'Making-Sense' of Child Neglect:

An exploration of child welfare professionals' practice

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Dedication

This thesis is dedicated to children and their families

"The test of the morality of a society is what it does for its children".

Dietrich Bonhoeffer (1906-1945)

Abstract

This study aims to understand and critically analyse the knowledge and practices of child welfare professionals who play an important role in recognising, responding to and intervening in cases of child neglect. The study contributes towards a greater understanding of the complexities of the child welfare professionals' (CWP) institutional practices when categorising cases as neglect. Three data collection methods were used; semi-structured interviews, an analysis of child protection case conference minutes and observation of social work practice. The complementary data sets produced revealed an understanding of CWP's knowledge and practices which would not have been possible using a single method.

The CWPs interviewed, from four professional groups, shared a typical image of a neglected child but this image did not coincide with all cases categorised as cases of neglect identified during the analysis of the Minutes and the observation of social workers' practice. The exceptions to the typical image included young people, unborn children and children experiencing emotional neglect. The CWPs working in universal services talked about 'building a picture' of neglect since neglect was not always obvious. There were inter-professional differences around thresholds and the 'level of neglect' that warranted child protection intervention. The CWPs talked about their understanding of neglect being broader than the parents', since their understanding included emotional neglect. This perceived difference in the CWPs' understanding of neglect had implications for their interactions with parents and was seen as a challenging area of practice. The participant observation data showed that social workers used numerous features when carrying out assessments, including features relating to the parents, the children and the home environment. These features functioned in different ways depending on the context and which features co-existed.

CWP practice was influenced by professional roles and personal values. Professional practice involved multiple interactions, and the crucial nature and impact of these interactions was key to understanding the process of categorising cases of neglect.

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Glossary of terms used in the thesis

Child: In this thesis the term child is used in accordance with the definition in *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children* (HM Government, 2010), which includes all children and young people who have not yet reached their 18th birthday.

Child Welfare Professional: The term child welfare professional has been used in this thesis to refer to professionals, specifically the police, health and education professionals and those working in the Children and Young Person's Directorate, with specific roles in safeguarding and child protection.

Neglect: The focus of the thesis is child neglect and when the term neglect is used it refers to the neglect of children. The focus of the research is on neglect as an institutional category and exploring child welfare professionals' understanding and practices in this context.

Parent: In this thesis the term parent is used to refer to the child's mother and father, who are understood to be responsible for caring for their child. In some circumstances the main carer is not the parent, however to avoid having to write parent/carer throughout the thesis the term parent should be understood as including the main carer(s)

Unborn Children: The term unborn child is used throughout the thesis since this is the term used by child welfare professionals during the interviews and is also the term used in the child protection case conference minutes. The legal status of unborn children is ambiguous in terms of child protection (O'Donovan, 2006) and national statistics do not always include statistics on unborn children (Burgess, et al., 2012). Social workers arrange child protection case conferences to discuss the future care of unborn children and these discussions can lead to professional actions, even if the children are not the subject of a child protection plan until they are born.

Universal Services: the term universal services is used to refer to services which are available to all children such as education (for example in services provided by Children's Centres and schools) and primary health care (for example services

provided by health visitors and GPs). These services aim to promote children's development and are supplemented by other services if any problems are identified.

Young People: The term 'young people' has been used in this thesis to denote older children as opposed to younger children under the age of 18 years and thus reflects the terminology in Government policy and guidance. In practice there is likely to be some variation in the age of the children who are referred to as young people, depending on their maturity and professionals' perception of their competence to make decisions. Although there are other terms in the literature which are used to refer to older children, such as adolescent, teenager and older child, these terms have not been used in this thesis since they cover a wider age range (Brandon et al., 2008a; Hicks and Stein, 2010).

1 Introduction to the Thesis

"Professionals warn child neglect is rising, says Action for Children"

This headline was used to highlight the findings from a survey of child welfare professionals, who reported seeing an increase in suspected cases of neglect in the course of their professional work. The Action for Children (2009) report also emphasised that neglect is now a major issue but an overlooked area of child protection in the United Kingdom, and that children continue to experience neglect with potentially serious consequences. The survey headline initially appears straight forward but in fact raised several questions, such as which professionals were noticing a rise in neglect? There also appeared to be an assumption that professionals have a shared understanding about what constitutes neglect.

