

Cherishing our Families Strategy

2023 – 2026



Supporting the prevention and reduction of child neglect in East Ayrshire





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Foreword

This Strategy is the culmination of a great deal of work by a number of people reflecting the range of services and expertise that make up our Children and Young People's Strategic Partnership in East Ayrshire and I would like to take this opportunity to say a personal 'thank you' to all of those involved in its development.

More importantly, our work here has the potential to improve the lives of children in East Ayrshire for years to come.

The direct purpose of this strategy is to prevent and reduce neglect within East Ayrshire.

A better understanding and a more strategic approach to neglect is essential for everyone as we all have the responsibility to protect children. We know that when children are neglected, not only does this impact on their development through childhood and into to adulthood, but will often have enduring consequences throughout their lives.

Our efforts to prevent and reduce neglect in East Ayrshire will not only protect individual children, but also have the potential to anticipate and avoid a wide range of potential problems cascading down through future generations.

Marion MacAulay

Chair of the Children and Young People's Strategic Partnership

Chief Social Work Officer/Head of Children's Health, Care and Justice Services





Background

Neglect is one of the most damaging childhood experiences and is associated with some of the poorest behavioural, emotional and cognitive outcomes. These affect life chances and contribute significantly to widening social, economic and health inequalities. Evidence suggests that one in ten children in the UK experience neglect and that it is the most prevalent form of child maltreatment.¹

Neglect can also result in children and young people having difficulties making and keeping relationships, which can affect how they parent their own children and can perpetuate inter-generational cycles of neglect. Consideration needs to be taken into individual development and context, including social and economic factors such as poverty and deprivation, family, environment and community resources. In addition, practitioners should be aware that neglect is an area which can be open to personal and moral judgements.

Emotional abuse and neglect are the most commonly recorded concerns leading to the placing of children on the child protection register. Children may experience neglect and other forms of abuse at the same time.² 'Lack of parental care' was the most common ground for referral to the Scottish Children's Reporter Administration in 2021.³

Recognising the context of risk and need requires understanding of the influence of structural inequalities, such as poverty. Effective support addresses the interaction between early adverse experiences, poverty, ill health and neglect. A disproportionate number of child protection interventions occur in the most materially deprived neighbourhoods.²

The Children and Young People's Strategic Partnership (CYPSP) and Child Protection Committee (CPC) have collective responsibility for strategic planning and improvement of services for children and young people and are clear that preventing neglect is a key priority.

¹ Scottish Government and University of Stirling, Child Neglect in Scotland: Rapid review of the literature on intervention, April 2018 p.2

² Scottish Government, National Guidance for Child Protection in Scotland, 2021

³ [Scottish Children's Reporter Administration – Official Statistics](#)

What does this strategy mean for you?

If you are a child or young person, this strategy sets out what the services in East Ayrshire will do to listen to you and help you and your family when you need it. It will also tell you what services will do to protect you from neglect and how they will support you if you have experienced neglect.

The strategy has an action plan which will show you all of the things we are doing in East Ayrshire to make sure that we:

- Look out for you
- Understand what's important to you and make sure others know too
- Make sure you get the right support at the right time

If you are a parent or carer, this strategy sets out the early help and support you can expect from services in East Ayrshire. Services know how important it is to listen to parents and carers and ensure you are supported to be the best parent you can be.

If you are a practitioner, this strategy focuses on the importance of developing supportive and trusting relationships with families. It also give you a clear definition of neglect and information on the impact and experiences of neglect.





Who are we?

[East Ayrshire Children's and Young People's Strategic Partnership \(CYPSP\)](#) is a sub-group of the Community Planning Partnership and is made up of representatives from:

- East Ayrshire Council (early years; education; housing and communities, corporate policy);
- the East Ayrshire Health and Social Care Partnership (social work, health visiting; school nursing; adult services and planning & performance);
- NHS Ayrshire and Arran (midwifery, specialist services);
- Child and Adolescent Mental Health Services (CAMHS);
- Police Scotland;
- Scottish Children's Reporter Administration SCRA);
- the Third Sector;
- Scottish Fire and Rescue Service and
- Ayrshire College.

Key functions of the CYPSP include leading on the strategic priorities for children and young people's services in East Ayrshire and developing and monitoring the implementation of the Children and Young People's Service Plan.

The [East Ayrshire Children and Young People's Services Plan 2020-2023](#) supports the East Ayrshire Community Plan 2015-30 and our long term aspirations for children, young people and families are designed to achieve our vision, which is:

*In East Ayrshire, our children and young people grow up loved,
safe and respected so that they realise their full potential.*



The [Child Protection Committee \(CPC\)](#) is a strategic partnership with its membership made up of senior officers and staff from: East Ayrshire Council; NHS Ayrshire and Arran; East Ayrshire Health and Social Care Partnership; Police Scotland; Scottish Children's Reporters Administration; Crown Office and Procurator Fiscal Service; Scottish Fire and Rescue Service and the Third Sector.

CPC members provide the views of their respective agencies or services, have delegated authority to make strategic and operational decisions and in addition, can provide a vehicle to ensure issues raised with them by members of the public or during community engagement activities, are brought to the attention of the committee.

The aim of this document is to set out the strategic aims and objectives of East Ayrshire's approach to preventing and reducing neglect across the community.



This includes working within the approach of the HEART model to ensure that issues are addressed early and holistically and within a family context, and to also pull together all the work happening across the CYPSP to reflect consistent ways of working to tackle the issue of neglect. The HEART (Help Everyone At The Right Time) wellbeing model was developed to change the way children and families are supported in East Ayrshire, so that people are able to get help at an early stage and in the communities in which they live. This will help us to improve outcomes for children, young people and families in East Ayrshire.

