

# Preventing child neglect in the UK: what makes services accessible to children and families?

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

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neglect

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## SUMMARY

**‘Sometimes no-one believes you or no-one comes to your house to see what’s going on so no-one might know or can tell from the outside.’**

Neglect remains the most common form of child mistreatment in the UK. It is the most common reason for a child being subject to child protection measures. The majority of professionals surveyed in the online survey said they had come across child neglect in their role. A quarter of the UK adults surveyed have felt very or quite worried about the safety of a child living in their area. Nearly three-quarters of the children and young people had known a child or children who have shown signs of neglect and three in 10 children stated explicitly that they have been worried about whether a child is being looked after properly.

It is unacceptable that child neglect persists. This review offers a unique insight into the nature of neglect and how it is seen by children, parents and within communities. Our evidence shows what needs to be done. To drive change, a strategic, systematic and concerted response is needed by governments across the UK to tackle child neglect and ultimately improve the lives of children and young people.

### OUR NEGLECT REVIEWS

This is the third annual review of child neglect in the UK undertaken by Action for Children and the University of Stirling. This review emphasises the views of children and parents about seeking and receiving support.

Key developments in policy and available relevant statistics from across the UK were collated. Forty children and young people and 38 parents with experience of receiving support took part in discussion groups or interviews in five areas of the UK about the nature of neglect and help-seeking. We surveyed 1,970 adults and 1,582 children aged eight to 16 from the general public across the UK about how often they saw neglect and obtaining help for children.

We also asked 1,552 professionals about how often they encounter neglect and what influences their ability to help.

### PRESSURES ON SYSTEMS AND PEOPLE

We found that reductions in public sector funding are having an impact on systems for delivery of support and protection for children. Further, changes to welfare provision are having an impact more broadly on families. All professional groups surveyed thought that spending cuts will make it more difficult to intervene in the future. Thirty five per cent thought spending cuts have made their situation more difficult while 43 per cent think it will be more difficult in the future. Greater poverty or deprivation was the top reason given for increases in suspected child neglect. The parents we spoke to in small groups were struggling with poverty. They had difficulties managing on tight budgets and problems with housing costs.

### CARING FOR CHILDREN – CHILDREN’S VIEWS

**‘It’s nice to know that someone cares when older people or parents are not there for you.’**

In discussions children and young people said that home, food and clothes were important basic needs. As were a good home, good health, love from their parents and being encouraged with education. Young people recognised that, while money was important, the emotional aspects of being cared for were what really mattered to them.

Young people described signs of neglect including children being left on their own, having parents who do not care about them, being dirty and looking sad. They

said neglect can be physical or emotional, but that emotional neglect is worst. Among the children surveyed who had seen more than one sign of neglect, the most common sign was a child often being late or missing school. Young people identified reasons why parents were unable to care for their children, including mental or physical ill-health, unstable housing, alcohol or drugs, having troubled children or being abused by a partner.

## CARING FOR CHILDREN – PARENTS’ VIEWS

Parents identified similar child needs as the children and young people, although they were more aware of the importance of having enough money to provide for their children and offering a safe environment. They described the care they thought children needed in relation to practical, emotional and social aspects. They identified factors that they believed made it hard to care for children properly including the influence of their own up-bringing, relationship problems, isolation, depression and associated pressures, physical ill-health and disability in the family.

## SEEKING AND ACCEPTING HELP – CHILDREN’S VIEWS

**‘It can be a big burden for a child to ask for help.’**

Two thirds of the children surveyed thought that they have enough information about who to contact for help for others or themselves. Fifty two per cent of those who had been worried about another child took action by telling someone. Most commonly the first person they spoke to was someone they knew personally. Nearly four in 10 would prefer to speak to someone at their school either face-to-face or over the telephone if they had worries about another child. Just over one in 10 would prefer to phone or text a dedicated helpline about their concerns. If they needed help themselves the young people were most likely to say that they would turn to parents and carers, other professionals followed at

39 per cent while only 10 per cent would turn to social services.

Young people suggested who they would approach if a friend or another child was having problems. Most of the children and young people were able to identify someone who had been a help to them, including teachers, family centre workers and befrienders and, on occasion, social workers. Children and young people told us that adults needed to actively make themselves available to them, build relationships and ask the right questions in a non-threatening way.

Although children and young people had some good experiences of seeking help from teachers, some reported that teachers did not always look beyond the presenting problem or were driven by formal child protection procedures. Some young people had similar reservations about approaching their GP because they feared they would not keep confidences. Some described good experiences with social workers, but social workers were also sometimes seen as making things worse, taking decisions without explaining them and not relating well to the young people. At the same time, young people recognised that social workers were often involved when things were at their most painful for families.

## SEEKING AND ACCEPTING HELP – ADULTS’ VIEWS

**‘She is the kind of person who is there for you – no matter what.’**

The majority of adults surveyed (94%) agreed that people should become involved where they have concerns that a child is being neglected. Of those who had been worried about a child, around two-thirds told someone about their concerns. The majority of this group spoke to someone with whom they had a personal relationship. Of those who did not share their concerns, the most common reason was that they ‘didn’t have any proof/evidence’. Over half surveyed said that they did not have information about who to contact for help. If they had concerns

about a child’s welfare, over half would want to be able to phone or text a dedicated helpline. Nearly a third would want to have the opportunity to report their concerns anonymously via a website.

Parents identified the kind of early help that can prevent problems from escalating, including pre-school playgroups, short break services for children with special needs and disabilities, family centres and therapeutic services. Parents articulated how difficult it can be to ask for help as problems emerge. They described mixed experiences of help, including disappointment that health visitors did not seem to have as much time to visit as they used to. The parents described a range of family support activities that were helpful, including practical help, group work, support for fathers and parenting programmes. Experiences of contact with social workers had been mixed, although it was recognised that social workers had to make difficult decisions. Whatever the profession, it was the empathic human qualities that parents most appreciated, including listening, being accessible, spending time with them and explaining decisions.

Parents wanted accessible information about the different 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. Whatever the setting, the qualities of the staff that were described as key to encouraging people to seek professional help.

## PRACTICE RECOMMENDATIONS

1. The existing level of professional and public awareness of child neglect should be capitalised on for the benefit of children. People want clear and concrete information, preferably via a website and/or helpline about how neglected children can be assisted.
2. Although children who are neglected may not always be aware of quite what it is they are missing, practitioners who have a direct role in working with children can engage in sensitive discussion coupled with creative methods, such as photos and drawings, to encourage them to consider what it is that children need to thrive and to describe their own experiences and what they may be missing.
3. Practitioners should not underestimate the extent of the ambivalence of children and young people’s feelings about their circumstances. They should not be surprised if children and young people express the full range of feelings from detachment to distress to rage to despair. Many young people will need support to understand their own ambivalent feelings and assessments should capture the complexity of the family relationships.
4. Parents involved with safeguarding and protection systems are not always clear what it is that the professionals are concerned about, or what it is that needs to change. They may focus on practical issues as more tangible and because they create real pressures. Practitioners need to take the time to explore all the dimensions of parenting with parents and to offer very clear statements about what it is that is causing professional concern. Assessing parental capacity and motivation to change is an important part of this. They can then work alongside parents using a strengths-based approach to explore what their children need and what would help them to provide it.



5. Practitioners need to work alongside parents rather than appear to be dictating to them.
6. Social workers may believe that they have explained what is going to happen, but the pace of decisions and moves can be overwhelming for children and young people. It may be that such decisions and actions could be made more palatable if more time and consideration is given to how they can be paced and explained.
7. Whatever the profession, the human qualities appreciated by children and young people are universal and this needs to be a key consideration from the stage of recruitment, through to training, post-qualifying education and support of practitioners. Practitioners need to be given the confidence and personal leadership skills to be proactive and approach children when they have concerns about them.
8. Assessments of neglect should explicitly pay detailed attention to the wider environmental factors that place additional pressure on parents and affect children's lives. Packages of intervention need to include plans to address problems such as low income, debt and unstable housing arrangements.
9. Children and young people need access to clear information about how to seek help when experiencing neglect. The most obvious place to provide such information would be in schools. Neglected children may not attend school reliably and therefore information needs to be available more widely in the community and also via helplines and websites.
10. Schools are one of the most important places where a child needing help can be spotted. They can provide the ideal conduit for children to discuss their concerns and to offer support where appropriate. All schools should aim to infuse this level of pastoral care across all activities.
11. Education authorities should ensure that teachers are trained and supported to provide the kind of help that children

need. A key message for schools and teachers is that the onus cannot be placed on the child to approach teachers - teachers need to reach out to children about whom they have concerns.

12. The findings indicate the importance of dedicating resources to early intervention and family support services that are accessible to parents and can help to prevent problems escalating.

## 1. INTRODUCTION

**'If you see an unhappy kid you need to ask them what is wrong....'**

The extent of child neglect in the UK and the effects on individuals and society are now well recognised (Davies and Ward 2011). The potential of many children and young people is thwarted by neglect. Studies suggest one in 10 children in the UK suffer from neglect and neglect is the most common reason a child is subject to a child protection plan. At the same time, their parents face many of the problems associated with social and economic disadvantage (Cleaver, Unell and Aldgate 2011). Often these are the children and families who have been most hit by the economic downturn and increasing inequalities in the UK (Beatty and Fothergill 2013). They are those most in need of compassionate and effective professional responses. At the same time the practitioners in a position to help them are struggling to maintain services with fewer and fewer resources.

Action for Children and the University of Stirling have been working in partnership for four years to undertake reviews of the policy and practice with child neglect in the UK (Burgess et al. 2012; Daniel et al. 2012; Daniel et al. 2013). We worked with practitioners to develop proposals for improvements in responses to neglected children (Burgess et al. 2013) and to support professional development (Daniel et al. 2013a; b). Further information on our work is in Appendix A. This report describes the latest in our collective endeavours on behalf of neglected children.

## 2. THE ANNUAL REVIEWS

**The first two UK-wide annual reviews of child neglect were completed in 2011 and 2012 (with a Scottish extension completed in 2012).**

The key questions underlying those reviews were:

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

The aim of the 2011 review was to establish a baseline of the current situation for neglected children across the UK to inform the process of change. The 2012 review replicated elements of the first but also introduced a more in-depth focus on the role of universal services and the interface with children's social care. The reviews drew on evidence from policy analysis, statistics and professional views.

The 2013 review replicates some elements of previous reviews, but introduces a greater emphasis on the views of children and parents about seeking and receiving support. The voices of children, young people and parents who have experience of using services when there are concerns about neglect are central to this review.

### 2.1 HOW WE CONDUCTED THE REVIEW

The review took place between May and December 2013. Evidence was gathered in a range of ways. Details of the methods used can be found in Appendix B; but in summary:

- ▶ We checked for any significant changes in the statistical picture of neglect and for any new and significant relevant policy developments across the UK
- ▶ We undertook a total of 11 discussion groups and 4 interviews (single or paired) with children (aged 6 to 11), young people (aged 12-19) and parents who had experience of support, safeguarding and protection services in five areas:
  - 40 children and young people (21 aged 6 to 11 and 19 aged 12 to 19) who engage with Action for Children's services and have experience of neglect took part in 10 discussion groups or interviews in 5 areas of the UK. The discussions covered 2 main areas – what children need from their parents and children's views about seeking help for others and for themselves. The children and young people's responses were analysed within main themes and are either quoted directly in the report or paraphrased to give a general overview of the views held by the majority
  - 38 parents (8 male and 1 was also a grandparent) took part in 6 discussion groups or paired interviews across the 4 UK nations. The discussions covered similar topics to the groups held with children and young people. Parents' responses were analysed and reported in a similar way to those of the children and young people

- ▶ An online survey sought the views of:
  - 1,970 nationally representative UK adults (60% had children) across the UK about their perceptions of child neglect, how likely they were to try to intervene to help a neglected child, what might stop them and how helpful they thought professionals working with children might be if alerted
  - 1,552 professionals (pre- and primary school teachers, health professionals, social workers and police officers) across the UK about the frequency with which they recognise a child at risk of neglect, what influences their ability to help and what would make them more accessible to members of the public who are concerned about a child
  - 1,582 children aged 8 to 16 from the general public across the UK about how often they recognised possible neglect among their peers, what they thought neglect was and who they might approach for help for a child who they felt was not being cared for well

### 3. THE SCALE OF CHILD NEGLECT IN THE UK

As in previous years, neglect remains the most common initial category of those made subject to a child protection plan, or reason for registration (see Appendix C for a detailed statistical breakdown). In 2011-2012, the total number of children registered across the four UK nations citing neglect as the primary or a contributory reason ranged from 33 per cent (Northern Ireland), 41 per cent (Wales) to 42 per cent (England).

A different picture is beginning to emerge in Scotland where local authorities are now required to record risks and concerns in relation to the child rather than a main ‘category’ of abuse. For the 2,706 children registered at 31 July 2012, there were 5,705 concerns noted at the case conferences at which they were registered with the most common being emotional abuse (38%), neglect (37%), parental substance misuse (34%), domestic abuse (28%) and parental mental health (19%).

As in previous years, the majority of professionals who took part in the online survey said they had come across child neglect in their role (92% currently, 91% in 2012 and 2011, 88% in 2009). Primary school staff and social workers were the most likely to come across suspected cases of child neglect (just 4% never had in each profession), only 10 per cent of health professionals and six per cent of police officers stated that they had never come across suspected cases of child neglect. Around one in five police officers said they see cases weekly.

A quarter of UK adults have felt very or quite worried about the safety of a child living in their area. This proportion has not changed since last year.

This year, for the first time, children’s views were gathered. Of those who responded (n=1,582) nearly three-quarters (73%) had known a child or children who have shown signs of child neglect, e.g. not having friends to play with, looking unwashed or often dirty. A third had encountered a child or children who seemed as if their parents did not know where they are or what they are doing. Overall, three in 10 children stated explicitly that they have been worried about whether a child is being looked after properly.

It can be concluded, therefore, that the prevalence of neglect remains high and that that a large proportion of the general public, both adults and children, as well as many professionals, are aware of who these children are.