Understanding what constitutes neglect depends on whether it is understood to be an institutional child protection category (HM Government, 2010) or a broader social phenomenon. In contemporary child welfare professional practice neglect is an institutional category associated with particular forms of intervention, such as child protection plans and care proceedings. For the institutional category of neglect to be allocated, the child has to be understood to be 'at risk' of, or experiencing, significant harm. Neglect is the most common reason for children having a child protection plan, currently accounting for over 45% of child protection plans in England (Department for Education, 2011a). From a study of adults and older children self-reporting their experiences of childhood neglect Gilbert et al. (2008a) estimated that 10% of children in the United Kingdom experience neglect. The figures from self-reporting studies include much larger numbers of children than those with a child protection plan and are related to understanding neglect as a broader social phenomenon (Radford, et al., 2010).

This thesis focuses on child welfare professionals' practice relating to neglect which, despite being the most common child protection category, has been described as the least well understood category (McSherry, 2007). Neglect has been described as a multi-faceted concept which has resulted in it being difficult to define (Stone, 1998). The non-unitary nature of neglect has given rise to differences in definition and understanding, making it a complex area of practice and research (Moran, 2009).

Neglect is a form of child maltreatment that is particularly challenging for professionals to recognise because of its pervasive and long-term nature and the lack of physical signs and symptoms (Iwaniec, 2006). Studies by Gilbert, et al. (2008a) and Davies and Ward (2011) reported that neglect is as damaging as physical or sexual abuse. The harmful nature of neglect was also illustrated by Erickson and Egeland (2002) who emphasised that neglect impacted on the child's long term relationships with other people. Turney and Tanner (2005) stated:

> "Research highlights the deleterious effects of neglect, in its own right, on children's development and challenges a common perception that it is ancillary to 'more serious' forms of abuse such as physical and sexual abuse. However, while the problem is growing and its seriousness is apparent, child neglect is difficult to handle" (Turney and Tanner, 2005, p. 1)

Our understanding of neglect is made additionally problematic since the concept of neglect is not constant but changes over time, and is interpreted differently by different communities (Horwath, 2007a). Stevenson (2005) emphasised that cases of neglect often have an impact on the professionals involved with the families, sometimes leaving them feeling overwhelmed by the complex range of issues involved, or alternatively feeling under-whelmed (Horwath, 2005). In cases of neglect there have frequently been professional concerns over a period of time but nothing sharply focused or grave enough that prompted immediate action (National Society for the Prevention of Cruelty to Children, 2007).

1.1 *Background to the Development of this Study on Child Neglect*

This PhD study arose from a research partnership between the Centre for Applied Childhood Studies (CACS), at the University of Huddersfield and the members of the Local Safeguarding Children Board (LSCB) in one English local authority, which is referred to as 'Rivervalley' for the purpose of this research. The members of the LSCB were interested in supporting research on neglect within 'Rivervalley' since neglect was the most commonly allocated child protection category within the local authority and the number of cases was rising annually. The proposed aim of the research was to understand and critically analyse the knowledge and practices of child welfare professionals who play an important role in recognising, responding to

and intervening in cases of neglect within 'Rivervalley'. The proposed research questions were:

1. *What are child welfare professionals' understandings of child neglect?*
2. *What, if any, are the inter-professional differences in how child welfare professionals understand and categorise cases as child neglect?*
3. *What are the features of cases categorised as child neglect?*
4. *How do child welfare professionals categorise cases as child neglect?*

The focus for this PhD, which was supported by a research studentship offered by CACS, was clearly established from the beginning. The studentship was open to candidates with a child welfare professional background, and although I had been working as a health visitor, I ceased practice when I commenced the studentship. Although research about neglect and professionals' practice is relevant to my own practice, throughout the studentship I did not consider myself to be a practitioner-researcher (Dadds, 1995; Robson, 2002). I adopted this stance because the research proposal did not emerge directly from my own practice and the organisational setting which provided the focus for the research was Children's Social Care and not the National Health Service (Shaw, 2005).

