglected Child*. London: Jessica Kingsley Partners.

¹⁹ Scott, J. and Daniel, B. (2016) Background Paper 3: Child Neglect in Scotland: Rapid review of legislation and policy. Edinburgh: Scottish Government.

²⁰ Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., Collishaw, S. (2011). *Child abuse and neglect in the UK today*. London: NSPCC

²¹ Kennedy, M. and Wonnacott, J. (2005) 'Neglect of disabled children'. In J. Taylor and B. Daniel (eds) *Child Neglect. Practice Issues for Health and Social Care*, pp.228-248. London: Jessica Kingsley Publishers

present a challenge for parents living with the stress of poverty and ability to access these appointments. The Scottish Government Young Patients Family Fund (now merged with the Neonatal Expenses Fund) will assist in supporting parents/carers who require to visit a child who is an inpatient. This fund will provide financial support to cover the cost of travel, subsistence and (in some cases) accommodation during the child's inpatient admission. This fund was launched in July 2021. It is important to understand these issues within the wider context of social attitudes and structural disadvantages that affect the parents as well as disabled children.

23. The triennial reviews of Significant Case Reviews in Scotland (Care Inspectorate 2019²², Care Inspectorate 2021²³) underpin the need to identify and address need at the earliest opportunity to prevent problems escalating which depends upon practitioners understanding and recognising neglect and putting in place effective responses to prevent wellbeing concerns worsening. Review findings identified missed opportunities to intervene or to recognise signs or patterns early enough, leaving children unnoticed in neglectful or harmful situations until a threshold for child protection was reached. This brings tensions and challenges where the multi-faceted nature of neglect presents challenges for all services. Different legislative frameworks, strategic priorities and operational purpose result in varying perspectives in how neglect is recognised and responded to. A shift is needed from focusing on addressing the symptoms to addressing the core cause, which also requires an understanding of the wider social, economic and cultural factors that impact on neglect and other adverse childhood experiences (ACEs).
24. Research by Featherstone and Morris²⁴ concluded that poverty is a contributory causal factor in child abuse and neglect and being poor significantly increases a child's chances of becoming looked after or subject to child protection registration. In Scotland, children living in more deprived neighbourhoods were nearly 20 times more likely to be looked after or on the Child Protection Register than those living in least deprived areas.²⁵
25. Living in poverty undermines parents' ability to look after their children as it impacts on where they live, living conditions and availability of food. It can also impact on family relationships and parents' ability to function through increased levels of stress and anxiety. Parents often feel shame for not being able to provide for their families and live in deprived neighbourhoods with high unemployment and limited local resources. Services can reinforce the shame through their actions and inactions, e.g. not providing bus fares or making procedures for recovering bus fare money very bureaucratic. Poverty is a feature of everyday life and persistent poverty can contribute to an ongoing cycle of intergenerational trauma, which is hard to break.

²² Care Inspectorate (2019) *Learning from Significant Case Reviews. March 2015 to April 2018*. Dundee: Care Inspectorate.

²³ Care Inspectorate (2021) *Triennial Review Of Initial Case Reviews And Significant Case Reviews (2018-2021): Impact on practice*. Dundee: Care Inspectorate.

²⁴ Featherstone, B, Morris, K., Daniel, B., Bywaters, P., Brady, G., Bunting, L., Mason, W. and Mirza, N (2019) 'Poverty, inequality, child abuse and neglect: Changing the conversation across the UK in child protection'. *Children and Youth Services Review* 97: 127-133.

²⁵ Ibid.

Learning from children, young people and their families

26. Children and young people²⁶ know the importance of food, money, houses, doctors, dentists, being safe, making friends and can distinguish between material neglect and emotional neglect. They were often aware of the difficulties their parents faced, understood this and had sympathy for them, but often sometimes struggled to understand why their parents fail to put them first despite these difficulties. Friends can be supportive, but may not always be the person to approach for help as they also have their own issues, and may not fully understand what is happening. Instead, a child or young person sometimes needs someone they have a relationship with to listen to their point of view and overwhelmingly they need practitioners to be proactive.
27. Parents and carers want help to prevent problems from escalating, but can find it hard to ask for help. Help can be through pre-school playgroups, respite care for children with special needs and disabilities, family centres, therapeutic services and family support offering a range of practical help and group work programmes. They need information that is easy to access about the local organisations to which they could go for help and advice. Services should be easy to walk into and there should be no stigma attached to doing so. Schools could be hubs of support.