It is vital that everyone working with children and families work collaboratively, effectively and understand the role they play and the role of other practitioners when responding to neglect. We must acknowledge that neglect is a difficult concept for both practitioners and families to understand. The terminology itself can also be contentious.

Neglect differs in its presentation from other forms of abuse. Understanding the impact of neglect and the potential for both prevention and intervention is vital.



This strategy has been developed in conjunction with multi-agency partners working across the CYPSP and should be considered alongside other key strategies and plans such as:

- the [Getting It Right for Every Child \(GIRFEC\)](#) approach. This is the primary policy framework for children's services in Scotland since its inception in 2006 and introduced important elements of the current system such as the named person, the Team with the Family and the SHANARRI wellbeing indicators.
- [The Promise](#) was made following the Independent Care Review which made clear the current "care system" was not working. The aim of the promise is that every young person will grow up loved, safe and respected.
- the [National Guidance for Child Protection](#) published in 2021 which describes the responsibilities and expectations for all involved in protecting children and will support the care and protection of children.
- the national [Mental Health and Wellbeing Strategy 2023-2026](#) which lays out the Scottish Government's long-term vision and approach to improving the mental health and wellbeing of everyone in Scotland.
- the national [Best Start, Bright futures: tackling child poverty delivery plan 2022-2026](#) which sets out how we will work together to deliver on Scotland's national mission to tackle child poverty.
- the incorporation of the key concepts of the [United Nations Convention on the Rights of the Child \(UNCRC\)](#)
- [East Ayrshire's Children's Services Plan 2020-2023](#) contains our aspirations and ambitions for integrated services for children.
- the [Integration Joint Board Strategic Plan 2021-2030](#) which is working towards ambitious long term outcomes for families, as part of the broader wellbeing agenda and
- [East Ayrshire's Wellbeing Delivery Plan 2021-2024](#). This Plan secured the commitment of all Community Planning Partners to transform how East Ayrshire supports child and family wellbeing through the children's services wellbeing delivery model (HEART).
- East Ayrshire Health and Social Care Partnership 'Whole Family Approach To Getting Our Priorities Right Practitioner Guidance' 2023. The guidance is for all practitioners working with children, young people and families affected by problematic alcohol and/or drug use.

A photograph of a woman with dark hair, smiling warmly and hugging a young girl with long brown hair. The woman is wearing a light blue button-down shirt, and the girl is wearing a red top. They are indoors, with a window in the background. A large, semi-transparent pink number '4' is overlaid on the lower left portion of the image.

Developing the strategy

The strategy has been developed to respond to the increasing concerns, relating to neglect, coming through child protection processes and identified through the Joint Inspection of Children's Services. It is also important for the CYPSP to take cognisance of the significant stressors on parents (i.e. the cost of living crisis, mental health and wellbeing) which can impact on their parenting capacity.

Key facts from East Ayrshire

Understanding how many children are affected by neglect is difficult as data is limited to formal reports and assessments of neglect in children's services and in addition much neglect is not reported, known or recorded.

Concerns of neglect recorded for children placed on the Child Protection Register at a Pre-birth or Initial Child Protection Planning Meeting have fluctuated over recent years coming to a peak in quarter 2 of 2021/22 of 50%. Most recently, there has been a significant increase from 13% in quarter 2 of 2022/23 to 41% in quarter 3. It should be noted that it is not common for neglect to be the only risk category recorded for a child on the Child Protection Register. Other risk categories typically found with neglect include parental mental health, domestic abuse, parental drug use and parental alcohol use.⁴

Comprehensive Child Protection Medicals are often carried out when there is a concern that a child is experiencing neglect. In quarter 2 of 2022/23, 14 medicals were carried out. This figure was decreased to 2 in quarter 3 of 2022/23 even though the Child Protection Registrations with concerns of neglect increased.⁴

⁴ Local Social Work recording system

In 2021/22, there were 100 referrals for ground (a) (lack of parental care) to the Children's Reporter which was a decrease from 115 in 2020/21. There was also a slight decrease in the number of Compulsory Supervision Orders made for the same ground - 32 in 2021/22 and 45 in 2020/21.³

[East Ayrshire's Services for Children and Young People Joint Inspection Report \(2018\)](#) found that:

"when children were at risk of harm or neglect, staff worked hard to support parents to improve their parenting and provide more nurturing environments."

However, it was concluded that:

"some children who experienced neglect would have benefited from earlier decision making and targeted action."

In response to the Care Inspectorate's findings, a Neglect Action Plan was developed and has been progressed by the CPC since 2018.

We know that are significant numbers of children in East Ayrshire live in poverty. East Ayrshire has the 3rd highest rate of child poverty off all 32 Scottish local authorities with 4,935 children (0-19 years) living in relative poverty, (before housing costs) in 2021/22. At February 2022, 18.1% of all East Ayrshire households were on Universal Credit, compared to 13.6% of households across Scotland. This equates to 10,138 households and represents a significant increase from the pre-pandemic figure of 10% at April 2019.⁵

A key area of progress in supporting families where neglect has been identified has been the roll out of the Graded Care Profile Tool (see **Appendix 1**). This is useful as a tool for aiding practitioners in the assessment of child neglect and care. Research suggests that, when the tool is well implemented, it helps in the identification of parenting strengths as well as weaknesses, helps create a collaborative process, and helps parents understand professionals' concerns. The process should lead to a clear picture of what it is like to be a child in this family, and what needs to happen for the harm to stop.