However, my professional background clearly has relevance for the study since during the course of my professional work as a health visitor I met and visited the homes of many parents and their children. Although my role was not exclusively focused on child protection work or neglect, during the course of my work I made professional judgements, assessed the wellbeing of the parents and their children and made decisions about the care provided to each child by their parents. My professional practice focused on young children, usually pre-school, although I also had contact with young people who themselves had become parents. In the course of my professional practice I had regular contact with health visiting colleagues, midwives, mental health nurses and doctors. Consequently, their roles in relation to safeguarding and child protection were more familiar to me. My contact with teachers, social workers and the police was infrequent and my understanding of their roles was based on my experiences of attending child protection case conferences and case review meetings. From my professional practice I was aware that neglect

was often a difficult and challenging area of practice, involving a wide range of professionals, and one which I was interested in exploring in more depth.

The study, using a social constructionist approach (Gergen, 1985, 1999; Burr, 2003), was designed to gather data from three different but complementary data sources. Semi-structured interviews were carried out with child welfare professionals in the police, the National Health Service, Education and Children's Social Care. Also, child protection case conference minutes were analysed to identify the features of neglect cases already allocated a child protection category. Additionally, observation of social workers' practice was undertaken in order to understand their work in processing and categorising cases. The three types of data were used to address the different research questions and revealed different features of neglect which, when combined, contributed to a greater understanding of professional practice in cases of neglect.

1.2 *The National and Local Context of the Study*

In contemporary child welfare practice neglect is one of four institutional categories of child abuse; the other three categories are physical, sexual and emotional abuse (HM Government, 2010). Child welfare professionals are required to make judgements and decisions about whether cases warrant the allocation of a child protection category. In cases which have met the threshold for child protection intervention, the allocation of a child protection category is associated with the development of a child protection plan (HM Government, 2010). Less serious cases, which do not meet the threshold of actual or likely significant harm, may be allocated another institutional category, such as child-in-need. Decisions about the allocation of categories are formally made during multi-professional meetings. The categorisation process is a feature of child welfare professionals' practice and was an important focus of this study on professional practices in relation to neglect.

Although the research studentship commenced in October 2008, the research proposal had been developed during 2007-08; this was a critical time in contemporary child welfare, when there was a shift away from forensically driven intervention towards a broader preoccupation with safeguarding children, with more emphasis on early intervention and professional working together (Parton, 2006). The shift in the focus of interventions placed responsibilities on a range of child

welfare professionals in health, education and social care, but relatively little was known about their everyday practice (Scourfield, 2000; Horwath, 2005).

The population of 'Rivervalley' was approximately 200,000 (Association of Public Health Observatories, 2008). The administrative centre for the area was located in the one major town and, while there are a number of smaller towns, it was predominately a rural area. The health profile of 'Rivervalley' (Association of Public Health Observatories, 2008) was close to the English average for most health indicators. In 2007, 'Rivervalley' was ranked 119th out of 354 English Districts in terms of the national deprivation measures, with three localities within the geographical area being recognised as areas of high deprivation.

The national context had changed by the time the data collection commenced in 2010 and coincided with a period of turmoil and crisis for child protection services. The timing of the study coincided with a challenging period for Children's Social Care in 'Rivervalley', as the department was under considerable pressure following an Ofsted inspection early in 2010 (Ofsted, 2010b). The department was under "Notice to Improve" because a number of initial assessments were either unallocated or not being completed within the required 7 days. If this situation had continued another Ofsted inspection could be triggered and special measures imposed. Other local issues centred around staffing levels, staff turnover, retention and vacancies and the use of a large number of agency social workers (Editorial, 2010) within Children's Social Care. Issues were identified with the way information was recorded in case records (Ofsted, 2010b) partly due to the electronic recording system. The system in use was not conducive to effective planning, the format was unsuitable to share with families and using it alongside paper records made it difficult for professionals to get an overview of the situation and make appropriate child protection plans (Ofsted, 2010b).

1.3 *The Organisation of the Thesis*

This thesis is organised into the following chapters:

Chapter 2: Contemporary Issues in Child Neglect and Features that Impact on Professional Practice

The first section of this chapter focuses on the contemporary issues and debates in the literature on child neglect including the different definitions of child neglect, the way needs are conceptualised and the issue of thresholds between services. A number of studies which focus on factors which impinge on parenting, including the relationships between parents and children, gender and the role of mothers and fathers in caring for children and known 'risk factors' such as substance misuse, mental health issues and partner violence are discussed.