Vision and principles

28. The overarching vision of CPCScotland is to improve outcomes for children and young people by ensuring prevention through early recognition and improving agency responses to children, young people and families affected or potentially affected by neglect. This requires strong and effective multi-agency leadership and the cooperation of agencies working with children and families to shape and influence transformational change at structural, policy, strategic and practice levels.
29. The principles central to the task of addressing neglect are aimed at preventing neglect by developing a shared understanding of the early indicators, develop a confident workforce who can intervene appropriately and protect children by taking decisive action when required:
- **Rights-based approach:** adopting a rights-based approach in relation to children and young people and parents underpinned by UNCRC and the principles outlined in national guidance for child protection, GIRFEC and *the Promise* including its action plan
 - **Listening to children and families:** listening to and acting on the views of children, young people, families, practitioners and the wider community about what helps them. It is important to encourage the participation of children and young people and families in accessing services and support;
 - **Valuing and developing the workforce:** the workforce needs to be informed by evidence, research and findings from Significant Care Reviews and Case

²⁶ Burgess, C., Daniel, B., Scott, J., Mulley, K., Derbyshire, D. and Downie, M. (2012) *Child Neglect in 2011*. London: Action for Children.

Reviews and Inquiries and be supported to develop expertise and knowledge to effectively safeguard children and young people including ongoing learning and development opportunities.

- **Trusting the workforce:** it is important to trust professionals and give them the scope to exercise professional judgment in deciding how to safeguard children and young people. Part of this is recognising that risk and uncertainty are features of working with families and need to be managed;
- **Working together:** working in partnership and in collaboration with others (acknowledging and valuing different roles, knowledge and skills and the ability to constructively challenge decisions) to support families in all circumstances and supporting families to ask for help;
- **Focusing on outcomes:** focusing on outcomes for children and young people and families and consider what data and information is needed locally to help understand what works;

Strategic objectives

30. As mentioned, CPC Scotland does not have the delegated responsibilities and powers of a national Safeguarding Board. The strategic objectives below reflect the promotional role of CPCScotland and will also help inform the Neglect Subgroup's priorities and workplans:

- a. Help develop a collective understanding of child neglect;
- b. Engage with children and young people, parents, carers and staff to inform policy, strategies and practice interventions;
- c. Support partners to improve recognition and promote the use of strength-based assessment tools in response to children and young people experiencing neglect;
- d. Promote early intervention including strength-based and flexible family support with the aim of preventing children and young people from experiencing neglect;
- e. Encourage discussions to identify common outcomes, measures and metrics on the effectiveness of single agency and multi-agency service provision;
- f. Support national and local developments to improve public awareness and a common understanding regarding the causes of neglect including its impact on the lives of children.
- g. Encourage discussions to identify common outcomes, measures and metrics on the effectiveness of single agency and multi-agency service provision; and
- h. Support local developments to improve public awareness and a common understanding regarding the causes of neglect including its on the lives of children.

How will we do this?

31. As discussed, CPCScotland has a role in supporting CPCs to deliver a public health approach in relation to tackling neglect underpinned by a social justice perspective. Translating these principles into practice will require a whole systems approach to address the structural, strategic and operational challenges.

Structural approach

32. Local Child Protection Committees should link with Community Planning Partnerships (CPPs) as CPPs have a key role in addressing the wider context of children's lives through providing opportunities for employability, education, income maximisation and debt management, money advice, housing, childcare and local health and mental health services. Greater creativity and flexibility is required in considering how funding is targeted and budgets are allocated; for example delineating child protection and child welfare services in terms of early intervention with children, young people and families.
33. While overall responsibility for children's services planning rests with a local authority and its relevant health board, it is expected that they will work collaboratively with other members of the Community Planning Partnership (CPP), third sector partners as well as with children, young people and their families at various stages of the plan's development and review.