Consultation

Extensive engagement took place to develop the HEART wellbeing model. In order to ensure that a future model would begin with the experience of families, two main strands of listening and exploration took place. The first strand aimed to reach a wide range of children, young people, parents, carers and professionals within children's services in order to ask what was important to them. Between December 2020 and February 2021, there were 847 responses with the majority coming from children and young people. A second strand explored greater depths through a series of 20 telephone interviews with parents, kinship carers, foster carers and young people. The aim was to reach families who had used a range of children's services in order to understand their experiences and journeys from their perspective.

The key themes from the engagement that took place have been used to inform this strategy. These are detailed below:

- **Children and young people's responses** made clear that they valued family above all else in their lives. For the minority who mentioned supports outside of their friends and family, teachers featured most prominently with a smaller group identifying others such as social workers or home link workers.
- **Parents and carers** similarly spoke above all about the importance of family. Their responses particularly highlighted the need for social bonds and community. Those who had used additional services spoke of the need for services to work well together and for help to be available early rather than at crisis point.
- The overwhelming theme in responses from **professionals** was the importance of building up positive trust-based relationships with children and families.
- **Lost in the system** - Many interview participants described periods when they were experiencing great need but did not receive the right (or any) support, usually because they fell between the remits of different services, were on waiting lists, or were deemed not to meet thresholds to receive help.

- **Help when and where you need it** – Throughout the engagement, there were a number of examples of help being available informally and accessed through existing relationships or places. One parent described how she had got to know the community practitioner based in the nursery through dropping her child off and this had led naturally on to a discussion about her circumstances and the offer of help to resolve a financial issue.
- **Barriers to getting help** – In some instances, participants were able to see with hindsight that they had not appreciated their need for help at the time. In other cases, the barriers were around not knowing who to ask or how, or being deemed not to reach a threshold. In many cases, families did not ask for help out of a fear of being seen as failing in their roles.

To gather further feedback on the draft Strategy, a survey was created and published for a period of 4 weeks. There were 142 responses to the survey. The respondents were broken down into 39% members of the public, 60% were members of staff and 1% of elected members.

Feedback on the draft strategy was positive with respondents agreeing that the voice of the child and support for families are at the centre of the strategy. Further information on the consultation can be provided.



Guiding principles

This strategy sets out our approach to tackling the factors that we know can impact on neglect and neglectful behaviours in East Ayrshire. In order to be successful, our strategy needs to be grounded in the culture and ethos of the Children and Young People's Strategic Partnership, and as such it will adhere to the following principles:

Voice of the child

It is vital to hear the child's voice, and to focus on their experiences and the impact neglect has had - and is having - on their lives. The safety and wellbeing of the child or young person is paramount, and they must be kept at the centre of all of our work.

"Voices of all children need to be heard."
Practitioner

Underpinned by Children's Rights

Whilst families must be viewed collectively and not as isolated individuals, support must be underpinned by the rights of the children. That means ensuring that all the [rights of children](#) are upheld in all decisions and support for the family.

"I wasn't getting the support I was looking for - someone to help me understand what it meant to be a parent, not talk down to me." Parent

Focus on families

Children live in families, and the neglectful environments that some children and young people live in are often linked to the needs and difficulties of their parents and/or carers. Our approach to neglect will recognise and respond to the needs of all family members holistically.



Empowerment of parents and carers

As with hearing the voice of the child or young person, it is crucial that parents and carers are involved in discussions and decision making which impacts on them. Meaningful participation of parents and carers means that they are able to contribute to assessments and plans in relation to them and their families.

Right support at the right time

We want children, young people and families to receive the right support and help at the right time, as early as possible in the life of a problem. Preventative and early responses to neglect are critical to avoid issues from escalating and children experiencing further harm.

*"Need time
to build trust
with families"*
Practitioner

Strengths-based

Our work with families to address neglect must maintain a focus on investing in the relationships we have with children, young people and their families, and with colleagues and partners to improve outcomes and prevent harm. Practitioners and agencies have a responsibility to offer both support and challenge to families and to each other in order to respond robustly to neglect, whilst appropriately utilising the strengths of the families.

*"Finally
someone was
listening to us"*
Parent



What is neglect?

Neglect is defined as:

The persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty, and is an indicator of both support and protection needs.²

'Persistent' means there is a pattern which may be continuous or intermittent which has caused, or is likely to cause significant harm. However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect indicate the need for support to prevent harm.

The [GIRFEC SHANARRI indicators](#) set out the essential wellbeing needs of children and young people. Neglect of any or all of these can impact on healthy development. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); to protect a child from physical and emotional harm or danger; to ensure adequate supervision (including the use of inadequate caregivers); to seek consistent access to appropriate medical care or treatment; to ensure the child receives education; or to respond to a child's essential emotional needs.

Six classifications of neglect⁶ are commonly used:

Medical neglect	The child's health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident.
Nutritional neglect	The child is given insufficient nutrition to meet their physical/developmental needs. The child may be given food of insufficient nutritional value (e.g., sugary snacks in place of balanced meals).
Emotional neglect	This involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity.
Educational neglect	The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/or experience a lack of interest in their achievements. This may also include carers failing to comply with requirements regarding school attendance and failing to respond to any special educational needs.
Physical neglect	The child has inadequate or inappropriate clothing (e.g., for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experience poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home.
Lack of supervision and guidance	The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/or experiences a lack of appropriate supervision and guidance.