The second section focuses on the literature which explores the influences on child welfare professionals' recognition of, responses to and interventions in cases of neglect. The majority of studies focus on child protection generally, not specifically on the category of neglect. The discussion in this section includes studies on child maltreatment, as some of the issues they raise are pertinent to this study on neglect. The review also includes a study by Dingwall, et al. (1983), which still has relevance today, as well as more recent studies which have identified issues relevant to the assessment of the interactions between parents and their children and features which impact on these interactions. Decision making and inter-professional communication appeared to be influenced by professional knowledge and personal values.

Chapter 3: Child Protection Services in England, from the Children Act 1989 until 2010

This chapter provides the wider context for the study of child welfare professionals' practice, which is regulated and guided by government legislation, such as the Children Acts of 1989 and 2004. Government policies, which provide the wider context for professional safeguarding and child protection practice, are influenced by political ideology and governmental concerns. This chapter examines some key government social policies and guidance relevant to safeguarding and child protection practice and demonstrates how these policies shifted the focus of professional practice towards safeguarding and early intervention. The emphasis is on the relevant legislation, policies and guidance which were in place in the period preceding and covering the period of the fieldwork and data gathering.

The chapter explores some of the social changes and specifically looks at the changes in family composition between 1989 and 2010; these social changes have impacted on and influenced professional practice.

Chapter 4: The Theoretical Framework and Data Collection Methods

This chapter discusses the social constructionist approach used as the theoretical framework for this study. Choosing this approach influenced all stages of the study design, data analysis and presentation of the themes identified during the analysis. A social constructionist approach (Gergen, 1999; Burr, 2003) is based on the assumption that there are multiple and changing social realities. The concept that social reality is the product of interactive processes during which the meanings of actions and situations are negotiated, has been used to explore child welfare professionals' understandings and practices in relation to neglect. Professional knowledge is understood to be co-constructed and influenced by an array of features which then influence practice. Since the research questions also include understanding how cases are categorised, the theoretical basis of the process of categorisation has been outlined.

The research design involved three methods of data collection; semi-structured interviews, analysis of child protection case conference minutes and participant observation in the initial response team offices in Children's Social Care. In this chapter these three data collection methods are discussed, alongside the practical and operational challenges associated with each one. Applying for ethical approval and the development of the research documentation are outlined along with information about the negotiations involved in gaining access to the participants and the documentary data.

Chapter 5: The Approach to the Data Analysis

A thematic analysis approach (Braun and Clarke, 2006), was used for the analysis of the interview transcripts and transcripts from field notes from the observation sessions.

 A different analytical approach was used for the analysis of the child protection case conference minutes. This different approach combined an enumerative and qualitative content analysis approach (Robson, 2002; Grbich, 2007) . The analysis

of the sample of 30 consecutive child protection case conference minutes (referred to as the Minutes) included all four child protection categories (physical, sexual, emotional abuse and neglect) and made it possible to identify features which were unique to the neglect cases. The process of identifying themes across the three complementary data sets highlighted the strength of the research design and the advantages of gathering data using three different methods. The data from the analysis of the three data sets has been presented in Chapters 6, 7 and 8, alongside discussions in relation to the relevant literature.

Chapter 6: Professional Rhetoric and Images of Neglect

This chapter presents data on the two typifications of neglect that all the child welfare professionals interviewed referred to; the images were of a typical neglected child and the home conditions typically associated with neglect. The analysis showed that the child welfare professionals' understanding of neglect was broader and more nuanced than these typical images. In practice there were three exceptions to the typifications, which involved unborn children, young people and children potentially experiencing emotional neglect.

Chapter 7: Neglect, Children and their Families

Children's behaviour appeared as a theme in all three data sets. In the Minutes, the children's behaviour and the views they expressed were significant features of the categorisation process. A previous history of neglect and the presence of men in the home with a history of allegations or conviction for sexual abuse were dominant themes identified in the analysis of the Minutes and the participant observation data.