Strategic approach

34. A collective commitment is needed to tackle neglect across the multi-agency partnership. Local CPCs should provide effective leadership in driving forward changes required. Senior management from all partners need to commit and support the vision, principles and objectives of this framework. Recent inspections²⁷ have identified that working in partnership around family engagement initiatives is leading to improvements in parenting skills, parental ambition and employability.
35. Strategically, Children's Service Plans²⁸ should seek to improve outcomes for all children and young people through local planning and delivery of services which are integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. There should

²⁷ Education Scotland (2019) *How well are the Scottish Attainment Challenge authorities improving learning, raising attainment and closing the poverty-related attainment gap? Summary report*. Livingston: Education Scotland.

²⁸ CELCIS, Children 1st and Social Work Scotland (2018) *Addressing Poverty and Child Welfare Intervention: What do we need to do differently in Scotland? A joint briefing paper produced by CELCIS, Children 1st and Social Work Scotland*.

be greater engagement across children's services, adult services and services for mental health and wellbeing to understand a child, young person, parent or carer in their wider family context. An improved awareness understanding and early recognition of neglect should be underpinned by common language.

36. Help to families should be flexible, supportive and not time limited. This support needs to be broad in its application and should not be limited to young child or to emerging initial concerns. Help needs to be practical as well as providing emotional support and link with wider services, where appropriate, including criminal justice, learning disabilities, mental health services, pharmacists, dental services, addictions services and voluntary agencies third sector partners to address needs and trauma, and to build confidence and resilience within families. This help could also be financial as some challenges can be solved if families have sufficient financial resources. Evidence points to the provision of financial assistance for families reducing child abuse and neglect²⁹.
37. The number of families living in difficult circumstances is likely to increase with demands on services which are subject to significant cuts. It is crucial that local councils develop measures on poverty and child welfare intervention to understand better their own local communities and families. It will be important to analyse local data to inform improvements in practice and help understand better what works with families, the quality of local multi-agency responses from early help to child protection and demonstrate that work has impacted positively on outcomes and the quality of life for children, young people and families.

Operational approach

38. The national guidance (Scottish Government 2020) sets out that consideration is needed about how best to involve parents with learning disabilities or additional communication needs, and that cultural sensitivity and competence is necessary in considering the family perspective. Religion, faith and places of community and worship may be a source of resilience, identity and social connection for some families, but others may experience isolation, racism, poverty, food insecurity, poor housing and barriers to employment which accentuate stresses and risks. Children dislocated from family and community may be additionally vulnerable to abuse and exploitation. Children living in close knit communities, whether urban or rural, may find it more difficult to go outside for help.
39. The child's experience, views and needs should be central to all process as is giving attention to their experience, needs, wishes and feelings. Listening includes attention to non-verbal communication, and to physical and behavioural responses to their care and environment (Scottish Government 2020).
40. A continuum of support from universal provision (the universal pathway) through to specialist targeted provision most effectively meets the needs of children and families

²⁹ Keep the Promise (2020) *The Promise. Poverty Briefing*.

at different ages and stages across the life course. A variety of different services and interventions are required to address the often very different and complex needs of families, and the multiple risk factors that impact on children's outcomes. Universal services are crucial in identifying and working with children, who may be experiencing neglect. Relationships with trusted professionals are key. Services need to work together to understand the family's circumstances fully and key to this is effective information sharing to inform assessments including risk.

41. A range of services are needed for both children and adults, and early help and support for children, young people and families should be available within communities and for communities. In working with families, messages came through from both the research^{30 31} and practice³² about how to work with families who may be living in poverty and children who are experiencing neglect. Small things matter and reinforcing strengths is important.
42. Key to all approaches is to: clarify the issues; engage the family; create a safe environment; increase parenting sensitivity; assessment of family circumstances, parenting and capacity to change; to take account of history; a comprehensive, multi-layered and flexible response which acknowledges that time is needed; and an approach which addresses social supports and inclusion. Help can be practical, emotional and financial ensuring that families are claiming all their entitled benefits through income maximisation checks. It is important to recognise, however, that while neglect is often unintentional, children may be living with risk for longer than necessary. Regardless of intent, the trauma and harm to the child is the same. There may be times when referral to the Children's Reporter should be considered.
43. The overall aim of the *Pathway of Care for Vulnerable Families (0-3)*³³ is to ensure that vulnerable children and families in all parts of Scotland receive support that is equitable, proportionate, effective and timely. Specific aims are to support a consistent approach to meeting the needs of pregnant women, birthing partners, children and families; enhance local pathways for vulnerable children and families; and support implementation of GIRFEC to get the right help when needed at the right time from the right people to effect sustained change and improved outcomes.
44. Within nursery and education settings, Nurture Groups and nurturing approaches are increasingly being introduced across primary, secondary and early learning and child care (ELC) settings. Research demonstrates the impact that Nurture Groups can have on attainment as well as social and emotional competences and are described as having a positive impact on closing the attainment gap. At the heart of nurturing approaches is a focus on wellbeing and relationships, and a drive to support the growth and development of children and young people, many of whom come from areas of disadvantage and require additional targeted support to close the equity gap³⁴. Children