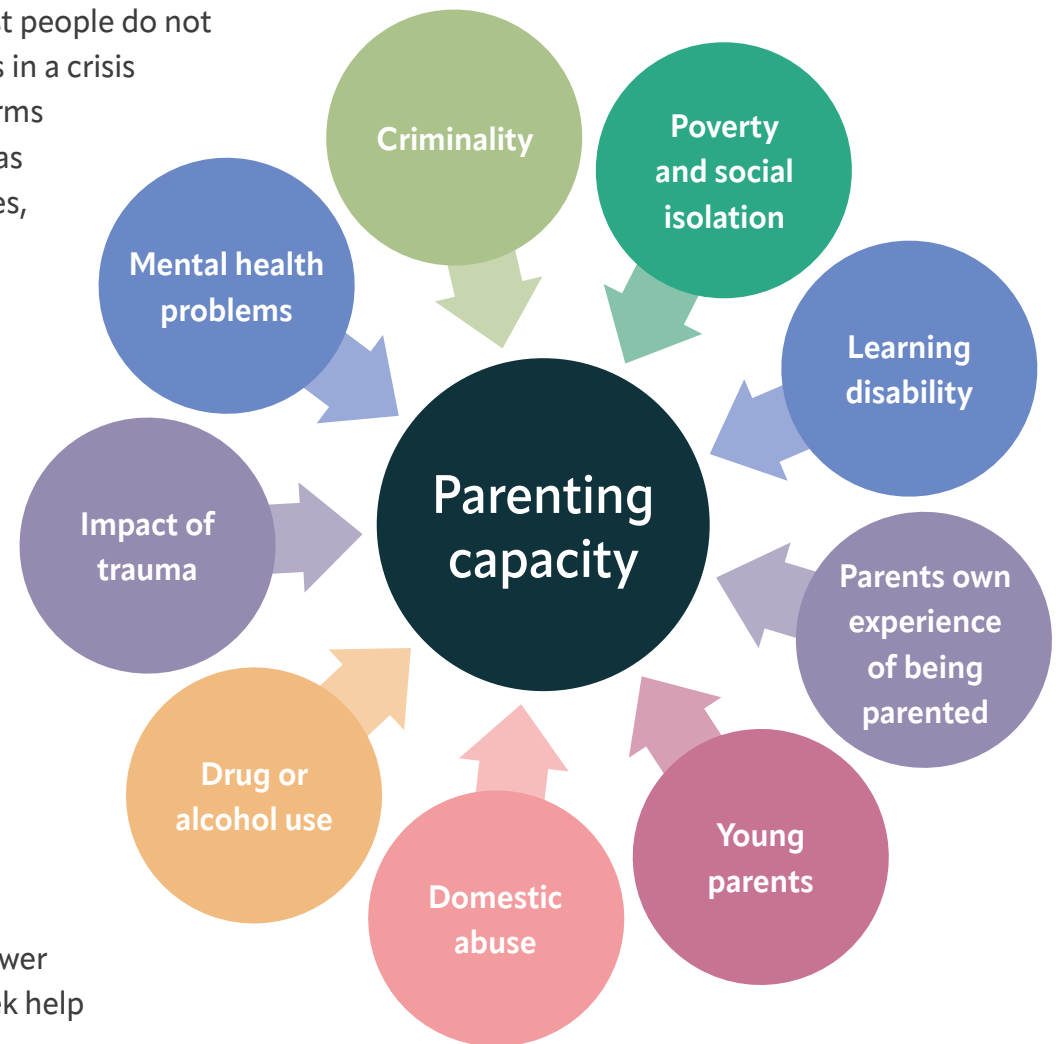
Causes of neglect

It is not easy to say what causes someone to neglect a child. Most people do not set out to purposefully neglect another. Neglect rarely manifests in a crisis that demands immediate action, it can occur alongside other forms of abuse. It may be the result of other contributing factors such as parental mental or physical ill health, parental learning disabilities, substance misuse, domestic abuse, unemployment and poverty. However, it needs to be pointed out that the presence of any of the contributing factors does not mean neglect will take place.

A wide range of circumstances and stressors exist for parents whose children experience neglect including, poverty and lack of capacity or knowledge about children's/young people's needs, housing issues, disability, asylum or refugee status and other circumstances for example chaotic and/or transient lifestyles, which might weaken parental capacity. The diagram on the right helps to illustrate some of the stressors that can impact on a parent's capacity to parent.⁷

Whilst poverty can be a contributing factor to neglect, children from affluent families can also experience neglect. Affluence can also sometimes mask emotional neglect which may take much longer to recognise what is absent.²

It is the role of services within East Ayrshire to support and empower parents to reach their potential and understand that they can seek help whenever they need it.



Recognising neglect

Circumstances causing neglect often take years to develop and can occur alongside other forms of abuse and commonly (not exclusively) where there are factors that affect parental capacity.

Children are best protected when practitioners are clear about what is required of them individually and how they need to work together so that every child receives the support they need before a problem escalates.

Whilst it is good practice that neglect should be seen through the experiences of the child, **prenatal neglect** can only be identified from observations of the experiences of the expectant mother and her family context, and so must be considered separately.

For unborn babies the need to ensure that services have a shared understanding of what constitutes a vulnerable pregnancy and use of common approaches and language to identify, assess and support pregnant women and their partners/families is a crucial one and where vulnerabilities are identified women are referred. This will ensure that families get the help they need, when they need it, to maximise the potential for the baby to thrive and meet expected developmental milestones and outcomes.⁸

A pregnancy may be considered vulnerable if one or more of the following circumstances exist within the household: substance abuse, learning disability, domestic abuse, serious mental health issues; significant criminality or where there is a previous history of child abuse or neglect. All women are screened for vulnerability and are referred to the safeguarding midwifery team for assessment.