### 4. POLICY DEVELOPMENTS ACROSS THE UK

In the second of the reports looking at child neglect in the UK, we noted the extensive policy programmes in place in each of the four nations aimed at encouraging early intervention, tackling youth unemployment and improving the life chances of all children. These policy programmes are now underway and progress summarised below.

#### 4.1 ENGLAND

In England, there remains a focus on encouraging early intervention, reducing the number of ‘troubled families’, tackling youth unemployment and increasing social mobility. Funding was allocated to local authorities via the Early Intervention Grant, but this was absorbed into wider local government funding from April 2013. Money reallocated includes funding for the free early education entitlement and the Adoption Reform Grant. The Government stated that early intervention spending will be made visible through the publication of the funding profile for each local authority (Action for Children 2013). It is unclear the extent to which such funding addresses the specific needs of children at risk of neglect; and funding for local services, which may not easily be able to demonstrate clear explicit outcomes for children and families, could be under threat. This is of concern as it is usually a range of services working together that all contribute to reducing neglect and improving the life chances of children.

There is a stated commitment by the Government to improve the child protection system with measures such as the revision of the *Working together to safeguard children* statutory guidance. Although an explicit early help duty on local authorities which requires the provision of services has not been introduced. The Government has also committed to reforming the system of serious case reviews and a new Chief Social Worker has been appointed.

In 2013, Ofsted introduced a single inspection of children’s services which references early help and carried out thematic reviews of neglect and early help (at the time of publishing these Ofsted reports were not yet public).

#### 4.2 SCOTLAND

In Scotland, policies such as the *Early Years Collaborative* signal the on-going emphasis on early years and early intervention. Further, the impending *Children and Young People Bill* in Scotland addresses early intervention and prevention with provisions for increased childcare and preschool education. The Act will enshrine the *Getting it right for every child* policy in legislation thus requiring a single planning process for children and ensuring that every child and family has access to a ‘Named Person’ normally from Health services for children under five and from Education services for those over five. Formal protection processes should be embedded within the overarching framework for support.

#### 4.3 WALES

In Wales, the *Families First* programme offers early support to children and families. Integrated Family Support Teams now operate in every local authority. They work with families affected by parental substance misuse where there are concerns about children’s welfare. Intensive short-term interventions work across adults’ and children’s services. Early indications are that the service is beginning to make a difference to children and families in Wales, where the impact of parental substance misuse is being so keenly felt.



The Social Services and Well-being (Wales) Bill is expected to pass in Spring 2014 and will reform social care law in Wales. This will include establishing regional Local Safeguarding Children Boards and a national board for adult and child safeguarding. A clear legal duty on local authorities to provide a range of preventative services to meet the needs of their local population will also be introduced. Regulations and accompanying codes of practice will be developed throughout 2014-15, ahead of planned implementation by 2016.

#### 4.4 NORTHERN IRELAND

In Northern Ireland, the *Programme for Government* includes several provisions to support children and families. It includes commitments to reduce child poverty and increase childcare provision and family support. Several programmes or strategies are in place, or being developed, which demonstrate a commitment to supporting children and their families. They aim to encourage more integrated working across agencies and disciplines and to ensure that services are more accessible to children and families at an earlier stage of need.

The Safeguarding Board for Northern Ireland (SBNI) was established in 2012 following the publication of the Safeguarding Board Act 2011. The SBNI aims to safeguard and promote the welfare of children and young people. Functions include the undertaking of case management reviews in order to learn lessons in cases where children have died or have been seriously injured and the development of policies and procedures to help professionals and agencies work together more effectively.

## 5. PRESSURES ON SYSTEMS AND PEOPLE

**Despite the range of different policy initiatives in relation to children and families, it is economic policy that has become increasingly relevant to the issue of the welfare of children across the UK (Family and Parenting Institute 2012; Beatty and Fothergill 2013; Wilson et al. 2013). Our research indicates that reductions in public sector funding are having an impact on the delivery of support and protection for children, and how changes to welfare provision are impacting on families.**

### 5.1 PRESSURES ON THE SYSTEM

In 2012, the Local Government Association (LGA) for England published its financial outlook for councils in light of the Chancellor's Autumn Statement. The preliminary analysis concluded that 'our model shows a likely funding gap of £16.5 billion a year by 2019/20, or a 29 per cent shortfall between revenue and spending pressures' (LGA 2013, p2). Following the Spending Review in 2013, the LGA updated its funding outlook report to incorporate an additional 10 per cent real-terms cut to council funding for 2015/16 and has expressed concerns about the significant pressures this could add to children's social care.

Also announced was a cap on total welfare spending from 2015-2016 onwards meaning that if spending is forecast to exceed the limit then savings will have to be found. The Coalition Government introduced changes to the welfare system through the Welfare Reform Act 2012 and Universal Credit will provide a single payment for people who are looking for work or on a low income, and will be implemented between 2013 and 2017. Not all welfare changes are being fully implemented and Universal Credit is in the early stages of roll-out. The full impact of all changes is not yet known, however, early indications are that the impact of the reform programme will vary greatly from place to place as the spread of benefit claimants across the UK is uneven.

Public spending cuts have been a reality for all the professions surveyed for the past few years. Lack of resources is seen as a key barrier to providing help as shown in figure 1. All professional groups surveyed for this

review thought that spending cuts will make it more difficult to intervene in the future to some extent. Thirty five per cent thought spending cuts have made their situation more difficult (up from 29% in 2012), while 43 per cent think it will be more difficult in the future.

Of those surveyed it was social workers who reported having been hit hardest by public spending cuts, with nearly two thirds (65%) saying such cuts have made it more difficult to intervene. More (73%) think public spending cuts will make it more difficult to intervene in future. Over half (52%) of the police officers agree, saying spending cuts will make it more difficult to intervene in cases of suspected child neglect. Forty nine per cent already think this.

The financial climate, within which professionals are trying to implement the policies of early intervention and prevention, which is so important for reducing the numbers of children experiencing neglect, makes this very difficult.



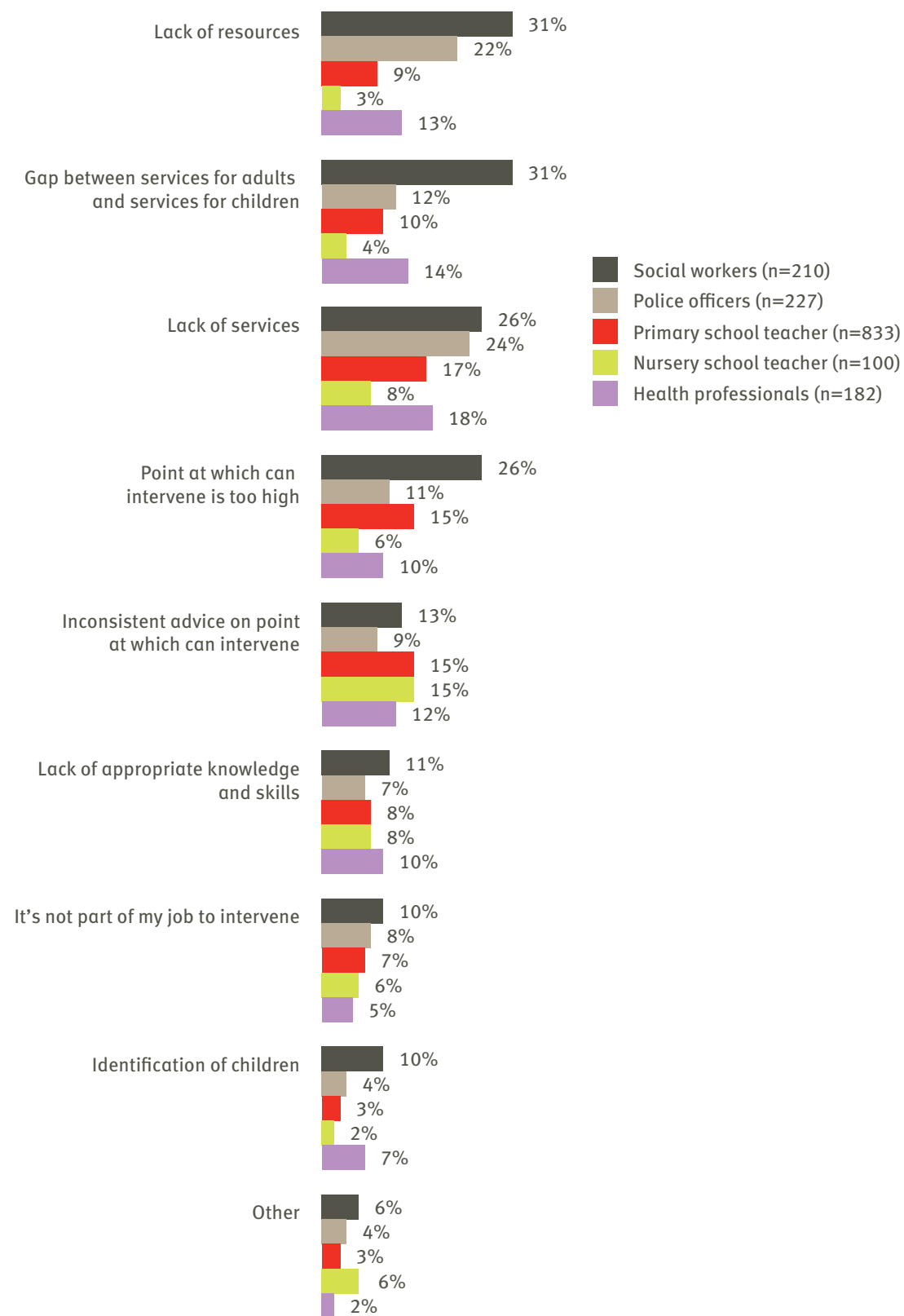


Figure 1: Which, if any, of the following barriers have ever prevented you from helping a child you suspect of neglect?

## 5.2 PRESSURES ON PARENTS

**‘Please don’t judge my parents, just because they are struggling doesn’t mean they are bad...’**

### Professional views

The online survey supported the hypothesis that increasing levels of family poverty will be associated with increasing levels of

neglect. Greater poverty/deprivation in the area was the top reason given to account for increases in suspected child neglect as mentioned by 66 per cent of professionals surveyed (see figure 2).

Deterioration in parenting skills was also cited as one of the most common reasons for an increase in cases of suspected child neglect, although the reason for this deterioration was not explored in the survey.

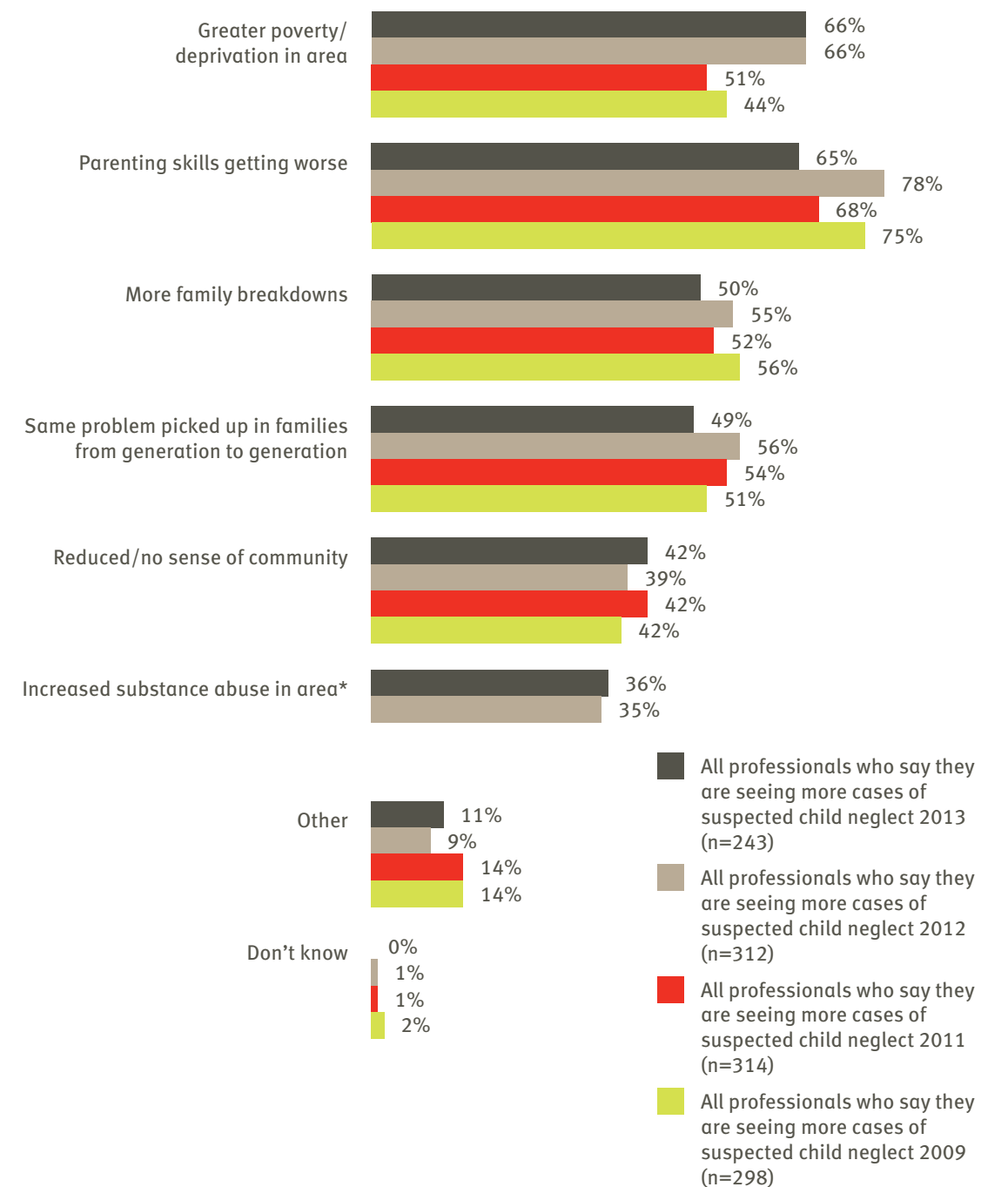


Figure 2: Reasons for the increase in suspected cases of child neglect

### ***Parents’ views***

The parents we spoke to in the small groups were clearly struggling with the effects of deprivation with many talking about the difficulties of making ends meet. They talked about the difficulties of choosing what should be a priority when spreading their income, for example, food, electric, nappies, water bills, TV license and how they dreaded the expense of buying school uniform.