³⁰ Featherstone, B, Morris, K., Daniel, B., Bywaters, P., Brady, G., Bunting, L., Mason, W. and Mirza, N (2019) 'Poverty, inequality, child abuse and neglect: Changing the conversation across the UK in child protection'. *Children and Youth Services Review* 97: 127-133.

³¹ Scott, J. and Daniel, B. (2016) *Background Paper 3: Child Neglect in Scotland: Rapid review of legislation and policy*. Edinburgh: Scottish Government.

³² Care Inspectorate (2019) *Learning from Significant Case Reviews. March 2015 to April 2018*. Dundee: Care Inspectorate.

³³ Scottish Government (2011) *A Pathway of Care for Vulnerable Families (0-3) Guidance*. Edinburgh: Scottish Government.

³⁴ Education Scotland and Glasgow City Council (2019) *Applying Nurture as a Whole School Approach. A Framework to support the Self-evaluation of Nurturing Approaches in Schools and Early Learning and Childcare (ELC) Settings*.

and young people need opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community.

45. Use of dynamic frameworks such as the *National Practice* Model to assess, analyse, act and review, and to help identify outcomes and solutions for individual children or young people allows practitioners to meet the GIRFEC core values and principles in an appropriate, proportionate and timely way. Chronologies can help identify patterns of abuse and neglect, help make sense of historical information alongside developing an understanding of a child's lived experience. As will strengths-focused and outcome-based assessments which inform clear and detailed plans to ensure actions are identified with minimal drift. Tools such as Graded Care Profile and similar local developments are assessment tools designed to help workers identify when a child is at risk of neglect and to measure the quality of care being given to a child in respect of physical care, safety, love and esteem on a graded descriptive scale. When an assessment indicates that a child may be neglected, a Comprehensive Medical Assessment will ensure that unmet health needs are identified and responded to.

Measuring impact

46. To understand what impact change is making to children and families, CPCs and Local Authorities or Health Social Care Partnerships will need to develop further systems for measuring change. It may be important to gather both local and national data in relation children's wellbeing and neglect. Discussion is needed locally to identify collectively the key outcomes for children and families. Quality Improvement methodology and approaches could be utilised locally (using dedicated resource/s) to identify areas for improvement and test out changes ideas which could ultimately improve outcomes for children and families.
47. The Minimum Dataset for Child Protection Committees was tested in three local authorities and identified 17 indicators in relation to child protection processes that are to be collated, analysed and reported to Child Protection Committees on a quarterly basis. These data indicators provide insight into the child protection system itself and to the infants, children and young people within it. While, the data collected is wider than neglect this forms a basis from which further local indicators could be developed over time and include wider data in relation to children's health and education such as attendance rates for children and young people attending medical and dental appointments and improvement in school attendance for children where neglect is a concern. CPC multi-agency audits of services could also focus on key areas of concern including neglect.
48. Further discussion might also address how well to measure the outcomes for children, young people and families as well as provide insight into how the wider system is working. Local data collection could include gathering information on from children, young people, parents and carers about the impact of services and what works and

feedback from frontline staff through frontline visits, staff surveys and questionnaires across partners.