The parent-child interactions were an important feature used by child welfare professionals when making decisions about neglect. Other features which influenced the parent-child relationship and the categorisation of neglect were the existence and co-existence of three known parental risk factors for child maltreatment (substance misuse, mental health issues and partner violence). These three risk factors appeared to be more likely to co-exist in cases of neglect than in the other child protection categories.

Chapter 8: Professional Perspectives, Practice and the Categorisation of Neglect

Child welfare professional practice appeared to be influenced by the numerous perspectives associated with neglect; the perspectives focused on neglect being due to parental acts of omission or commission and being the consequence of a failure to fulfil their parental responsibilities. There were distinct professional differences in the way neglect was talked about, especially around it being the consequence of a wilful act.

The child welfare professionals who participated in the interviews worked in safeguarding and child protection roles within different organisations. All the child welfare professionals talked about 'building a picture of neglect' using a variety of professionally relevant features. Differences in practice and the features which were understood as significant appeared to be influenced by the professionals' organisational roles and their client groups.

The child welfare professionals interviewed included examples from their practice and raised issues about their relationship with parents and how this impacted on the likelihood of a child being made the subject of a child protection plan.

Chapter 9: Towards a Greater Understanding of Child Neglect and How Child Welfare Professionals Categorise Cases of Neglect

This chapter draws together the themes identified in the data analysis and discussed in the previous three chapters to address the research questions. The child welfare professionals in this study used the term neglect mainly as a child protection category. Their understanding of this category was influenced by the typical images of neglect and its exceptions, the children they encountered during their work, the features which related to their professional knowledge and area of practice and their personal values.

The child welfare professionals identified a wide range of features which they used to construct cases of neglect; these features sometimes functioned independently or in a wide variety of different combinations, making it impossible to categorically state that if a particular feature was identified, it was a case of neglect. Their understanding of neglect was expressed by contrasting it with physical and sexual

abuse and by contrasting their understanding of neglect with the parents' understanding.

The chapter concludes with the key research findings and highlights the implication of these key findings for child welfare professional practice.

The key findings were:

- The child welfare professionals had a shared typical image of a neglected child- but unborn children and emotionally neglected children were an exception to this image
- Age was an important feature which influenced the categorisation of cases as neglect. Young people were not categorised as cases of neglect due to the prevailing institutional culture
- During the categorisation processes the features identified functioned in different ways depending on the combination of features which co-existed
- Child welfare professionals considered their understanding of neglect was different to parents' understanding, with the professionals understanding neglect in broader terms
- The range and complexity of family forms meant that the identity and role of the fathers was often unknown or unclear, which transferred the focus of professional practice onto the mothers
- The professionals working in health and education services considered that the social workers' level of neglect was not the same as their level, and this created tensions around referrals and the threshold for children and families accessing services

The final sections of this chapter include reflection on the research process, areas identified for further research and the thesis conclusion.

2 Contemporary Issues in Child Neglect and Features that Impact on Professional Practice

2.1 *Introduction*

Child welfare professional practice is influenced by interrelated features at the societal, the community, the relationship and the individual levels. In this chapter some of the contemporary issues in the area of child neglect research which influence professional practice are discussed.

There is a large and diverse literature on neglect but only the literature relevant to this study has been reviewed. In the first section a number of contemporary issues and debates on neglect have been outlined and critically examined. These issues include the conflation of terms and child protection categories; the expansion of the typology of neglect and the different definitions of neglect; the conceptualisation of needs; and the existence of a threshold which can act as a barrier to children and their families accessing services. Some studies which have focused on children and their relationship with their parents are also included, since neglect is defined as a failure of parents to meet the needs of their children.

In the second section the focus is on the literature which highlights the features which influence child welfare professionals' decision making and practice. Child welfare professionals, like parents, have their own personal histories which impact how they behave and interact with others. Child welfare professionals' practice is also influenced by their own values and judgements regarding what constitutes neglect (Horwath, 2007b), professional background and organisational norms and objectives. Professionals also draw on a wide range of theoretical models and concepts, as well as on practice based research. The review includes studies which identify the institutional devices, criteria or features that child welfare professionals use when making decisions and categorising cases.