**‘It’s really hard to manage on the money even if you’re working. If you’re a single parent with one child you are better off working, but if you have more than one child you’re not.’**

Housing also had been a struggle for many parents. We were told that the recent benefit changes relating to the Spare Room Subsidy known as the ‘bedroom tax’ was really hitting those who were on Housing Benefit.

**‘The government are putting money in the wrong areas and the benefits policies are wrong – with the bedroom tax and maternity benefits being cut and Council Tax rules are unfair. If you’re on benefits, even if you’ve always worked in the past, you’re treated like scum.’**

Parents said that they had to be made homeless to get on the list for housing and that it took many months to move from a hostel to a private, then council let. They often had to accept the first one they were offered, regardless of the area and whether they knew anyone there. The neighbourhoods they lived in were described by some as ‘scary’ and often risky for children:

**‘Our area is not one which you could let the kids play out by themselves. One park has a warden, which is fine, but others are strewn with needles and broken glass and teenagers often use the parks at night. We also have to move into areas where we don’t have family or friends.’**

**‘The parks are often shut or have signs saying “no ball games” on the green bits – children have to play in the road.’**

As one young person commented:

**‘The Government needs to listen and sometimes even to angry people as there could be really good reasons underneath about why people are angry’.**

### ***The context***

The financial restraints on services are running in parallel with impacts on families:

**‘Families are facing a triple squeeze of cuts to benefit and tax credits, high childcare costs and high costs of living. As austerity measures are carried through, families will serve as the shock absorbers of society. Short-term pressures on household budgets could undermine family resilience over the long-term’ (Family and Parenting Institute 2012, p.2).**

The most deprived areas are the hardest hit, meaning that the people living in those areas suffer the most. The financial loss in the areas most affected by welfare reform is twice the national average for a working adult. The loss for those in areas least affected by welfare reform is about half the national average (Beatty and Fothergill 2013).

Whilst the vast majority of parents living in poverty do not neglect their children, there is an undoubted association between poverty and neglect. This can be attributed to a complex interaction of factors exacerbated by living in poverty (NSPCC 2008; Spencer and Baldwin 2005). It requires extraordinary levels of organisation and determination to parent effectively in situations of poor housing, meagre income, lack of local resources and limited educational and employment prospects, as Horwath (2013) comments:

**‘...parents who...have very limited parenting skills are often attempting to meet the needs of their child in a context that even the most competent parents would find challenging’ (p. 38).**

Our analysis suggests that it is also likely that the roll-out of Universal Credit will make these problems worse. Individuals will be expected to apply and manage their account online, and receive monthly payments into a bank account. Support with housing costs will go direct to claimants as part of the monthly payment. People who are already struggling to manage their finances will find this challenging.

Another potential challenge for families struggling to manage their finances is the benefit cap. In 2013, the benefit cap broke the link between need and welfare and placed an absolute limit on the support any one household can receive. Households with children are disproportionately affected with more than 175,000 children caught by the cap (Action for Children 2014).

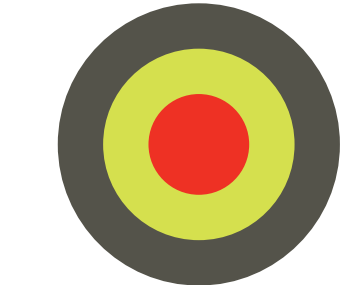
The economic downturn and wider reforms may have a significant impact on children living in neglectful situations. We are beginning to be better informed about the extent of the continued cuts to public services. Increased numbers of families are struggling financially in the areas of the country already trying to overcome challenges of local deprivation and high unemployment (Family and Parenting Institute 2012; Beatty and Fothergill 2013; Wilson et al. 2013).

6. CARING FOR CHILDREN

‘Children need parents to take care of them, give them cuddles and enough food; I was always hungry – I never knew what a chocolate biscuit was until I went into foster care.’

6.1 WHAT CHILDREN AND YOUNG PEOPLE SAY THEY NEED FROM ADULTS

The younger children (aged 6-11) used a target board in the focus groups to show us what they thought children needed from their parents and carers, with the most important things in the middle:



- House, health, food, clothes, family, help with school
- Money, friends, pets, praise, cuddles, fresh air
- Toys, sleeping, going to doctor and dentis

Children gave careful thought to their choices about what was most important and a home, food and clothes were considered to be basic needs. Emotional needs, such as praise and cuddles were next identified as important although one child did say that while cuddles were important for babies ‘when you are older you can live without cuddles’. Being safe, going to school and making friends were seen as very or quite important too, as were enough sleep and fresh air. It was interesting that furniture, attention, being clean and toys were seen by most as less important than many of the other things discussed. Having someone who cared about you, even if this was someone their own age, was important to children:

‘It’s nice to know that someone cares when older people or parents are not there for you.’

The groups of young people (aged 12 - 19) also used the target. They told us that children and young people needed:

- A ‘good home’, including warmth and enough food
- Good health
- Love from their parents, including safety and comfort



- A good home, health, love, safety and clothes
- School, social life and enough money
- Friends, consistent adults, not moving house a lot, attention

School and education, and having parents who encouraged children with this, were also very important to them as it was seen as way for their lives to improve. But there were also practical and financial aspects to this:

‘Free books for school and college would be a help, as parents can’t always afford to buy them.’

Young people also mentioned the importance to them of:

- A social life
- Plenty of clothes and shoes
- Parents who give pocket money

Young people recognised that while money was important for parents to be able to provide what the family needed, the emotional aspects of being cared for was what really mattered to them, both when they were younger and now as teenagers. Being given attention was important to young people:

‘Attention is really important as it shows that someone cares about you.’

Young people also recognised the importance of parents showing love through the guidance aspects of parenting, by way of fair discipline and aspects such as ensuring attendance at health appointments:

‘It’s important that people give you rows [tell you off] when it helps to guide you.’

‘Being nagged to go to appointments is important – it’s really important to keep healthy.’

Overall, the young people in the discussion groups offered very balanced visions of the kind of care that children need, and their views fit with developmental literature (Smith et al. 2011).

6.2 HOW YOUNG PEOPLE DESCRIBE NEGLECT

Views of children in the general public

There is little research on how children describe neglect, but one study by Kantor et al. (2004) described the testing of a child self-report scale for neglect, which collected information about a child’s experience in relation to parents’ or carers’ ability to meet their physical, emotional and developmental needs, and provide adequate supervision. A key finding was that children and young people who had experienced neglect were able to identify neglectful behaviours and relate this to their own experiences.

Information about the characteristics of possible neglect was gathered from the online survey of children in the general public. The young people surveyed were provided with a series of indicators of neglect and asked if they had known a child to experience them. As can be seen from

figure 3, children were aware of peers who were missing school, lacking in friends and lacking in physical care. Among those surveyed who had seen more than one sign of neglect, the most common sign was a child often being late or missing school, with 36 per cent saying that they had seen this the most often. Taken with the finding that primary school staff are amongst the professionals most likely to encounter neglect these findings highlight the key role of peers and teachers as sites of potential identification.

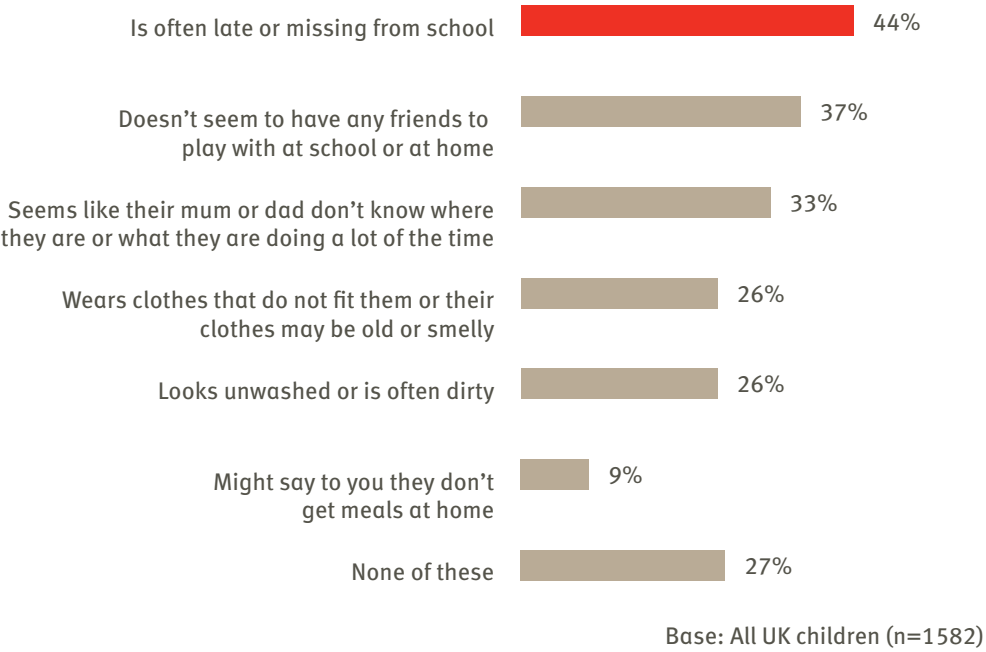


Figure 3: Have you ever known a child who...?

Views of the children we spoke to

‘Some children don’t know they are being neglected and not ever getting a hug is being neglected. If you’ve never had one, you just don’t know.’

The discussion groups asked young people to reflect on how systems can best help neglected children rather than probe them about their own experiences. However, some young people did talk more directly about what being neglected felt like for them. The most overt discussions about neglect were held with the older group of young people and they thought it was:

- ▶ Children left on their own or who have to go looking for food
- ▶ Parents who don’t care about their child
- ▶ Parents who can’t afford things (but rich people neglect their children too)
- ▶ Can be physical or emotional, but emotional is worse

Young people said that it often felt hard to talk to their friends about their home lives and the ways in which they were being neglected; this left them feeling isolated. Some young people told us they had felt that they were blamed by parents for the family having no money as ‘it had all been spent on them’. Some had also experienced bullying by peers, but tended to blame themselves and said that it was their own fault that they were being bullied. Some had noticed that neglected young people could sometimes become bullies themselves and might bully others for money or to get attention.

They told us that neglected children could often be identified by having ‘dirty and smelly clothes’ and ‘looking sad’ and that:

‘it depends on the situation whether it is classed as neglect – sometimes it’s deliberate, sometimes not’.

They noted that there is ‘quite a lot of neglect about’ and that young people who have been neglected can end up getting into trouble with the police and blamed by the Court when what is needed is support. Neglect was described by young people as:

‘Not getting loved – you’re on your own back.’

‘Left at home alone with no food.’

‘Not being able to have fun with your friends.’

Overall therefore, the children and young people gave a very clear picture of the material, and most of all, the emotional deprivation associated with neglect. The isolation some feel was summed up by one young person:

‘Sometimes no-one believes you or no-one comes to your house to see what’s going on so no-one might know or can tell from the outside.’



6.3 YOUNG PEOPLE’S VIEWS ABOUT THE REASONS FOR NEGLECT

‘My mum couldn’t think things through – she reacted too quickly, she did things without thinking, she panicked and then she didn’t do things right.’

Young people could identify many reasons why parents were unable to care for their children and which in some cases led to them being neglected. These included:

- Parents with mental health problems or who are ‘too stressed out to do stuff so shout’
- Parents who are physically unwell or have an illness
- Families not having a permanent house and moving around a lot
- Parents being on their own with children or needing a job
- Parents who use alcohol or drugs and just aren’t there for their children
- Having troubled children
- Parents who are being abused by a partner

The effects of an abusive partner were well expressed by one young man:

‘Maybe the mum has a boyfriend who wants all the attention and the mum might feel intimidated. He might ask her to go to the pub and she has to go and then the kids get left alone. He gets the priority. And the kids are frightened to tell anyone, that’s hard.’

While many young people could understand why their parents were unable to look after them, there were clearly many implications for those young people who had experienced neglect:

‘It would have been better if my mum could have kept us but if you’ve had a hard past, you think it’s ok to look after kids that way.’

Some young people felt angry and resentful. In addition to the emotional affects on them there were often practical daily implications, which in themselves brought added pressures. We heard about young people looking after younger siblings:

‘It’s a big stress on the older one’s shoulders, too much responsibility - too much thinking and puzzling – have I done everything, are they in bed? Are they still hungry? Will they be alright?’

Some young people said that they would learn from their experience of being parented and do this differently with their own children. There was a view expressed by a small number that:

‘Some parents you just can’t help.’

6.4 WHAT PARENTS SAY CHILDREN NEED FROM ADULTS WHO LOOK AFTER THEM

‘Children need love, compassion and understanding - we need to be able to step into their shoes, see where the child is coming from.’

Parents identified similar needs as the children and young people did, although they were more aware of the importance of having enough money to provide many of the things that children needed and also of the importance of a safe environment. They described the care they thought children needed in relation to practical, emotional and social aspects as shown in figure 4. As one parent commented – ‘what don’t they need?’

Practical	Emotional	Social
Routine	Love and support	Extended family
Boundaries	Stability	Being played with
Good housing	Being talked to	Parents and friends
Furniture and food	Someone to confide in	Safe neighbourhood
Clothes and School uniform	Praise and respect	Changes to try activities
Money for heating	Kept safe, but some freedom	
Transport to school		

Figure 4: What care parents think children need

Parents expanded on some of these points:

‘The children need love. We need to talk with them and be there for them. We need to think about them all the time – especially when they go quiet. It’s also important that they get time to be with other children to socialise and also not get too clingy to one parent.’

‘Children need boundaries and the parent not over-reacting when boundaries are over-stepped but be patient and tolerant.’