When working with neglect, it is important to consider the particular needs and characteristics of children, young people and their parents/carers which may make a child or young person more at risk of experiencing neglect, for example:

- there are issues of capacity for the parents or carers or an adolescent who is transitioning to adulthood;
- the child or young person is missing out on education or not achieving in education;
- the child or young person has complex needs and
- the young person has social, emotional or mental health needs.

In addition, some situations may make the identification of neglect harder including (but not exclusively) where:

- English is not the first language of the child, young person or their parents or carers
- The child is educated through Elective Home Education
- The child or young person is missing out on education or not achieving in education
- The child or young person has complex needs.

Impact of neglect

Children and young people experience the impact of neglect differently at different ages. It is important to remember that neglect should be seen in the context of each individual's experiences. The following summarises the main impacts of neglect at each stage⁶:

Infancy (birth to two years)

Babies' growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play. Disinterest or indifference to such actions and/or failing to offer stimulation will limit the child's development and growth, and damage infant attachments.

Pre-school (two to four years)

Most children of this age are mobile and curious but lack understanding of danger. They need close supervision for their physical protection which neglected children may not experience. Children may not be appropriately toilet trained if they are in neglectful families as this process requires patient and persistent interaction and encouragement. Children's language development may be delayed if their caregivers are not interacting with them sufficiently and physical care may be inadequate, e.g., dental decay.

Primary age (five to eleven)

For some neglected children, school can be a place of sanctuary. However, if their cognitive development has been delayed and they are behind their peers at school, it can also be a source of frustration and distress.

Signs of neglect, e.g., dirty or ill-fitting clothing, will be apparent to peers, teachers and to the children themselves, and may cause embarrassment and difficulties in their social interactions.

Children without clear and consistent boundaries at home can struggle to follow school rules and get into trouble. Educational neglect can include failing to ensure that children attend school and high levels of absence can further impair their academic achievement.

Adolescence (twelve to eighteen)

Neglect is likely to have an impact on the young person's ability to form and maintain friendships and pro-social relationships, though the young person may be more reluctant to disclose their situation if they fear becoming separated from their family.

Adolescent risk-taking behaviour may be attributed to or exacerbated by a lack of parental supervision, which can expose neglected young people to the risk of harm through, for example, alcohol and substance misuse, risky sexual behaviour or criminal activity.

Resilience to neglectful situations does not increase with age, and can have significant consequences for young people's emotional wellbeing.

It is important to recognise the impact of neglect across the life course including the potential for experience of neglect to impact on parenting skills and dealing with life challenges as an adult.

The table in **Appendix 2** gives further examples of the different ways in which children and young people can experience the different types of neglect.



Our strategic priorities

From the engagement we have carried out with families and our partners, we have identified four strategic priorities to tackle neglect in East Ayrshire:

PRIORITY 1 – Children’s voices are heard

- Children’s experiences of neglect are at the centre of their care.
- Practitioners have the skills and tools to creatively gather the views of all children.
- Children with complex needs and young children are able to express their views.

PRIORITY 2 – Right support at the right time

- Families are able to access the right support, in the right place at the right time.
- Support will be focused on the strengths of the families and will be non-stigmatising.
- Patient and consistent relationships are central to the support provided to families.

PRIORITY 3 – Improved understanding and collaboration

- Practitioners in all agencies work to the same definition of neglect, are able to recognise the various signs of neglect when working with children, young people and families.
- Each partner agency will provide appropriate and timely responses to children, young people and their families through a multi-agency approach in line with the guiding principles in this strategy.

PRIORITY 4 – Addressing poverty

- Families experiencing poverty are supported to address material hardship.
- Services work together to ensure families are receiving what they are entitled to and are not left destitute when experiencing a crisis.
- Community Planning Partners collaborate to achieve the actions set out in East Ayrshire’s Local Child Poverty Action Plan.





Governance and accountability

This strategy is owned and overseen by the Children and Young People's Strategic Partnership and the Child Protection Committee. The Children and Young People's Strategic Partnership will monitor progress against the strategic objectives on a regular basis. The effective delivery of the strategy will be reported regularly by the GIRFEC Group through highlight reports.

Key indicators for measurement of the effectiveness of the strategy

It is important that measures of success are established and agreed. The following indicators will demonstrate the effectiveness of the strategy and its implementation:

Reduction in the number of referrals to the Scottish Children's Reporter Administration in relation to neglect

Reduction in the number of Child Protection Re-registrations due to concerns of neglect

Reduction in the number of concerns of neglect recorded for children placed on the Child Protection Register

Increase in the number of children and young people able to express their views about their care

Increase in income maximised for families experiencing poverty

Reduction in the number of non-attenders at school

Evidence that the views expressed by children and young people have been heard and acted upon