Firstly, it is important to discuss the way the child and childhood are understood, since how these two concepts are understood will influence understandings of neglect. In England, the term child is an age related term for a person who has not yet reached their 18th birthday (HM Government, 2010). Once children have reached the age of 18, they become adults. This is a legal definition, which is advocated by

the UN Convention of the Rights of the Child (UNCRC) (United Nations, 1989) but 18 has not always been the age for achieving adulthood and is not the age in all countries throughout the world. Childhood is widely understood as the early phase of a person's lifetime prior to becoming an adult. A period of childhood is common to all cultures and is characterised by rapid development, both physical and psychological, and associated with maturation towards adulthood. In industrialised countries the length of childhood has been extended over time, due to changes in employment legislation and the time children spend in education being extended (James and James, 2012). During childhood children are often conceptualised as innocent and special (Jackson and Scott, 1999) and in need of protection from physical, moral and emotional events which will damage their healthy development.

The changes in legislation and policies regarding children are made and implemented by adults, who may not have consulted children and therefore any changes implemented may not reflect the views of children or what they actually do. The UNCRC advocates an approach to children which emphasises children being seen as citizens with their own rights, which are independent of the rights of their parents. This has implications not only for how child welfare professionals interact with children to identify their views and wishes about what happens to them but also for how professionals decide whether the child is competent to make decisions (James and James, 2004). Within child welfare professional guidance importance is placed increasingly on seeking the views of the child (HM Government, 2010). The rights of younger children "to participate and negotiate in the public domain is often contested, denied and silenced" (Woodrow and Press, 2007, p. 323) and the views of parents and other adults claiming to speak in the best interest of the child tend to dominate.

The implications of using a social constructionist approach to this study (see chapter 4) includes understanding events and ways of talking as being historically and culturally specific (Burr, 2003). If the child and childhood are understood to be social constructs which vary over time and place, therefore what is understood as constituting neglect will vary according to the time, place and the prevailing culture and the age of the child (James and James, 2012).

2.2 *Contemporary Issues in Child Neglect*

2.2.1 Conflation and lack of differentiation between child protection categories

The terms 'child maltreatment' or 'child abuse and neglect' are frequently used to report findings in child protection studies. Conflation of terms and a lack of differentiation between the different types of child maltreatment impact on the study of neglect, making it difficult to draw specific conclusions about neglect. Daniel, et al. (2009), identified that some studies conflate the different child protection categories which can lead to a lack of clarity about research outcomes. McSherry (2007) identified that some studies only include physical, sexual and emotional abuse categories and not neglect. This finding was supported by Turney and Tanner (2005) who agreed that

"… until recently relatively little of the broader child protection literature focused specifically on child neglect" (Turney and Tanner, 2005, p. 1).

Focusing on, and researching, any one type of child maltreatment is problematic since different types of child maltreatment often co-exist (Kantor and Little, 2003).

2.2.2 The broadening typology of neglect

Another issue impacting on the study of neglect has been the broadening of the typologies of neglect to include new features as public and professional knowledge and awareness have increased (Gough, 1996). The types of neglect which have been identified include physical, nutritional, emotional, educational, medical and environmental (Hegar and Yungman, 1989; Gaudin, 1993; Horwath, 2007a). The features included in the typologies of neglect and which are used to recognise children's unmet needs are discussed but these alone are insufficient to explain how cases are categorised.

Rose and Meezan (1993) suggested that the physical care of children is understood to be the responsibility of the parents. Physical neglect focuses on children with inadequate and dirty clothing, poor personal hygiene and being malnourished. This type of physical neglect was referred to by Scourfield (2000) as the "servicing of the body of the child" (p. 365). The absence of physical care has clear consequences, especially for young children and, once noticed, child welfare professionals are likely

to question an apparent lack of care (Wattam, 1992). Despite the ease of noticing the signs of physical neglect, deciding about the impact and any harm caused as a result of this lack of care is not straightforward (Horwath, 2007a).