‘We need to play with them, give them time – turn the television or computer off and go for a walk with them – help them use their imaginations.’

However, there was a strong sense that these were not always easy to provide.

6.5 PARENTS’ VIEWS ABOUT THE REASONS FOR NEGLECT

‘Parents’ own problems – physical health, relationship problems, financial problems, depression – all make it hard to stay calm.’

Parents in the focus groups identified a number of factors that they believed made it hard to care for children properly and some aspects that added particular stresses. As well as the problems associated with economic deprivation identified above, they also talked about some of the personal factors that can affect parenting capacity.

Parents discussed the influence of their own upbringing and the impact this had on their own parenting, for example in deciding how to set boundaries and whether to be more or less strict than their own parents had been. It was generally agreed that ‘*getting discipline right is hard*’. Various strategies such as shouting, using ‘the naughty step’ and removing toys were discussed. Discipline was seen by some as ‘*tough love*’ and that ‘*grounding young people if they stayed out too late was a way of protecting them, not just being horrible*’. It was agreed that it was difficult to find calm and effective strategies when under strain and that it was important for extended family members to be consistent and back parents up rather than undermine them. Some had experienced periods in their own childhood of being looked after away from home or had friends who had and were concerned that young people in care could miss out on learning how to parent.

Relationship problems with partners were also seen to make parenting more difficult with both mothers and fathers citing this in some instances. While some mothers said they had good support from partners, others had not in that some fathers did not always ‘*do their bit*’. On the other hand, being a single parent was also described as difficult, it was hard ‘*being on your own*’ and ‘*not having someone to talk to*’. Some parents also suggested that support from family or friends and groups which encouraged peer support was helpful in order to avoid

isolation, to provide occasional breaks and to share responsibility.

Parents referred to depression and associated pressures, and they also talked about some of the problems associated with physical ill-health or disability in the family. If a child had a physical disability, learning difficulties or a diagnosis of ADHD, parents talked about sleep deprivation and problems in finding family or friends to look after the children now and then to give them some respite.

Issues of isolation, mental health problems and domestic abuse have all been identified in the research as associated with neglect (Cleaver et al. 2011). Unlike the children and young people, the parents did not talk in detail about the impact of severe mental ill-health and substance misuse – both known to be also associated with neglect. This is perhaps not surprising given the sensitivity of these topics and the group nature of the discussions.

7. CHILDREN AND YOUNG PEOPLE SEEKING AND ACCEPTING HELP

‘I think it’s the adults who need to approach children if they think something’s not right, it’s not up to the children to approach them. It can be a big burden for a child to ask for help.’

7.1 VIEWS FROM CHILDREN GENERALLY

The children and young people surveyed provided very useful insights into the experiences and views of the general population of children about help-seeking. Overall, two thirds (66%) thought they have enough information about who to contact for help if they were worried about another child or if they’re not being looked after properly themselves. Of the 459 children who stated that they had been worried about another child, 52 per cent took action by telling someone. Of this 52 per cent, most commonly (81%) the first person they spoke to was someone they knew personally, either their own parents/carers, siblings or other relatives. The majority of those surveyed (60%) chose to speak to the person because

they felt safe speaking to them. Only two per cent started by telling social services and 19 per cent another professional.

Of the 48 per cent of children who did not tell anyone about their concerns, half said they did not do so because they did not know for sure if it was a problem or not. The implications of this are that opportunities for earlier intervention may be missed because by the time it is certain there is a problem the problem itself will be more entrenched. A quarter did not have any proof or evidence, which rose to a third (33%) of those aged 14-16. A quarter did not think it was any of their business, with a further 23 per cent not knowing who to tell, and a fifth (21%) unaware that they should tell anyone about their concerns.

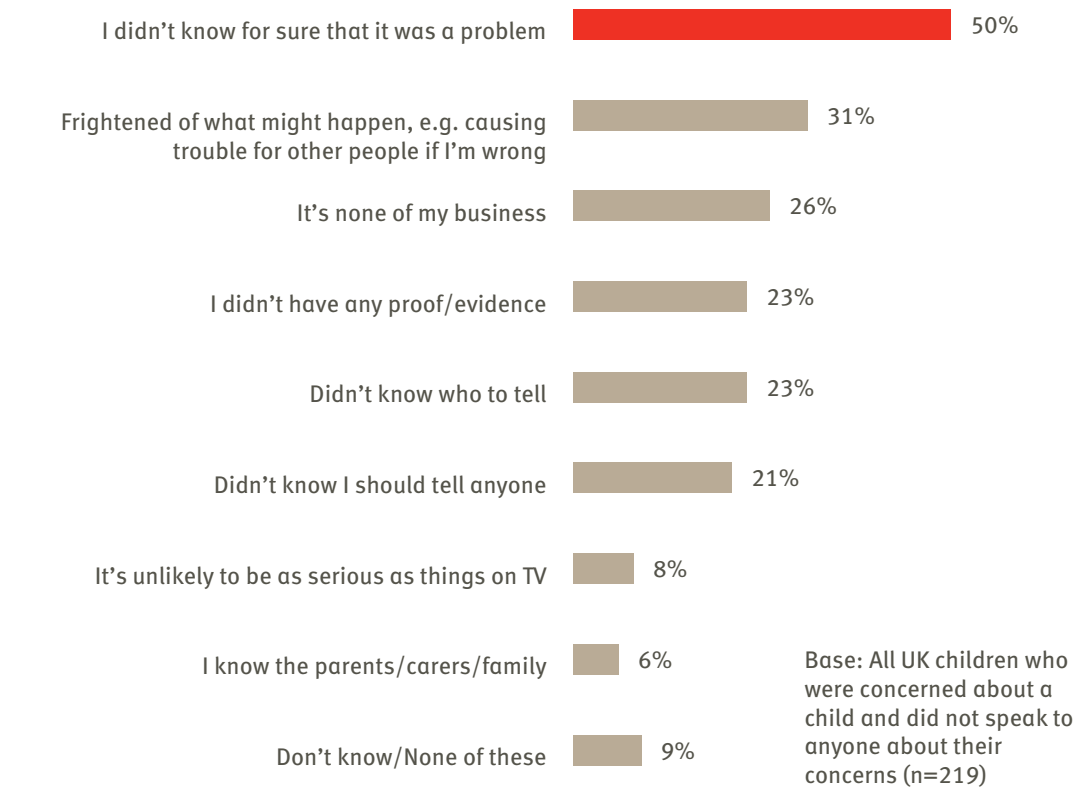


Figure 5: Why didn't you tell anyone that you were worried about other children?

Among those who had not felt worried about a specific child, 56 per cent thought it would be good for a friend to go to another professional – doctor, nurse, teacher, etc. – for advice if they need help. Only a quarter (26%) would direct them there *first*. A large proportion of those surveyed (46%) thought it would be good for their friend to go to their family or friends first.

If they needed help themselves the young people were most likely to say that they would turn to parents and carers (76%), other professionals followed at 39 per cent whilst only 10 per cent would turn to social services as shown in figure 6. This is also similar to the findings of Jobe and Gorin (2013) where a parent or family member was often the first adult a young person would turn to.

We asked young people what they would like to do if they had concerns about a child. Nearly four in 10 (38%) would prefer to speak to someone at their school either face-to-face or over the telephone if they had worries about another child. Girls were significantly more likely to want to do this than their male counterparts, 41 per cent compared with 35 per cent. Just over one in 10 (13%) would prefer to phone or text a dedicated helpline about their concerns, this figure increased to nearly one in five (18%) for those aged 14-16. A similar proportion of children (12%) would prefer the option to report their concerns anonymously via a website, anonymity was especially preferable for children aged 14-16 with one in five (20%) saying they would prefer this option.

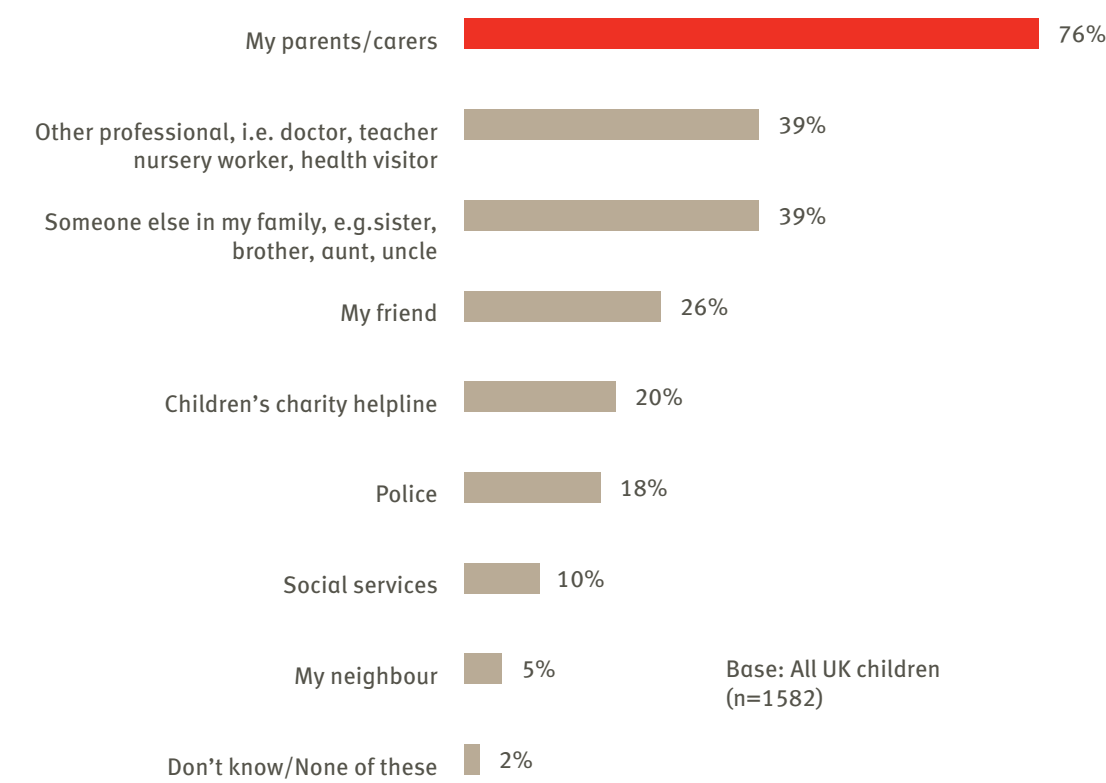


Figure 6: If you needed help, who would you go to? Please choose all that apply

Overall, evidence suggests that a range of options must be available to children and young people, some involving trusted people and places and some providing more anonymity. It is difficult to gauge the extent to which the views of the children and young people who responded to the online survey can be generalised to the specific population of children who are struggling with unmet needs. Some aspects of experience may be a little different, including ease of access to technology and access to wider human and material resources to support help-seeking.

7.2 VIEWS OF THE CHILDREN AND YOUNG PEOPLE WE SPOKE TO

Using provided scenarios, and pictures representing various adults and professions, the younger children came up with many spontaneous suggestions about people they would approach if a friend or another child was having problems or who they would suggest that the friend should go to for help.

Young people told us what stops them from going to adults for help:

- ▶ Being unsure whether the adult could be trusted to keep confidences and not tell other adults or the young person's parents
- ▶ Not knowing whether the adult is a 'safe person' to talk to
- ▶ Uncertainty about whether the adult has time to listen and what their reaction will be to what they are told
- ▶ Uncertainty about whether the adult has training to be able to help
- ▶ Fear of the story being 'twisted' in some way if relayed to others
- ▶ Fear of other children finding out and being teased or bullied

These findings are congruent with findings from existing limited research on children's help-seeking in that friends are often the first person a child or young person talks to about their worries before approaching a family member or professional for help (Broadhurst 2003; Daniel et al. 2011; Vincent and Daniel 2004). In fact, it is often

on the advice of, or with the support of peers that the young person would then approach a family member, carer or professional (Jobe and Gorin 2013).

Young people with experience of services have commented that the fear of not being believed is an obstacle to seeking help and that they have worried about whether telling someone might make things worse at home. They have not always felt listened to or informed about what happens next and describe a tension between the needs of young people and parents on the issue of information sharing and confidentiality or that there was a lack of action (Jobe and Gorin 2013; Vincent and Daniel 2004).

What emerged, though, from the children we spoke to, is that if children and young people can be reassured about some of these issues they often do find someone to confide in – especially if the adult notices that they are unhappy and asks them why, or they have developed a relationship with the person.

People identified by children and young people as helpful

**'Some kids don't realise they are neglected until they get to primary school - because it has just been their life, so teachers need to ask.'**

In the discussion groups most of the children and young people were able to tell us about someone who had been a help to them. Usually, in the case of adults at least, they had been approached by the adult rather than being the one to make the approach.



## Teachers

Teachers were sometimes seen as helpful adults, especially if they gave the right openings:

**‘Teachers can be good – especially support teachers if they can find a quiet space to talk.’**

**‘Teachers do ask if you are okay’.**

Teachers in guidance and support roles can provide help to children in practical ways, for example in negotiating new deadlines for homework with subject teachers when there were problems at home. We heard about one teacher who had been helpful in some respects although had not openly asked what was happening at home:

**‘She (the teacher) realised but I think she was worried about asking me. They need more training and also need to have the time to ask children what’s going on at home – I would have told her if she’d asked me. But she was kind to me, all the same’.**

However, a down-side was that:

**‘If you find a teacher (or counsellor) who is approachable it’s hard when they leave.’**

A study of disclosures of abuse and neglect suggested that, after informal recipients of disclosures, teachers were the most likely professional to be turned to. But the study also stressed that professionals had to be proactive:

**‘The research has emphasised the need for professionals to ask young people about abuse in a direct and developmentally appropriate manner, while ensuring they are safely able to disclose’ (Allnock and Miller 2013, p. 7).**

Wider research is mixed about how children and young people respond to teachers. Some note that teachers can be important individuals because a child or young person’s daily contact with a teacher can provide the space and time to build the relationship that is identified as important by children and young people (Featherstone and Evans 2004; Vincent and Daniel 2004; Jobe and Gorin 2013).