9. Action Plan

Actions	Responsibility	Timescales	Indicators	GIRFEC principles
PRIORITY 1 - Children's voices are heard				
Empower children, young people and their parents/ carers to actively contribute to their wellbeing assessment, ensuring their views are included and that they have an active part within their Child's Plan.	GIRFEC group chair	End of December 2023	<ul style="list-style-type: none"> • Audit of Child's Plans • Qualitative feedback from children and young and their families. 	Safe, Respected, Included
Ensure children and young people are given the opportunity, in line with their rights, to attend their Team with the Family meeting giving their views and taking part in decision making.	GIRFEC group chair	End of December 2023	<ul style="list-style-type: none"> • Audit of Team with the Family meetings. • Casefile audit. 	Respected, Included
Ensure children and young people have access to appropriate advocacy (including independent advocacy) based on relationships.	Senior Manager – Children's Health, Care and Justice	End of March 2024	<ul style="list-style-type: none"> • Number of children and young people offered independent advocacy. • Proportion of children and young people taking up independent advocacy. • Case studies of children receiving appropriate advocacy. 	Safe, Respected, Included
Train a Talking Mats tutor for East Ayrshire and roll out Talking Mats training to support the wider workforce to create opportunities for children and young people with additional support needs to express their thoughts, even in challenging and complex situations (sensitive content).	Speech and Language Therapy Service Manager	End of March 2024	<ul style="list-style-type: none"> • Training of tutor • Number of staff trained in Talking Mats • Audit of use of Talking Mats 	Safe, Respected, Included

Actions	Responsibility	Timescales	Indicators	GIRFEC principles
Carry out an audit of staff training needs with a focus on participatory and peer led approaches.	GIRFEC Group (all relevant partners)	End of March 2024	<ul style="list-style-type: none"> • Completion of audit 	Respected, Included
Embed the use of the Infant Voice Tool across all Children's Services	GIRFEC group chair	End of March 2025	<ul style="list-style-type: none"> • Number of staff trained in the use of the Tool. • Use of tool evident through audit activity. • Case studies. 	Safe, Respected, Included
Increase the use of play and communication tools across all services to create opportunities for children and young people to express their views.	Senior Manager – Children's Health, Care and Justice/Health Improvement Team	End of March 2026	<ul style="list-style-type: none"> • Use of play evident through audit activity. • Case studies. 	Healthy, Active, Respected
PRIORITY 2 - Right support at the right time				
Increase awareness to staff and families of what support is available across East Ayrshire by developing the online wellbeing directory.	Service Manager, Children's Health	End of December 2023	<ul style="list-style-type: none"> • Children and families information on directory. • Number of hits on directory. • Communications campaign. Number of teams informed. • Number of sessions. 	Safe, Healthy, Included
Implement Team with the Family approach.	GIRFEC Group chair	End of December 2023	<ul style="list-style-type: none"> • Audit activity to identify meeting attendees. • Case studies. 	Safe, Respected, Included

Actions	Responsibility	Timescales	Indicators	GIRFEC principles
Embed use of the Graded Care Profile Tool.	Senior Manager – Children’s Health, Care and Justice	End of March 2024	<ul style="list-style-type: none"> • Number of staff trained in the use of the Graded Care Profile Tool. • Use of tool evident through audit activity. • Case studies 	Safe, Nurtured, Respected, Included
Implement improvement project on infant mental health and father inclusion in collaboration with Book Trust Scotland.	Senior Charge Midwife for Safeguarding	End of March 2024	<ul style="list-style-type: none"> • Evaluation of engagement and feedback from fathers. 	Nurtured, Respected, Included
Development of child and family friendly spaces in line with the HEART model.	GIRFEC Group chair	End of March 2026	<ul style="list-style-type: none"> • Number of spaces developed. • Numbers using the spaces • Case studies 	Safe, Nurtured, Included
Improve trauma-informed practice through training at the appropriate levels.	Trauma Advisory Board chair	End of March 2026	<ul style="list-style-type: none"> • Number of staff trained appropriate to their role • Evidence from trauma informed care from casefile audits. 	Safe, Nurtured

Actions	Responsibility	Timescales	Indicators	GIRFEC principles
PRIORITY 3 – Improved understanding and collaboration				
Increase understanding of neglect by reviewing the Social Work Child Protection processes.	Performance and Quality Assurance Group chair	End of December 2023	• Audit activity.	Safe, Nurtured, Respected, Included
Identify all relevant stakeholders responsible for multi-agency workforce learning and development in relation to neglect and form a working group to support learning needs analysis.	GIRFEC Group (all relevant partners)/Health Improvement Team	End of March 2024	• Multi-agency working group for learning & development established	Safe, Nurtured, Re-spected
Develop Practice Guidance for all practitioners working with children and families who experience neglect at all levels of need.	Child Protection Lead Officer	End of March 2024	• Consultation (baseline survey prior to guidance development then at regular intervals) with practitioners to understand their confidence in practice and their view of their impact.	Safe, Nurtured, Respected, Included
Develop a dataset for neglect to continuously tell us what our picture is here East Ayrshire.	Child Protection Committee Performance and Quality Assurance chair	End of March 2024	• Dataset developed. • Dataset regularly monitored by Child Protection Committee. • Dataset used to inform practice.	Safe, Nurtured, Respected
Improve wellbeing support for staff dealing with vicarious trauma through reflective discussions and peer support.	Wellbeing Coordinator	End of June 2024	• Case studies • Numbers of staff accessing supports.	Safe Nurtured, Respected, Included