Workforce development

49. The importance for staff to have access to relevant knowledge and continuing professional development in relation to neglect is recognised and acknowledged. Training for staff is essential to equip them in the recognition and assessment of neglect and how to intervene in cases of neglect. Supervision and consultation is crucial in supporting staff in relation to neglect as is peer support, peer review and opportunities for reflective practice. Anyone can be impacted by trauma during their life, including individuals, families and the staff working to support them.
50. The Scottish Government is committed to ensuring that Scotland has a workforce that is fully aware of the impact of trauma and is equipped to respond appropriately to people who have experienced trauma at any age. Scotland has a robust Framework and a Programme for delivery of this Framework, to ensure that the needs of children and adults affected by trauma are recognised, understood and responded to in a way which harnesses individual strengths, acknowledges rights and ensures timely access to effective care, support and interventions for those who need it³⁵.
51. Where there is a concern that children and young people are experiencing neglect, supervision (informal and formal) can play a key role in helping workers unpack and unpick their engagement to help them to ensure that the child/ young person remains at the centre. Practitioners need to be given the confidence and personal leadership skills to be proactive and approach children when they have concerns about them and supported through effective supervision.

³⁵ [Adverse Childhood Experiences \(ACEs\) and Trauma - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/adverse-childhood-experiences-and-trauma/pages/2.aspx)

Types of neglect³⁶

Medical neglect	The child's health needs are not met or the child is not provided with appropriate medical treatment when needed as a result of illness or accident. This can also mean the child is not taken regularly to the dentist, for routine appointments at the GP and is not taken for routine vaccinations.
Nutritional neglect	The child is given insufficient calories to meet their physical/ developmental needs; this is sometimes associated with 'failure to thrive', though failure to thrive can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences.
Emotional neglect	This involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent and, that while the parent might be responsive toward the child, it is not contingent to the signals from the child and not meeting child's emotional needs. This pattern of parenting is harmful to the developing attachment relationship and to the child's health and development.
Educational neglect	The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/ or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance, and failing to respond to any special educational needs.
Physical neglect	The child has inadequate or inappropriate clothing (e.g. for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home.
Lack of supervision and guidance	The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.

³⁶ Howarth, J. (2007) *Child Neglect: Identification and Assessment*. London: Palgrave Macmillan

Impact of neglect

Prenatal neglect may present in a number of different ways:

- Alcohol consumption during pregnancy can lead to foetal alcohol syndrome including learning difficulties and an inability to connect emotionally with peers.
- Drug use during pregnancy has been linked to low birth weight, premature birth, increased risk of sudden infant death syndrome (SIDS), damage to the central nervous system and physical abnormalities. Babies may also experience neonatal abstinence syndrome at birth, which can cause irritability, tremors, respiratory distress and fluctuations in temperature.
- The extent of smoking during pregnancy can restrict the baby's supply of oxygen and is linked to increased risks of premature birth and low birth weight.
- Not attending prenatal appointments or follow medical advice
- Experiencing domestic abuse during pregnancy is not limited to the consequences of physical injuries sustained through assault. Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour³⁷.
- Exposure to prenatal maternal stress or anxiety can affect the baby's development, as heightened maternal cortisol levels are shared through the placenta which can influence foetal brain development and have implications for the emotional, behavioural, cognitive and social functioning of children.

Neglect can impact at each age and stage of development from infancy to childhood through to adolescence³⁸:

Infancy (0-2 years)	Babies' growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play, e.g. games like 'peek-a-boo' where actions are repeated for social and emotional reinforcement from the reactions of caregivers, and neural connections are 'fixed' through stimulation. Disinterest or indifference to such actions and/ or failing to offer stimulation will limit the child's development and growth, and damage infant attachments.
Pre-school (2-4 years)	Most children of this age are mobile and curious, but lack understanding of danger; they need close supervision for their physical protection, which neglected children may not experience. Children may not be appropriately toilet trained if they are in neglectful families, as this process requires patient and persistent interaction and encouragement. Children's language development may be delayed if their caregivers are

³⁷ Domestic Abuse (Protection) (Scotland) Act 2021

³⁸ Howarth, J. (2007) Child Neglect: Identification and Assessment. London: Palgrave Macmillan.

not interacting with them sufficiently, and physical care may be inadequate, e.g. dental decay.