However, others note that at times teachers can appear unavailable.

## Social workers

Social Services or social workers did not tend to be described as a first port of call for help for self or others. Discussion about social work contact was therefore based largely on the experience of these young people later on in the process. The younger children were more likely to describe helpful experiences:

**‘My social worker is good – she is very nice and friendly, interested in me.’**

Just a small number of the older young people told us about good experiences with social workers:

**‘I have had a good experience with the out of hours social worker...she came and made a connection with me, and even though she couldn’t do anything, she talked to me at my level and listened to what I said.’**

Good and consistent relationships with social workers who were able to offer long-term support have been noted in research, but relationships can be more inconsistent at the point of referral especially if young people have to speak with a range of duty social workers. However, it is at the point of referral that it is crucial for the social worker to have time to establish a connection with the child or young person so that they can be supported to share painful and personal information (Jobe and Gorin 2013).

## Other professionals in universal and targeted services

Children and young people told us about other professionals with whom they had made good relationships, usually when referred to them by social services. One young person told us about a local authority Family Centre befriender who had made a huge difference to his life:

**‘[Name] was my safe person. I knew as soon as he walked in – I knew he was there to make a change and was someone I could confide in.’**

He also suggested how relationships in the

family could be nurtured and the importance of fathers to some young people:

**‘What would be even better would be to get the dad to join in too. Find something they all enjoy and put him at ease first. If the dad and son had that connection, spending an hour a day with that kid could mean the world to him - some dads just don’t realise how much it’d mean to that kid.’**

Generally, staff from third sector agencies, (including Action from Children from whom these particular young people were receiving support), were described as good to talk to because ‘they can understand.’

**‘The Action for Children people are good – they do practical stuff with me and can hurry things up when I need stuff.’**

Other people who children identified as having helped them included:

- ▶ The dinner lady and the janitor at school
- ▶ Local Police officers, if known to the child
- ▶ Health visitors: ‘they are usually kind and they look at the child fully – all their progress, not just health’
- ▶ Friends and family

Writing down problems and feelings were seen by some children as a non-threatening way to express themselves and communicate with others. Rather poignantly, pets were seen by some children and young people as good listeners and a comfort:

**‘My pets – they give me cuddles.’**

**‘I used to talk to my dog and it really helped me.’**

Overall, the children and young people could describe receiving help and an important overarching message was that:

**‘You can have a safety net with one person.’**

## Factors identified as helpful to children and young people

**‘If they spoke to me like a person, not speak in a way that makes me think they are not listening.’**

Children and young people were very clear about why certain people were a help to them and why they were able to open up to them and accept their help. Really listening, being honest and explaining what might happen were also considered important.

**‘They need to be friendly, show respect, be like an older sister, not talk down to you (which social workers sometimes do).’**

**‘It’s mutual respect – you care what they think about you, you don’t want to disappoint them or let them down.’**

**‘They need to really care about their job.’**

**‘It’s good if they take you out to places for coffee (most social workers don’t do this).’**

The young man who had developed a trusting relationship with his befriender described in detail why the relationship had been a help to him and his brother.

**‘It was the vibe, the way he talked to us, his confident, jokey manner. He gave us as much time as we needed – we had fun and enjoyment and he was someone I could confide in. It’s about finding a thing that you both like to do.’**

In essence, the befriender had a good approach and manner, right from the start, which made the brothers feel safe with him and he also gave them plenty of his time.

**‘[Name] was good at asking me in careful ways how things were at home and if I was comfy there. I could open up more when I was out of the house, when we went out to do things like activities. It’s harder to talk in places where wrong things have happened.’**



Young people talked about being more able to relate to professionals who were closer to them in age and who used young person-friendly methods of communication, such as texting, rather than writing formal letters, for example to make appointments. One young person trusted and talked to her form teacher because *‘she was open about her own difficult experiences when she was a young person’*. Another said that *‘smiling and being friendly’* was a good way of indicating willingness to listen.

Friends were often described as a good support although young people were wary about over-burdening their friends and then losing them, or over-burdening them because they also had their own problems to deal with. It was sometimes difficult to tell friends about what was happening at home because they might not understand, they might get bored hearing about it or even spread it around at school. This suggests that children need advice about how best to help their peers when they are concerned for another child.

In general, talking to someone and being listened to was highly valued.

**‘It is good to talk about stuff to the workers here; if I keep things in I explode.’**

***What would make asking for help easier?***

**‘They should explain what their title is, what it means, what they do and why they think they can help me’.**

Children and young people told us that the key factor in their ability to approach and seek advice and help was adults actively making themselves available to them, building relationships and asking the right questions in a non-threatening way:

**‘Teachers need to ask ‘How are things? ‘Are you comfy at home?’**

**‘Maybe if there was one named teacher in school who we could go to about neglect, or our problems, or our friends problems, that would help.’**

Fear, or at least mistrust, of many adults was often expressed by young people:

**‘I just thought everyone was bad when I first met them – I couldn’t trust anyone. I was too hyper, too much energy.’**

**‘Sometimes it is just difficult to say what is difficult.’**

Research consistently identifies that the key elements in being able to confide in someone is having space and time to build a relationship with an adult, young people having confidence in themselves, feeling safe to speak and trust in the adult and retaining some control of the situation (Jobe and Gorin 2013; Daniel et al. 2011; Broadurst 2004; Vincent and Daniel 2004; Hallett et al. 2000). Suggestions were made about ways to help with this, such as:

**‘There could be a box that you could write your problem down and put it in if you were too frightened to speak to someone.’**

**‘Perhaps someone, like from [a charity], should go into classes at school to talk to or notice children who need help. They already go in and talk about how to keep yourself safe.’**

**‘Have assemblies at school to make children know about neglect.’**

We were told that it was important that children should have access to a ‘safe person’:

**‘What kids need is a safe person – someone you can call on for advice and help, whose name and number is on a card that may be a secret from your dad, or he’ll get angry, not necessarily a social worker but a support worker someone confidential and who you can trust.’**

And when we asked how children could find out about this person one idea was:

**‘Maybe through school but it would have to be done carefully so other children wouldn’t know and then they might get bullied. Or maybe someone they get to know through other activities like football – it’s got to be done in a safe way for the child. And if you feel safe you can say more and open up more.’**

**‘The teachers could bring the “safe person” into the school, into the classroom for 15 minutes during class or even into the playground to get to know kids, doing cool activities to build that trust. But not so that the kid stands out or they might get bullied. Then they could move from being “cool” to being the “safe person”.’**

The effect of this would be that:

**‘You’d be able to pour your feelings out to them instead of them being squeezed out of you.’**

One young person told us that it can be hard for young children to approach an adult, even to ask their name, which emphasises the need for adults to make this as easy as possible for children.

**‘His name badge was important too – sometimes it’s scary to ask someone’s name, you don’t know what they’ll come back with, you don’t trust people. It would be even better if the badge said the name and had “Safe Person” written on it underneath. You need to know they are a safe person and who they are – they need to be the right person.’**

Young people advised us that, once a young person had confided in an adult:

**‘Adults need to take children seriously but not over-react or jump to conclusions. Sometimes a situation needs time or a chance to change.’**

**‘We need to have assurance that people will listen.’**

The importance of location and how it feels to walk in and to be there and how conducive it is to feeling at ease and able to talk was stressed. One young person suggested that what might be useful could be:

**‘A building with staff who people can go to for help. Help for everyone for everything, the lobby would be all nice and painted; they would be very nice and kind, ask what the problem is and then help to sort it out. So you don’t have to go to all different places.’**

**‘It would be good to have a safe place to hang out, like the common room at college. A place where we are not watched over 24/7.’**

One group of young people suggested a radical rethink of services for young people:

**‘Social services should be shut down and there should be something else – more like a support service with staff who can talk to young people. Or else local authorities need to know how to hire good staff – maybe involving young people in their interviews of new staff, to find out about their past experience and see how they come across. At Action for Children, young people have ‘Right Choice’ training to do this and some of us have interviewed new staff’.**

***Factors identified as unhelpful for children and young people***

**‘Schools and teachers are supposed to help and they can, but sometimes they are too stressed and busy.’**

While some teachers had the qualities and approach which enabled children and young people to confide in them, there were reasons why some had not been a help. Teachers do not always look beyond the presenting problem, for example, many neglected children experience bullying from their peers, so it can be a sign of concern, but in the experience of one young person:

**‘No-one helped me when I was bullied. Teachers didn’t take it seriously – they said it would get better. It didn’t...’**

Although children and young people had some good experiences of seeking help from teachers, many were seen as uncaring and some young people felt that formal child protection procedures were getting in the way of teachers getting too close to young people. Often it was not seen as the teacher’s fault but more about teachers having to share information which could then be misinterpreted or mis communicated. Whilst young people recognised that information sometimes had to be shared between adults, especially if things needed to change, it was important that this was discussed with them properly.

Some young people had similar reservations about approaching their GP and while some said they might talk to their doctor if they were anxious or depressed, generally they were not seen as caring or good at listening and were seen as untrustworthy in that they would not keep confidences.

Reference was made to health staff working at Child and Adolescent Mental Health Services who were described as patronising, counsellors who were *‘bored – she didn’t look at me, she was writing things on her pad the whole time’* and at youth centres which were seen as *‘rubbish – just not relevant for our age’*. Overall, young people’s experiences of counselling were mixed:

**‘Counsellors are supposed to help, but they must have a positive attitude. Counselling should be less formal, more relaxed. The staff at my Pupil Referral Unit listened to me and changed the counsellor - the next one was nice and helped me through stuff.’**

**‘We shouldn’t be forced to go to counselling- that doesn’t help.’**

Another important message was about the location for discussions about difficult topics; it clearly made a difference for some young people for this to happen in a safe place or at least away from their home.

While there were examples of good experiences, for the young people we spoke to social workers were often seen as *‘making things worse’*. Young people commented that they *‘didn’t seem to care’* and even that *‘they need you more than you need them’*. One young person commented that:

**‘You have to outsmart them (social workers) – prove that you don’t need them.’**

**‘We had a social worker – but coming in once a month wasn’t enough. If there’d been a trauma or something you needed at least an hour, maybe once a week. Not too long though – just enough to get it off your shoulders.’**

In addition to not having enough time to spend with them, some social workers were described by young people as *‘not being able to see the obvious’*, *‘concentrating on the wrong things’* and *‘believing the wrong person’*. Young people talked about cases being closed when they shouldn’t be because there was not enough evidence of neglect. They also mentioned that:

**‘Social workers just treat you like a case, rather than a person.’**

**‘The social worker just didn’t try to understand, they thought they knew best.’**

**‘The social workers were intimidating.’**

We also heard about situations where it was felt that they could have been more honest with children.

**‘When I was put into care at 11 the social worker didn’t tell me that I was going to foster carers – I had no preparation for the move. They just said I was going to see this family and then my bags were there and I never went home. They needed to slow it down – they sprung it on me.’**

Young people recognised that social workers were often involved when things were at their most painful for families and that *‘sometimes it’s just too hard to talk’*.

While there may be reasons why young people, as they become older, are more distrustful of social workers, possibly because they become more aware of the possible implications of statutory social work involvement in their lives, it was clear that many social workers were not gaining the respect and trust of young people.

## 8. ADULTS SEEKING AND ACCEPTING HELP

**‘It’s a fine line between asking for help or not – will it look like I’m struggling? Will they think I’m struggling too much and take my bairns (children) away?’**

### 8.1 ADULTS IN THE GENERAL PUBLIC

The online survey gave insights into the views of the general public, crucially that an overwhelming majority of UK adults (94%) agree that people should become involved where they have concerns that a child is being neglected.

Of those who had been ‘very’ or ‘quite worried’ about a child, around two-thirds made the decision to tell someone about their concerns. This figure has not changed significantly over the past two years (2011 – 62%, 2012 – 67%, 2013 – 65%). The majority of this group spoke to someone with whom they had a personal relationship. Over a half (53%) spoke to a family member, partner, friend, or neighbour, with four in 10 (41%) turning to them first. Fewer people spoke to someone in a professional role such as social services (22%), police (12%) or other professional such as a doctor, teacher, nursery worker or health visitor (32%). A similar proportion to last year chose not to voice their concerns about a child they were concerned about to anyone (35% currently, 33% in 2012). The most common reason why is because they ‘didn’t have any proof/evidence’ (29%), as shown in figure 7. Again, this is concerning as it means problems may need to escalate before someone feels confident to take action.

Nearly half of those surveyed (49%) would recommend a friend to seek advice from another professional, like a doctor, with just under a third directing a friend to social services. Those who know who to contact if they suspect a child is being neglected were significantly more likely to direct a friend to social services than those who don’t, 49 per cent compared with 35 per cent (see figure 8).