Actions	Responsibility	Timescales	Indicators	GIRFEC principles
Increase awareness of neglect and early help and supports available by holding an Annual Conference co-designed with partners and families.	GIRFEC Group chair	End of June 2024 then annually	<ul style="list-style-type: none"> Number of attendees at conference. Survey at start of conference and survey at end of conference to evaluate increased understanding. 	Safe, Nurtured, Respected
Establish a baseline of the knowledge of neglect amongst multi-agency partners by carrying out a learning needs analysis.	GIRFEC Group (all relevant partners)	End of March 2025	<ul style="list-style-type: none"> Baseline data from training needs analysis. 	Safe, Nurtured, Respected
Increase knowledge of neglect amongst multi-agency partners by establishing and implementing a training programme on neglect based on training needs analysis.	GIRFEC Group (all relevant partners)	End of March 2026	<ul style="list-style-type: none"> Surveys at regular intervals to demonstrate improved understanding. 	Safe, Nurtured, Respected, Responsible, Included
PRIORITY 4 – Addressing poverty				
To develop a resource that can be used within Early Learning and Childcare settings, initially during challenge poverty week, to help raise understanding and awareness about the impact of poverty.	Service Manager – Early Years (Development)	End of October 2023	<ul style="list-style-type: none"> Number of ELC settings using the resource and feedback from them on how they feel it has encouraged thinking discussion among children. 	Achieving, Nurtured, Included
Establish a process for families to address immediate and urgent material need through Whole Family Wellbeing Fund.	Senior Manager – Children's Health	End of December 2023	<ul style="list-style-type: none"> Number of families supported by the Whole Family Wellbeing Fund. Audit of use of hardship grant. 	Safe, Healthy, Achieving, Nurtured, Included

Actions	Responsibility	Timescales	Indicators	GIRFEC principles
Identify key local contacts across financial support services who can support and address immediate risks associated with material and environmental poverty directly impacting risk.	Financial Inclusion Team Manager	End of March 2024	<ul style="list-style-type: none"> • Key contacts added to wellbeing directory. • Case studies. 	Safe, Healthy, Achieving, Nurtured, Included
Community Practitioners will work with families to reduce the impact of poverty by ensuring that families receive the right help and are supported with onward referrals to other services.	Service Manager – Early Years (Early Intervention)	End of March 2024	<ul style="list-style-type: none"> • Data collection • Case Studies 	Achieving, Nurtured, Included
Learning settings to fully consider and undertake actions aligned to the Scottish Government's Child Poverty Plan "Every Child, Every Chance" and evaluate the impact of such actions.	Education – Depute Head of Education: Equity, Inclusion & Employability	End of June 2024	<ul style="list-style-type: none"> • Case studies 	Achieving, Nurtured, Included
Increase awareness of support available through the Schools Project and the Early Years practitioners provided by the Financial Inclusion Team.	Financial Inclusion Team Manager	End of December 2024	<ul style="list-style-type: none"> • Increase in income maximised by Schools Project 	Safe, Healthy, Achieving, Nurtured, Included
Implement East Ayrshire's Local Child Poverty Action.	Financial Inclusion Team Manager	End of March 2026	<ul style="list-style-type: none"> • Reduction in the number of children in poverty. • Increase in income maximised. 	Safe, Healthy, Achieving, Nurtured, Included
Reduce the impact of poverty by supporting families to access third sector support.	Vibrant Communities	End of March 2026	<ul style="list-style-type: none"> • Case studies 	Safe, Healthy, Achieving, Nurtured, Included

Appendix 1: Graded Care Profile Tool Practice Insight

Identifying and addressing neglect: applying the Graded Care Profile

Purpose of this practice insight

This insight introduces the potential use and some necessary considerations in implementing use of the Graded Care Profile 2 (GCP2).

Rights

The GCP2 fits well with the United Nations Convention on the Rights of the Child (UNCRC) Article 19.2, which requires that

"States Parties provide protective measures, procedures and social programmes which can provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up to ...maltreatment."

Context

Graded Care Profile 2 (GCP2) is one adaptation of the original Graded Care Profile. The original tool has also been (or is being) adapted in other areas to suit the needs of different geographical areas across Scotland. Within Glasgow the tool has been adapted jointly by Glasgow HSCP and Action for Children and published as the Assessment of Care Toolkit. The Assessment of Care Toolkit is being used in partnership with families, to support early intervention and identify where aspects of intensive family support might be required.

The GCP2 may be a tested example of a structured assessment tool but is not a national requirement. This structured and licensed assessment framework has been evolved by the NSPCC from the work of Srivastava (1995-2015). Recent evaluation (Smith et al., 2019) has found it to be a useful tool in assessment and addressing neglect in a way that is collaborative, promoting shared understanding and purpose; and transparent, aiding analysis of needs and evidence of progress.

The GCP2 enables a shared and specific understanding of strengths and areas for support for change. Current care is 'graded' in four domains: Physical Care, Safety, Emotional Care and Developmental Care, drawing on Maslow's Hierarchy of needs, and these are subdivided as follows:

- Physical Care: Nutrition, Housing, Clothing, Hygiene and Health
- Safety: In Parent's Presence (Awareness, Practice, Online, Traffic and Practical Safety Features) and In Parent's Absence
- Emotional Care: Parent's Responsiveness (Sensitivity, Timing and Quality) and Mutual Engagement (Initiation and Quality)
- Developmental Care: Age, Approval, Disapproval and Acceptance

Training, support and supervision should ensure that this tool is not applied in the manner of a 'tick-box' exercise but as one dimension of work to achieve change together and to form such professional judgement as may be required. A purposeful and structured approach should be applied in a way that is compatible with the emphasis in the 'The Promise' on provision of a responsive 'scaffolding of support', and on a workforce trained appropriately and empowered to work in relationship with families.

Grade	Description
1	All the child's needs are always met and the parent goes the extra mile. The child is always put first.
2	All essential needs are met. The child is a priority.
3	Most of the time the essential needs of the child are met.
4	Most of the time the essential needs of the child are not met. The child's needs are placed second to those of the parent/carers.
5	The child's essential needs are not met. May be due to intentional disregard. The child is not considered.

When may the GCP2 be useful?