**Primary
(5-11 years)**

For some neglected children, school can be a place of sanctuary. However, if their cognitive development has been delayed and they are behind their peers at school, it can also be a source of frustration and distress. Signs of neglect, e.g. dirty or ill-fitting clothing, will be apparent to peers, teachers and to the children themselves, and may cause embarrassment and difficulties in their social interactions. Children without clear and consistent boundaries at home can struggle to follow school rules and get into trouble. Educational neglect can include failing to ensure that children attend school, and high levels of absence can further impair their academic achievement.

**Adolescence
(12-18)**

Neglect is likely to have an impact on the young person's ability to form and maintain friendships and pro-social relationships, though the young person may be more reluctant to disclose their situation if they fear becoming looked after or being split up from their siblings. Whilst adolescents can find sufficient food for themselves, they are likely to be drawn to the availability of high-fat, high-sugar convenience foods if they have never learned to prepare meals. Adolescent risk-taking behaviour may be associated with, attributed to or exacerbated by a lack of parental supervision, which can expose neglected young people to the risk of harm through, for example, alcohol and substance misuse, risky sexual behaviour or criminal activity. Resilience to neglectful situations does not increase with age, and can have significant consequences for young people's emotional wellbeing including suicide³⁹.

It is important to recognise the different relationships that young people form in their neighbourhoods, schools and online. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Approaches such as contextual safeguarding aim to understand and respond to, young people's experiences of significant harm beyond their families⁴⁰. There is considerable symmetry between key elements of contextual safeguarding and the My World Triangle, which has an ecological approach at its core focusing on an individual in the context of family, interactions with others and the impact of social structures upon behaviour and choices⁴¹.

³⁹ Brandon, M, Bailey, S Belderson, P. and Larsson, B (2014) 'The role of neglect in child fatality and serious injury.' *Child Abuse Review* 23: 235-245.

⁴⁰ *What is Contextual Safeguarding?* Available at: <https://contextualsafeguarding.org.uk>

⁴¹ Orr, D. (2021) *Insight 60: Child protection in the 21st century: a role for contextual safeguarding*. Glasgow: IRIS.

Ways in which children and young people can experience neglect (source: adapted from Leeds Safeguarding Children's Board *Neglect Strategy 2017-2022* and Community Care Inform Research Resource)

Experiences of neglect by age group

This chart is an aid to support good professional practice and judgement. The descriptors are not exhaustive and should be used as a guide in a full assessment of a family's circumstances

Age group	Experiences of neglect by Horwath's classifications					
	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision/other issues
Pre-birth/ Prenatal	Involvement in drugs and alcohol. Levels of smoking may be a concern.	Issues such as poverty may impact on ability to provide adequate nutrition for mother and unborn baby	Parental childhood trauma or perinatal/mental illness or support needs that may present risks to the unborn baby. May also be coping with domestic abuse	Known or possible learning difficulties or physical or mental disability	History of chaotic or unpredictable behaviours. May also be living in poor home conditions, homeless or temporary accommodation	Other issues to think about are levels of support, whether the mother is at risk of sexual exploitation, young or teenage parent and care experienced.
Infancy 0-2 years	Responding late to a baby that is unwell, and not seeking timely medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can also be a link between neglect and obesity.	Lack of stimulation can prevent babies neural development. Attachments can be damaged, which makes learning more difficult.	Some parts of the brain are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune systems; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
Pre-school 2-4 years	May include missed health and dental appointments, and not seeking medical treatment or presenting late following accidents or for routine conditions.	Not eating enough per day or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay.	Without a secure attachment an infant may experience difficulties playing with peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factor in delaying a child's language development e.g. through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
Primary 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
Adolescent 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems and not accessing services. There may also be risk-taking behaviour e.g. in sexual activity.	Adolescents may be able to find food, but lack of nutritious food and limited cooking skills can lead to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.	The cumulative effect of neglect on adolescents may result in less engagement in school, challenging behaviour, low confidence, pessimism about their own ability resulting poorer academic achievement.	Poor personal hygiene may be present. Young people may be materially deprived and lack of access to personal possessions, and clothing similar to peers. This may compound issues with peer relationships and self-esteem.	Lack of curiosity about wellbeing, peer group and interests may impact on a young person feeling unloved and not cared for. They may seek other ways to meet their needs and to situations causing harm e.g. offending behaviour, unhealthy relationships, alcohol and drug use.