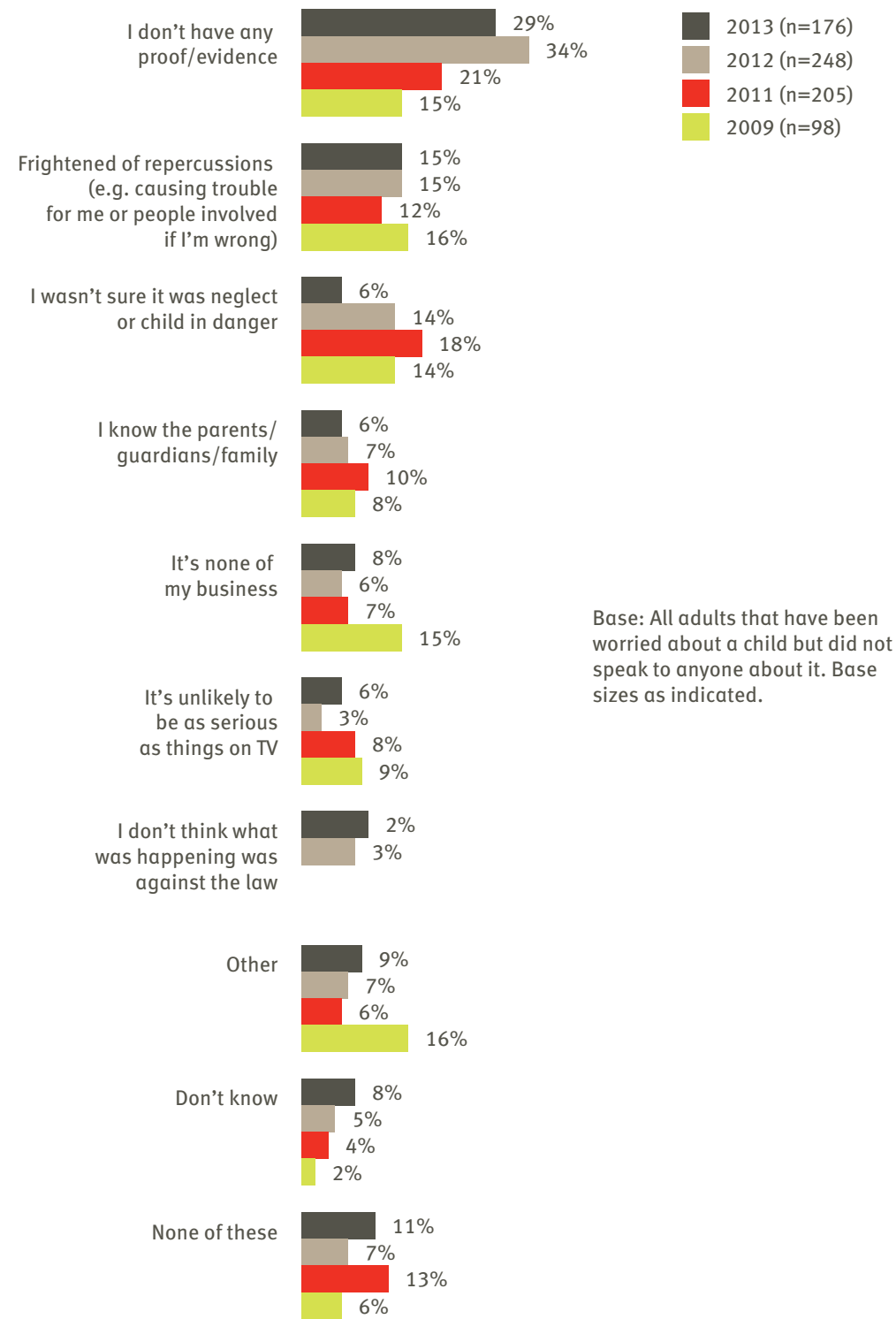


Figure 7: Which of the following reasons best describes why you did not feel worried enough to tell someone about it?

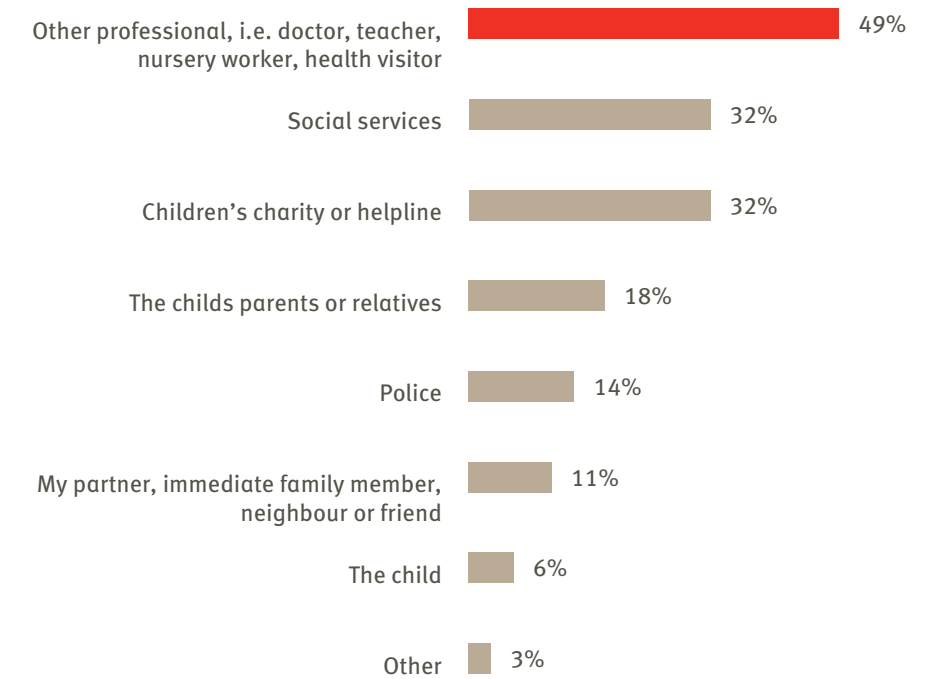


Figure 8: If you were recommending to a friend where to seek advice or support in looking after their children who would you advise them to go to?

Over half (55%) said that they want more information about who to contact for help if they are worried a child is being neglected, compared with 23 per cent recorded in 2009 (see figure 9).

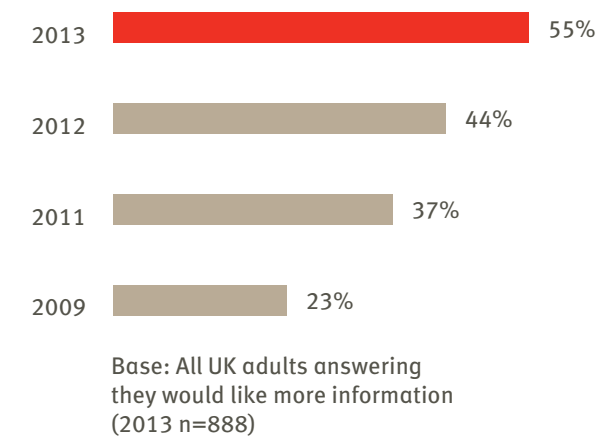


Figure 9: I don't have enough information about who to contact if I'm worried a child is being neglected



When asked what they would prefer to be able to do if they had concerns about a child’s welfare, over half (54%) would want to be able to phone or text a dedicated helpline. Nearly a third (32%) would want to have the opportunity to report their concerns anonymously via a website.

### *Views of the parents we spoke to*

**‘If you get a good person it really makes a difference.’**

### **Early help**

The parents we spoke to had had a range of help at various times from various people. Much of their conversation was, therefore, influenced by the actual help they had received rather than on how they had first sought help. But they were able to reflect on the kind of early help that could have prevented problems escalating in the first place. It was generally agreed that learning to become a good parent could be hard, particularly if you were parenting alone or you had no-one to call on for support. In one group a parent commented:

**‘When you first get the baby you think – what do I do with this? You are clueless - sometimes you can ask the Health Visitor but they disappear too quickly.’**

Parents identified services that they believed would prevent children being neglected which, sadly, are the kinds of services that are at risk of cuts in the current climate:

- Pre-school playgroups and respite care for children with special needs and disabilities
- More Home Start services and Family Centres
- More therapeutic and psychological services for children and parents

Parents also suggested that more opportunities for adult education and training would lift some of them out of poverty, increase their self-confidence and social networks, and enable them to offer their children a more fulfilling childhood.

## **8.2 ONCE PROBLEMS START TO EMERGE**

Asking for help is a complex and difficult process influenced by several factors which contribute to how parents think about their situation and whether or not they decide to ask for help (Platt 2012; Daniel et al. 2011; Shanley, Reid and Evans 2008; Broadhurst 2003). This includes whether parents think there is a problem or not, or whether the same level of concern is shared between parents and professionals. Other factors include whether parents have the confidence to ask for help, concerns about the stigma of asking for help and concerns about what happens when you ask for help. Parents have also reported that getting help is often experienced as difficult and stressful (Baistow and Hetherington 1998), may not result in getting the service they feel they need (Girio-Herrera, Sarno Owens & Langberg 2012; Broadhurst 2003) and that there is still a fear that the children will be removed (Baistow and Wilford 2000).

One of the parents commented on the paradox of when to ask for help:

**‘It’s hard to ask for help – they don’t give it until they decide we need it.’**

### **Health visitors**

We heard about the mixed experiences parents had of the help provided to them by health visitors – some parents had found them to be very supportive:

**‘My good experience with my health visitor is because she will come and visit, try and explain things but without judging, and she is flexible. But it can come down to personal taste and how you get on together.’**

There was a general sense of disappointment that health visitors did not seem to have as much time to visit as they used to and parents could usually only see them at clinics.

### **Family support**

Family support in the community and via children and family centres can be provided at different stages; sometimes early family

support is provided with the specific aim of preventing early signs of problems escalating. In other cases it is provided as part of a package of more intensive support and monitoring after more serious concerns have been identified. The comments, here then, do not apply only to the support in the context of emerging problems.

In Northern Ireland, we heard about the support offered by religious organisations, although their strength was seen primarily in the provision of practical help, such as coal and toys. It was felt that they sometimes minimise parents’ worries by saying *“‘it’ll be fine” – when you know it won’t be’*. Community groups and centres which provide summer play schemes for children and Extern, a charity which provides help for older children and adults with complex needs, were also commended.

In England, parents who attended Sure Start Children’s Centres had found them to be a help – this was particularly the case for the group of young mothers we met with. They had made supportive friendships as a result which had lasted beyond the life of the parenting and support groups they attended.

The Community Child-minders Scheme had been a help to some parents in Northern Ireland and others told us about Home Start which had offered them practical help and respite. It was important to get a ‘good match’ (with your helper) and it was regretted that there was often a long waiting list for the Home Start service.

On the whole, the emotional and practical help provided by family and parenting support workers, often employed by third sector agencies, was most valued.

**‘My family support worker just sat and listened and asked ‘how can I help?’ rather than telling me what I needed – or what they thought I needed.’**

In some cases, including fathers in service provision and listening to their viewpoint were also considered to be important – for both the partners in a relationship and for

the children. All the fathers we talked with were involved with Father’s Groups or had individual help from a male family support worker. The fathers found their involvement with a male worker who they could relate to helped them fulfil a positive fathering role:

**‘The fathers’ worker at Action for Children is very good – he gives me time, support and practical help.’**

Once families are involved with targeted support services they often take part in parenting programmes such as the Strengthening Families course. Some parents had found these very useful whereas others had mixed experiences. For some, the main attraction was the informal chat with other parents at the end – that was valuable in itself, as it felt good to be part of a group. Other parents said that they preferred parenting support to be delivered to them on a one-to-one basis rather than in a group.

### **Social Workers**

Social workers are, again, unlikely to be the first port of call so the comments here are based on, often, quite extensive experience of contact with social workers. Some parents gave examples of individual social workers who had been supportive because they listened to them and their children and wider family. Specialist social workers, for example those working with families with a child with a disability and those working with Armed forces families, were often seen as empathic and experienced. Some parents voiced their understanding of the difficulties often faced by social workers who have to be careful not to always take what some parents say at face value:

**‘It’s hard for social workers – they have to be suspicious because some parents are abusive, so they need to be vigilant. Some parents are very clever at covering things up and talk a good game. The social workers have to look at the child’s welfare and ask the right questions.’**

In other studies, parents have commented that positive experiences with services were those where the professionals did not focus entirely on the risk factors (Baistow



and Wilford 2000) and that support was given beyond the narrow focus of parental behavioural change to also consider the issues such as income and childcare (Broadhurst 2003)

### ***Factors identified as helpful to parents***

**‘She is the kind of person who is there for you – no matter what’.**

Although we heard about professionals from across the range of services who had been helpful to parents and others who had not been, those who had been most effective had certain characteristics in common or adopted an approach which seemed to make it easier for parents to accept help from them:

- It was of primary importance to parents to be listened to carefully – they appreciated being asked what they thought they needed rather than told

- Parents stressed the need for professionals to be accessible and available at times when they most needed support-

**‘My family support worker helps, doesn’t judge, listens to me and if I am upset she comes out – even at week-ends.’**

- It was helpful for parents to be given a clear explanation of what was happening or what needed to change-

**‘When I had a Child Protection Plan neglect was the reason but they never explained what that was – my house was untidy. Family Partners brought a piece of paper that explained abuse and neglect and I understood more then.’**

Action for Children’s Family Partners service is where specialist staff work with families where there are concerns around possible neglect.

- Parents valued those professionals who had adequate amounts of time to spend with them
- Parents appreciated being ‘shown how to parent not just telling us where we go wrong’

- Continuity of relationship with a professional was important; some social workers were thought to have ‘a good manner’ but then they moved on or another worker was allocated to the family

### **Knowing who to ask**

Parents thought it would be useful in the first instance if there was readily available information about the different local organisations to which they could go for help and advice. It was felt that the local Health Clinic or GP Surgery was often their first port of call; alternatively leaflets in nurseries and schools or information on the internet could be a help. This would overcome an initial barrier - that of feeling embarrassed about asking for help and being directed elsewhere. Local information should be available but it appears some parents do not know where it is. This may be because information and advice services have been cut in the local area. Similarly, knowledge about the criteria that services use in decisions about whether they can provide help to parents would be valuable:

**‘It is really difficult to get help, you go to somewhere and then you don’t meet the criteria, but we don’t know what the criteria are, no one ever tells us.’**

### **Accessible places to go for help**

An important consideration for parents is that services should be easy to walk into and that that there should be no stigma attached to doing so. Family and Children’s Centres which offered activities such as parenting groups, play, crafts and cooking classes would be attractive to many parents. We heard about one very well established Family Centre which had helped two generations of parents:

**‘The staff are very helpful at the Family Centre, very welcoming and understanding. It used to be in a flat up the road and then you could just walk in but now you have to be referred. It’s still good but was better when you could just decide to come in. If you called in just for advice they wouldn’t turn you away.’**

These parents had not encountered schools that acted as a hub of information and support as occur in some areas. To facilitate this they felt schools would have to become more open, some teachers would have to become more approachable, that family support workers would need to be based there and that it would be useful to have someone they could contact at any time, not just in office hours.