- as part of collaborative early help with parents
- as part of collaborative planning with a [‘Team Around The Child’](#)
- as part of a multi-agency child protection plan
- by Health Visitors and Early Years Workers as a basis for referral to social work
- as a component in planned collaborative work within compulsory supervision
- guidance accompanying the tool has sections explaining how it can be used more flexibly and with different populations such as teenagers

Who should be involved?

Parents/carers are the primary partners in the assessment. It is essential that they understand the reasons for assessment; methods used; and they should be encouraged to take part in grading and to self-grade. Children can and should be involved as much as possible and as appropriate in each situation. Their involvement and understanding is often an area of consideration that receives less attention.

All members of the ‘Team Around The Child’ have a part to play in assessment and scoring processes.

If information is not known no score should be given.

Planning and Reviewing

When applied, the GCP2 Assessment is used to inform development of the child’s plan. Targeted help is agreed and specified with responsibilities and timescales for reassessment and review of progress by the Team around the Child. Concerns may focus in a specific domain but a holistic approach to wellbeing, needs and strengths remains a principal part of the underpinning national practice model.

Supervision and self-evaluation

Supervision is essential for considering when the GCP2 is likely to be helpful and for supporting best application of the framework. For this reason it has proven necessary for team managers to be trained in GCP2. Completed assessments and reflections on grading, risk and progress are reviewed in supervision. Self-evaluation and quality assurance are necessary parts of implementation to ensure consistent and credible scoring and analysis.



Strengths of using GCP2

Local feedback echoes findings in the evaluation of the GCP2 (Smith et al 2019). Practitioners valued the potential for an honest, methodical, strength-based, transparent and holistic approach with families. A shared language and shared knowledge and understanding of neglect is more likely.

"I like that it's really visual. I used it with a parent with learning needs and she was quite resistant to start with but then when I sat down and went through the colours and numbers and really broke it down - she began to understand it more. When I showed it to her..., it made sense. She was able to see what was great and what was not so great and what needed to change." Social Worker

"Everyone likes the parent leaflet; that makes things a lot easier than what we had before!"
Implementation Lead

"It's got online safety in it, that's dead relevant,... it feels less kind of punitive... I think families can say "Yeah, okay, we've worked through that; I can see there are bits that I might need to look at"
Family Support Worker

There were some concerns about blind spots e.g. "[When] family are spending on everything but the rent... lack of sleep/staying with different relatives all the time so [the child] never has the right clothing with them and parent's inability to see that some routine/stability is necessary." Training Officer

Concluding comment

The GCP2 clearly identifies areas requiring further support. It captures and frames the quality of care a child receives at one single point of time. This can be revisited, following intervention, to gauge progress and if needs be, to refocus the child's plan. Overall the tool supports a solution-focused approach and is consistent with the values, principles and core components of the GIRFEC national practice model. Decisions can be made with greater confidence because they are better informed by evidence achieved in collaboration.

References

- Smith E, Johnson R, Anderson T, Belton E Kyriacou S, Hodson D (2019)
- Evaluating the Graded Care Profile 2: Comparisons with the Original Tool and Factors Affecting Uptake and Use of the Updated Tool. Child Abuse Rev. Vol. 28: 299–309.
- Srivastava OP, Hodson D, Fountain R. 2015. Measuring care, helping families, Graded Care Profile 2: Guidance and theory. NSPCC: London
- Barlow J, Fisher J, Jones D. 2012. Systematic review of models of analysing significant harm (DFE-RR199). Department for Education: London
- Johnson R, Cotmore R. 2015. National Evaluation of the Graded Care Profile. NSPCC: London
- Sen R, Green Lister P, Rigby P, Kendrick A. 2014. Grading the graded care profile. Child Abuse Review 23(5): 361–373

Acknowledgments

- Charles Rocks, Senior Manager, Easy Ayrshire Council
- Kirsty Hewitt, Service Manager, East Ayrshire Council
- May 2021

Appendix 2: Ways in which children and young people can experience neglect

Please note that the examples listed are intended to give an overview of what children may experience rather than provide an exhaustive list of ways in which neglect may present.

Experiences of neglect by Horwath's classifications ⁶						
Age group	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
Infancy: 0-2 years	Includes failure to notice that a baby is unwell and failure to seek medical attention. Not attending health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity, e.g., if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult.	Some parts of the brain are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system. Lack of changing and nappy rash, lack of encouragement may delay skill development.	Babies should be supervised at all times. If babies feel abandoned, this can affect the development of attachments.

Experiences of neglect by Horwath's classifications⁶

Age group	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
Pre-school: 2-4 years	May include missed health and dental appointments and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200-1500 calories per day, and/or unregulated amounts of fat and sugar in the diet which can lead to heart problems, obesity and tooth decay.	Children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustrations and developing empathy.	Delay in a child's language development through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty and malnourished and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g., stair gates. Dangerous items may be within reach. Child may not have appropriate car seat. Child may be left home alone.
Primary: 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment or lack of prevention e.g., hand washing, good diet or adequate sleep.	Food isn't provided consistently leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships and may express their frustration through disruptive behaviour.	Children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Children may be left home alone or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.

Experiences of neglect by Horwath's classifications⁶

Age group	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
Adolescent: 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk-taking behaviour e.g., in sexual activity.	Adolescents may be able to find food but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks which affects both health and educational outcomes.	Peer groups and independence are important at this age. Young people who are isolated by neglect (e.g., though poor hygiene) will struggle. Conflict with carers may also increase.	Likely to experience cognitive impairment e.g., in managing emotion so may result in challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self-esteem.	Neglected adolescents may stay out all night with carers not aware of their whereabouts which can lead to opportunities for risk-taking behaviours that can result in serious injury.



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