### **A parent-friendly approach**

Parents emphasised the need for staff working in services to have an understanding manner towards them, which would encourage them to seek help in the first instance and then make it easier for them to accept the help offered. The main points parents made were:

**‘They need to be better at understanding people and seeing things from our point of view.’**

**‘They could show empathy about the causes of our difficulties.’**

**‘If you ask for help and say you can’t cope, you have to keep going through your story – services aren’t good at passing information on.’**

**‘Giving us clearer explanations of how they can help would be useful.’**

There was a plea from fathers to involve them more as they often felt excluded:

**‘Social workers often leave dads out of things; it just doesn’t seem to occur to them that dads can be important. They just listened to what my partner had to say about me, without asking me.’**

And it was important to parents that services are there to support them for as long as they need; one parents said *‘They (services) get involved for a while and then walk out of the door again’*. For some parents this can lead to a sense of abandonment:

**‘I have finished with everything and now I am on my own, after all the interventions, I just have to get on with it.’**

### ***Factors identified as unhelpful to parents***

**‘They need to listen – do they really hear that you want help? Sometimes it feels like they are on a different roundabout.’**

There was a widely-held view that professionals who were young or who did not have children themselves were not knowledgeable or experienced enough to give advice.

Many parents told us that their experiences of looking for help from teachers and school-based staff had not been positive and in some areas school was seen as a place that parents rarely ventured into:

**‘You don’t go into school much as it’s very secure and the kids just disappear inside. So the security system has a barrier-type effect – you just don’t try to go in.’**

We heard from some parents who said they talk to teachers about their children’s behaviour but generally teachers were seen as ‘stretched’ or hard to approach. It was even harder to talk to teachers about difficulties with parenting if you were already involved with social services:

**‘It does mark you in the school’s eyes being involved with social services; it tars you.’**

The young mothers told us that they felt that some professionals made judgments about their parenting skills on the basis of their age:

**‘We don’t always feel we get heard because we’re seen as a young parent first rather than a parent. It also feels as though the professionals are looking and waiting for problems.’**

There was widespread anxiety about approaching health services for help – even when it became necessary to take a child to the GP or to Accident and Emergency Services at the hospital. Many parents said that they felt viewed with suspicion by health professionals, as someone who had harmed or might harm their child or, at the other extreme, as a parent who was worrying for nothing and being over-protective. For some parents, attendance as a family at Child and Adolescent Mental Health Services (CAMHS) had not been a success; one parent explained:

**‘CAMHS wouldn’t support me until my home life was stable , and when I worked really hard to do that, I went back and I didn’t meet their criteria....It feels like you have got to fail at something before you get any help.’**

Several studies have identified the stigma attached to asking for support, particularly from mental health services. Parents can find it difficult to find the language to describe their situation, and parents commented on the shame of a mental health illness and not being seen as able to cope (Foulkes 2011). For families seeking help for their children’s illness, parents were often concerned about the impression they create in their role as parents or through their children’s behaviour (Neill, Cowley and Williams 2013).

There were a number of points made about the ways in which social services staff had not been a help to parents:

**‘They need to be more accessible – sometimes it is really hard to track them down.’**

**‘They need to be a lot more sensitive, not do things without preparation. Sometimes shocking decisions are made and we’ve had no preparation or the basis for decisions is not good enough.’**

There was an observation by some parents that social workers would pre-judge a situation and a more careful analysis of why there were problems would be more constructive. One young couple who had been ‘in care’ themselves said:

**‘We don’t like it when they paint us with the same brush as our parents...they read our files and make judgments without meeting us. They need to understand that people can change too’.**

It was thought that some social workers ‘take decisions and then try to distance themselves from being the person who took the decision; it leaves us with nowhere to go’.

And some parents had experience of social workers making promises and not keeping them, of appearing to be uncaring or insensitive to their feelings and not explaining certain actions:

**‘When we got a letter saying make sure your daughter will be present at home when we come, we thought they were going to take her away. They didn’t ring us just wrote and turned up- it would be easier for us if they rang and explained. The visit was to tell us everything was ok but we were worried all night.’**

***As one parent summed up:***

**‘Being a social worker is not just a name, you have to have some heart.’**

Platt (2012) has described what can influence how parents engage with services or may decide to do so in the future. The parents’ previous experiences of engaging with services, the professionals’ beliefs about the parent’s ability – or lack of – to change and the low expectations of parents on how services can help their situation can all have an influence. The motivation for parents seeking help can be brought about by the parents’ realisation they need help or by the ‘wake-up call’ when services approach the family with concerns.

The Scottish Government sought views of parents across Scotland on their experiences as parents. Several factors prevented them asking for help including not knowing where to go or who to ask for help, previous experiences with services where parents felt criticised or that no-one was listening, embarrassment or worry about being judged, fear about being seen as not coping and health issues such as exhaustion or depression (Scottish Government 2012).

A study on the perceived barriers for parents seeking help for children with mental health difficulties found that the parents who reported seeking help were significantly more likely to have pursued informal help (e.g. family member) rather than formal help (e.g. a medical doctor or psychologist) (Shanley et al. 2008). Research suggests that connectedness of families into their local community may impact on how parents might ask for help, particularly more informal help. Platt (2012) commented that neighbourhood issues such as chaos or violence, community cohesiveness and other cultural factors can, in some circumstances, tip the balance in terms of a family’s ability to engage positively with services. Parents who are affected by substance misuse, domestic abuse and mental health problems may also feel isolated from the wider community and therefore find it harder to seek help.

Whether or not people feel able to access informal support, in some cases it is never going to be sufficient, especially when there is the range of problems that can be associated with neglect. The availability of accessible routes to more formal support for parenting is therefore crucial.



## 9. DISCUSSION AND RECOMMENDATIONS FOR PRACTICE

**‘Some children are told by their parents not to tell or talk to other adults – so it’s up to the adults who work with children to notice’.**

The fact that so many practitioners and adult and child members of the general public have seen children they are worried about and can note the signs of neglect confirms the high levels of neglect. It also offers a potentially large network of people who can support neglected children to get the help they need. Yet confusion around where to find help persists.

- The existing level of professional and public awareness of child neglect should be capitalised on for the benefit of children. People want clear and concrete information, preferably via a website and/or helpline about how neglected children can be assisted.

Children and young people offered a very balanced view of what they need from parents and carers. They recognised the basic needs for shelter, food, clothes and warmth as most important. They realised the importance of love, communication, safety, spending time together and being given boundaries – in other words the qualities of ‘authoritative parenting’ known to be associated with optimal development (Baumrind 1972).

- Although children who are neglected may not always be aware of quite what it is they are missing, practitioners who have a direct role in working with children can engage in sensitive discussion coupled with creative methods, such as photos and drawings, to encourage them to consider what it is that children need to thrive and to describe their own experiences and what they may be missing.

Children and young people were often aware of the difficulties their parents were facing and many understood this and had sympathy for them. However, some struggled to understand why their

parents failed to put them first despite these difficulties. What emerged from the discussion groups was a paradoxical blend of understanding of the pressures parents faced from the damaging effects of mental health problems, addictions and demanding partners coupled with distress and anger that their parents just did not provide the care they needed.

- Practitioners should not underestimate the extent of the ambivalence of children and young people’s feelings about their circumstances. They should not be surprised if children and young people express the full range of feelings from detachment to distress to rage to despair. Many young people will need support to understand their own ambivalent feelings and assessments should capture the complexity of the family relationships.

Parents’ views about the need children have to be loved and feel secure were similar to those of the children and young people. But the parents we spoke to were also worried about how to provide the material aspects of parenting and this was described as a serious pressure and pre-occupation. It may be that they focused on practical aspects as more tangible and overt signs of ‘good parenting’.

- Parents involved with safeguarding and protection systems are not always clear what it is that the professionals are concerned about, or what it is that needs to change. They may focus on practical issues as more tangible and because they create real pressures. Practitioners need to take the time to explore all the dimensions of parenting with parents and to offer very clear statements about what it is that is causing professional concern. Assessing parental capacity and motivation to change is an important part of this. They can then work alongside

parents using a strengths-based approach to explore what their children need and what would help them to provide it.

Personal qualities were also important to parents.

- Practitioners need to work alongside parents rather than appear to be dictating to them.

There were a number of reasons why young people found the help they received from social workers inadequate, some to do with the nature of the role and the decisions that needed to be implemented, but some to do with the way in which the role was conducted. Clearly, social workers often have to implement decisions which will be unpopular with young people and their families but it is easy to underestimate how difficult it can be for children to take in information about decisions.

- Social workers may believe that they have explained what is going to happen, but the pace of decisions and moves can be overwhelming for children and young people. It may be that such decisions and actions could be made more palatable if more time and consideration is given to how they can be paced and explained.

As has been found in many studies, the personal qualities of practitioners are vital. Children and young people respond to kindness and concern and to someone who will listen whereas they find coldness, apparent lack of interest and unreliability are very off-putting. They also want professionals to be proactive and ask them what is wrong.

- Whatever the profession, the human qualities appreciated by children and young people are universal and this needs to be a key consideration from the stage of recruitment, through to training, post-qualifying education and support of practitioners. Practitioners need to be given the confidence and personal leadership skills to be proactive and approach children when they have concerns about them.

The parents in the discussion groups were clearly facing many pressures. Parents acknowledged the impact of past experiences and personal factors such as ill-health, but their vivid descriptions of the impact of poverty offer insights into the struggles increasing numbers of parents are facing. Practitioners were also keenly aware of the associated impact of poverty and deprivation upon parenting. Practitioners can tend to overlook and fail to assess adequately socio-economic factors.

- Assessments of neglect should explicitly pay detailed attention to the wider environmental factors that place additional pressure on parents and affect children’s lives. Packages of intervention need to include plans to address problems such as low income, debt and unstable housing arrangements.

Children clearly see family, carers and friends as their first port of call, although they could see the potentially important role of professionals for other children who might need help. This highlights the predicament for children whose parents cannot be reliably turned to. Several of the children we spoke to had sought comfort from speaking to pets. For more active help they are often reliant on professionals. Children who are being neglected need to know where to turn when it is their parents who are the source of their distress and this highlights just how important practitioners can be as sources of help.

- Children and young people need access to clear information about how to seek help when experiencing neglect. The most obvious place to provide such information would be in schools. Neglected children may not attend school reliably and therefore information needs to be available more widely in the community and also via helplines and websites.

Children are well aware of the signs and effects of neglect. The personal accounts poignantly evoke the levels of physical and emotional impoverishment, but it is the sense of isolation, self-blame and victimisation that is so striking.

What emerges from the survey is just how obvious signs such as missing school, having no friends and lacking physical care are to peers.

- Schools are one of the most important places where it can be spotted that a child needs additional help. They can provide the ideal conduit for children to discuss their concerns and to offer support where appropriate. All schools should aim to infuse this level of pastoral care across all activities.

The children could identify a range of professionals who might be able to help, but the general consensus was that it would be helpful to be able to turn to trusted teachers in school. Teachers are also in the best position to spot early signs of neglect. Overwhelmingly the children stressed the need for practitioners to be proactive.

- Education authorities should ensure that teachers are trained and supported to provide the kind of help that children need. A key message for schools and teachers is that the onus cannot be placed on the child to approach teachers - teachers need to reach out to children about whom they have concerns.

Parents identified a similar range of people who were potentially helpful, including teachers, health visitors; some were wary of social services although others had received much appreciated help. Support workers based in children and family centres were identified as very helpful. Parents also recognised the benefits of early help services. However, budget cuts are putting pressure on such services and professionals.

- The findings indicate the importance of dedicating resources to early intervention and family support services that are accessible to parents and can help to prevent problems escalating.

## 10. CONCLUSION

**Taken together our reviews draw attention to the enduring and unacceptably high numbers of children experiencing neglect across the UK.**

This review reveals the wide range of problems faced by neglected children. It confirms previous research about how difficult it is to admit to needing help, as well as seeking and accessing it.

Our findings also show that the parents who helped with this review did understand that professionals have to do the difficult job of helping and protecting children, but they gave us many pointers about the different way in which that job can be done. Parents are more likely to make changes if they encounter practitioners who can do their jobs authoritatively in a way that combines clarity about what needs to change with empathy and support.

This, and the previous reviews, found that the public believe it is important to help neglected children, and they are willing to do so. But they need easy access to information, including information that reassures them that absolute certainty of harm is not a necessary condition for raising concerns. The public also needs to be confident that if they seek help as soon as they have concerns about a child, it is likely to achieve something positive for the child. Otherwise concerns, such as being worried about causing more problems, will remain.

The reviews also confirm that the majority of professionals have been worried about children they have come in to contact with. They are keen to help but are worried about the financial constraints that will hamper their capacity to do so. They need to be supported to reach out to children they are worried about. Cuts to resources and services is a big concern to many professionals. They have to deal with this pressure as well as responding to increased needs of families due to the economic downturn. It is of great concern that things are expected to get worse, especially for social workers.

This review offered a striking insight into the lives of neglected children. What emerged, is a picture of children who experience isolation, self-blame and victimisation coupled with a sense that they will not be believed – all factors likely to make it extremely hard to ask for help. At the same time, these children were highly reflective and offered acute observations about what is helpful. Most importantly they gave the clear message that children need people to reach out to them actively, to take the time to get to know them and to listen to them.

It is unacceptable that child neglect persists. This review offers a unique insight into the nature of neglect and how it is seen by children, parents and within communities. Our evidence shows what needs to be done. To drive change, a strategic, systematic and concerted response is needed by governments across the UK to tackle child neglect and ultimately improve the lives of children and young people.



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## APPENDIX A - ACTION FOR CHILDREN AND THE UNIVERSITY OF STIRLING'S NEGLECT WORK

Action for Children and the University of Stirling have worked in partnership for four years to undertake reviews and influence policy and practice on child neglect. Our work includes:

### ANNUAL REVIEWS OF CHILD NEGLECT

Our annual reviews consider the state of child neglect in the UK and what needs to be done to improve the lives of children at risk of, or experiencing, neglect.

- ▶ Child neglect in 2011 (2012)
- ▶ Review of child neglect in Scotland (2012) (Funded by the Scottish Government)
- ▶ The state of child neglect in the UK (2013)
- ▶ The state of child neglect in the UK: Recommendations for the UK Government (2013)

Available via: <http://www.actionforchildren.org.uk/policy-research/policy-priorities/the-state-of-child-neglect-in-the-uk>

### NEGLECTING THE ISSUE: IMPACT, CAUSES AND RESPONSES TO CHILD NEGLECT IN THE UK (2011)

This report identifies gaps in knowledge about child neglect which need to be investigated in order to help reduce - and even prevent - the problem.

Available via: [http://www.actionforchildren.org.uk/media/926937/neglecting\\_the\\_issue.pdf](http://www.actionforchildren.org.uk/media/926937/neglecting_the_issue.pdf)

### ACTION ON NEGLECT (2013)

Action on Neglect supports practitioners to provide the best possible response to children who are experiencing neglect.

Available via: [https://www.actionforchildren.org.uk/media/5482094/action\\_on\\_neglect\\_resource\\_pack\\_v5.pdf](https://www.actionforchildren.org.uk/media/5482094/action_on_neglect_resource_pack_v5.pdf)

### TRAINING MATERIALS ON CHILD NEGLECT:

- ▶ We have updated training resources for multi-agency groups in identifying and dealing with child neglect. For the Department of Education, England.

Available via: <https://www.gov.uk/government/collections/childhood-neglect-training-resources>

- ▶ For the Scottish Government

Available via: <http://withscotland.org/exchanging-training-resources>

## APPENDIX B – METHODOLOGY

The three review questions were:

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

The third review focussed particularly on the views and experiences of children, young people and parents about what children need from their parents or carers, what neglect is and what it feels like and how help can be offered in ways which children and their families find accessible and acceptable. This was addressed with four types of data collection undertaken between May and December 2013.

### LITERATURE, STATISTICS AND POLICY UPDATE

Literature on help-seeking by parents and by children was collated and scrutinised for relevance to the topic of neglect. The most recently available child protection statistics for each nation were sourced and collated. Figures relating to child neglect were drawn out. Any new key policy documents for each UK nation were gathered and issues bearing on child neglect identified.

### DISCUSSION GROUPS

Discussion groups were organised with the aim of giving children, young people and parents the opportunity to tell us in some depth what would be helpful for them in relation to potential or actual neglect being recognised and supports being put in place to prevent it or ameliorate its effects. On four occasions, these took the form of single or paired interviews.

The discussion groups and interviews were arranged with the help of Action for Children staff at central and local levels. Once projects had been identified and staff had expressed their willingness to take part, project staff were very helpful in identifying and approaching participants and supporting them to attend. Information about the groups and the topics for discussion were sent out in advance so that project staff could have full discussion with potential participants about what participation would entail.

Ethical approval was sought and agreed by the University of Stirling School of Applied Social Science Ethics Committee and met the Action for Children ethical guidelines for research practice. Information leaflets were agreed by both parties and Action for Children consent forms provided for use. Consent was discussed with participants and it was made clear that participants were not obliged to take part and could absent themselves at any time during the discussion groups or interviews. We were aware that some of the participants may have experienced (or were still experiencing) neglect themselves or may have had children removed from their care due to neglect. The groups and interviews were led by three members of the research team (two at any one time and on two occasions by one member only) who were all qualified social workers or had considerable experience of undertaking child protection research. Care was taken in wording the discussion topics and in the ways discussions were conducted, in order to be sensitive to participants' experiences. Project staff were on hand at all times to support participants should they find the subject matter distressing.

The discussion topics covered two main areas – what children need from their parents and, explicitly with some groups, what they thought neglect was and their experiences of receiving help and their views about how this could be offered more easily and effectively. In order to approach the topic sensitively with the younger age group, pictorial methods were used which included:

- ▶ Pictures of the things children need (for example, food, houses, toys, cuddles) and a target board so that children could place these in order of importance
- ▶ Simple scenarios as examples of situations for which a child they knew might need help and pictures of people who they go to for help for the child

**SCENARIO ONE**  
**What would you do if....**  
...there was a small boy who was hanging around you and your friends, always seemed hungry and begged crisps from you. He plays out late and nearly got run over. Your mum had tried talking to his mum but it hadn’t made any difference.  
  

- ▶ Tell ‘my teacher - because she would listen to me’
- ▶ Tell ‘the playground supervisor or my buddy’
- ▶ Tell ‘a worker at the Family Centre’

**SCENARIO TWO**  
**What would you do if...**  
...your friend told you she felt scared and worried at home because her mum and step-dad shouted at one other a lot, her mum was sad and didn’t look after her.  
  

- ▶ Tell ‘my grandparents’
- ▶ Tell ‘the Police’
- ▶ ‘I would hide under the bed and watch TV’

Sixteen discussion groups and interviews were conducted in total; these comprised 10 with children and young people (four in England, three in Scotland, two in Northern Ireland and one in Wales) and six with parents (two in England, two in Wales and one each in the other two nations). The parents groups were mostly mixed gender with eight males and 30 females taking part; groups ranged from five to 11 participants. The gender mix in the children’s groups was more even with 10 boys and 11 girls taking part; in the 11-19 year age groups there were 14 young women and five young men. Children and young people group numbers ranged from four to nine participants. Children, young people and parents were offered £10 shopping vouchers to say thank you for giving us their time and the benefit of their views and experiences.

ONLINE SURVEYS

A series of online surveys were commissioned for the review from YouGov. The surveys used similar methodology and followed up from previous ones commissioned by Action for Children which can be found at:

[actionforchildren.org.uk/policy-research/policy-priorities/child-neglect](https://actionforchildren.org.uk/policy-research/policy-priorities/child-neglect)

There were three elements – an online survey of UK general population adults which yielded a response from 1,970 adults, a survey of children which yielded a response from 1,582 children aged eight to 16 and a survey of professions which yielded responses from a total of 1,552 people comprising:

- ▶ Primary School staff n=833
- ▶ Pre-school - Nursery staff n=100
- ▶ Health Professionals n=182
- ▶ Social workers n=210
- ▶ Police officers n=227

The survey of the general public sought views about perceptions of child neglect, how likely they were to try to intervene to help a neglected child, what might stop them and how helpful they thought professionals working with children might be if alerted.

The survey of professionals in universal services sought views about the frequency with which they recognise a child at risk of neglect, what influences their ability to help and what would make them more accessible to members of the public who are concerned about a child. Child protection professionals such as social workers and police officers were asked about the nature and quality of their responses to neglected children and about barriers to an effective response.

The survey of children sought views about how often they recognised possible neglect amongst their peers, what they thought neglect was and who they might approach for help for a child who was not being cared for well.

YouGov provided the review team with both the raw data and an analysis for the project. The analysis included comparisons with the previous polls undertaken in 2009, 2011 and 2012.



APPENDIX C – STATISTICAL OVERVIEW FOR EACH UK NATION

ENGLAND

- There have been 593,500 referrals to children’s social care services in the year ending 31 March 2013. This is a decrease of 1.9%, taking referrals to their lowest level since the first full Children in Need census in 2009-10
- 441,500 initial assessments were completed in the year ending 31 March 2013, which was 74% of all referrals
- There were 232,700 core assessments completed in the year ending 31 March 2013, or 52.7% of initial assessments
- The number of children subject to a section 47 enquiry was 127,100. Of these, 60,100 (47.3%) were subject to an initial stage child protection conference
- At 31 March 2013, there were 43,140 children who were the subject of a child protection plan:
  - The initial category of abuse was as follows (n = 43,140):

Neglect	17,930	(42%)
Emotional abuse	13,640	(32%)
Multiple	4,870	(11%)
Physical abuse	4,670	(10%)
Sexual abuse	2,030	(5%)

(source: National Statistics Table 5: Number of children who were the subject of a Child Protection Plan by initial category of abuse. Year at 31 March 2013. Accessed 23 January 2014 at: <https://www.gov.uk/government/publications/characteristics-of-children-in-need-in-england-2012-to-2013>).

- The gender of children subject to a child protection plan was: 21,710 were male (50.4%); 20,530 were female (47.6%); and for 910 (2%) cases the data was missing.
- The age of children (n = 42,230 as data for 910 cases was missing) who were the subject of a child protection plan was as follows:

Unborn	860	(2%)
0-4	17,940	(42%)
5-9	12,370	(29%)
10-15	10,860	(25%)
16 & over (male)	1,110	(2%)

(source: National Statistics Table 5: Number of children who were the subject of a Child Protection Plan by age. Accessed 23 January 2014 at: <https://www.gov.uk/government/publications/characteristics-of-children-in-need-in-england-2012-to-2013>).

- The ethnicity of children (total of known ethnicity = 41,660) placed who were the subject of a child protection plan was as follows:

White	32,890	(79%)
Mixed ethnicity	3,690	(9%)
Asian or Asian British	2,300	(5%)
Black or Black British	2,150	(5%)
Other ethnic background	630	(1%)

(source: National Statistics Table 5: Number of children who were the subject of a Child Protection Plan by gender at. 31 March 2013. Accessed 23 January 2014 at: <https://www.gov.uk/government/publications/characteristics-of-children-in-need-in-england-2012-to-2013>).

SCOTLAND

- At 31 July 2012, there were 2,706 children on the child protection register:
  - The revised National Guidance for Child Protection in Scotland, published by the Scottish Government on 13 December 2010, asks local authorities to record risks/ concerns rather than a main category of abuse. For the 2,706 children registered at 31 July 2012, there were 5,705 concerns noted at the case conferences at which they were registered – an average of 2.1 concerns per conference. The most common concerns identified were emotional abuse (38%), neglect (37%) and parental substance misuse (34%):

Emotional abuse	1,016	(38%)
Neglect	1,006	(37%)
Parental substance misuse	918	(34%)
Domestic abuse	758	(28%)
Parental mental health	516	(19%)
Physical abuse	471	(17%)
Non-engaging family	413	(17%)
Sexual abuse	229	(8%)
Child placing themselves at risk	46	(2%)
Child exploitation	9	(0%)
Other concerns	283	(10%)

(source: Scottish Government (2013) Table 2.3a Concerns identified(1) at the case conferences of children who were on the child protection register at 31 July 2012. Accessed on 23 January 2014 at: <http://www.scotland.gov.uk/Publications/2013/03/5229/downloads>).

- The gender of children registered was: 1,349 were male (50%); 1,262 were female (46.5%); and for 95 (3.5%) cases the data was missing.
- The age of children (n = 2,702 as data for 4 cases was missing) placed on the child protection register was as follows:
 

▶ Unborn	51	(2%)
▶ 0-4	1,388	(51%)
▶ 5-9	797	(30%)
▶ 10-15	418	(16%)
▶ 16 & over (male)	4	(0%)

(source: Scottish Government (2013) Table 2.1 and 2.1a Number of children on the child protection register by gender, 2000-2012. Accessed on 23 January 2014 at: <http://www.scotland.gov.uk/Publications/2013/03/5229/downloads>).

WALES

- There were 2,950 children (including unborn children) on child protection registers at 31 March 2013. This was a slight increase compared with 31 March 2012:
  - The category of abuse (n = 2,950) was as follows:
 

▶ Neglect (only)	1,195	(41%)
▶ Physical abuse (only)	400	(14%)
▶ Sexual abuse (only)	160	(5%)
▶ Emotional abuse (only)	1,065	(36%)
▶ Neglect, physical abuse and sexual abuse	*	(0%)
▶ Neglect and physical abuse	95	(3%)
▶ Neglect and sexual abuse	30	(1%)
▶ Physical abuse and sexual abuse	*	(0%)

\* figures too small to include

(source: Statistics for Wales (2013) Statistical Bulletin. Table 1: Number of children on child protection registers and rate per 10,000 population by category of abuse, at 31 March 2013. Accessed on 23 January 2014 at: <http://wales.gov.uk/docs/statistics/2013/131126-local-authority-child-protection-registers-en.pdf>).

- The gender of children registered was: 1,535 were male (52%); 1,395 were female (47.3%); and 20 unborn 95 (0.7%).
- The age of children (n = 2,950) placed on the child protection register was as follows:
 

▶ Unborn	20	(0%)
▶ 0-4	1,320	(44.7%)
▶ 5-9	820	(28%)
▶ 10-15	715	(24%)
▶ 16-18	85	(0.3%)

(source: Statistics for Wales (2013) Statistical Bulletin. Table 2: Number of children on child protection registers, by category of abuse and age, at 31 March 2013. Accessed on 23 January 2014 at: <http://wales.gov.uk/docs/statistics/2013/131126-local-authority-child-protection-registers-en.pdf>).

NORTHERN IRELAND

- There were 37,664 child in need referrals to children’s social care services in the year ending 31 March 2013
- At 31 March 2013, there were 1,961 children on child protection registers in Northern Ireland, a decrease of 8% (166) from 2012 (2,127):
  - The category of abuse (n = 1,961) was as follows:
 

▶ Neglect (only)	640	(33%)
▶ Physical abuse (only)	534	(27%)
▶ Sexual abuse (only)	145	(7.5%)
▶ Emotional abuse (only)	192	(10%)
▶ Neglect, physical abuse and sexual abuse	18	(0%)
▶ Neglect and physical abuse	322	(16.5%)
▶ Neglect and sexual abuse	53	(3%)
▶ Physical abuse and sexual abuse	57	(3%)

(source: DHSSPSNI (2013) Children’s Social Care Statistics 2012/13I. Table 2.2: Children on the Child Protection Register by Category of Abuse (31 March 2013). Accessed on 23 January 2014 at <http://www.dhsspsni.gov.uk/cialcarestatisticsfornorthernireland201213.pdf>).

- The gender of children registered (n= 1,961) was: 995 were male (50.7%); and 966 were female (49.3%)
- The age of children (n = 1,961) placed on the child protection register was as follows:
 

▶ 0-4	810	(41%)
▶ 5-11	751	(38%)
▶ 12-15	359	(18%)
▶ 16 & over	77	(3%)

(source: DHSSPSNI (2013) Children’s Social Care Statistics 2012/13I. Table 2.1: Composition of the Child Protection Register by category of abuse at 31 March 2011. Accessed on 23 January 2014 at <http://www.dhsspsni.gov.uk/hildrensocialcarestatisticsfornorthernireland201213.pdf>).





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

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