Howe (2005) refers to 'types of neglect' and includes the physical care of the child and the physical care of the home within these types of neglect, describing them as classic types of neglect, resulting from parents being depressed or passive. Becket (2007a) affirmed seriously poor home conditions as a key feature associated with neglect; this feature has enjoyed the greatest degree of consensus and consistency in the conceptualisation of neglect (Rose and Meezan, 1993), partly due to it being highly visible. Unclean housing conditions can be directly experienced by our senses, such as a smell associated with poor hygiene (Parton, et al., 1997) making them easy to describe. The risks associated with poor home conditions include physical hazards which may result in injuries. The descriptions of the home life and the condition of the home environment (Ferguson, 2009) can be used to gain an impression of what living in the home is like for the child.

Nutritional neglect was previously subsumed under physical neglect in earlier typologies (Gough, 1996) but has emerged as a separate type, indicating a growing concern and awareness about nutrition and its impact on health and well-being. Early concerns about nutritional neglect mainly focused on the intake of small amounts of food leading to under-nutrition and, in the extreme, to a child 'failing to thrive' and possibly dying (Wright, 2005). The awareness of the importance of good nutrition is now much broader and has expanded to include over-nutrition and the intake of excessive food resulting in childhood obesity, which is increasingly being seen as nutritional neglect (Horwath, 2007a).

Emotional neglect is conceptualised as a parent or carer-child relationship that is characterised by harmful interactions, requiring no physical contact with the child, and may include acts of omission and commission (Glaser, 2002; Iwaniec, 2006). Iwaniec (2006) suggested that emotional abuse and emotional neglect exist on a continuum ranging from some acts or behaviours which can be relatively mild and occur infrequently to others that can be frequent and severe. However, both can be very damaging. Glaser (2002) said that, despite the profound effects of emotional neglect on the child, emotional neglect is often under-recognised. Emotional neglect

may originate from the parents' lack of awareness about what children need and a failure to understand the consequences of their actions. There is an increased recognition that the type of parent-child attachment at birth can impact on all future relationships for the child, right through into adult life (Harker and Kendall, 2003). This recognition has led to a greater emphasis amongst child welfare professionals on assessing and monitoring the type of interactions between parents and their children (Howe, et al, 2000). Neurological research (see Allen Report, 2011) has demonstrated that the structure of a child's developing brain is influenced by the way they are responded to by their parents and other carers.

A positive parenting style is seen as warm and affectionate, predictable and consistent and being responsive but at the same time setting clear limits (Harker and Kendall, 2003). A negative parenting style is usually seen as harsh and involves being unresponsive to a child's emotional needs by giving little or no positive attention, ignoring them, failing to show any warmth or stimulation to the children, a lack of empathy, an inability or unwillingness to act on feelings of empathy and a refusal or delay of psychological care (Iwaniec, 2006). A negative parenting style would also include not appreciating the child's efforts and achievements, a marked incapacity to control the behaviour of young children and allowing maladaptive behaviour. Recognition of harmful parent-child interactions may arise from professional concerns about the children's behaviour.

Harker and Kendal (2003) highlighted that ensuring infants acquire new skills and have positive experiences that help them to face new or challenging situations is a crucial feature of child development. The relationship between the parents and their child is critical to this process and can influence an infant's capacity for future learning (Harker and Kendal, 2003). The amount of verbal interaction between infants and their parents influences language development and later reading ability, since verbal interaction stimulates the development of neural pathways in young children (Harker and Kendal, 2003). One of the *Every Child Matters* outcomes is to 'enjoy and achieve' (Department for Education and Skills, 2004a), this does not simply mean formal education in school but also the chance to learn within the family and the wider social context. *Every Child Matters* also states that all children deserve the opportunity to achieve their full potential (Department for Education and

Skills, 2004a), something that can only happen if their needs are met and they are given appropriate opportunities.

As well as providing opportunities for optimum development and learning, parents are expected to provided supervision and guidance. What is considered an adequate level of supervision and guidance will depend greatly on the age and maturity of each child but should ensure the child is 'physically safe' and 'protected from harm' (Horwath, 2007a). There are many aspects of parenting where there may be considerable variation in opinion about the degree of supervision and guidance necessary. For younger children there may be some consensus about the level of supervision required in certain situations, such as not leaving young children alone in the home. For older children or young people concerns are likely to focus on different areas of supervision, such as parents knowing where their children are, especially if they are staying out overnight (Horwath, 2007a). Other activities that young people engage in, including high risk behaviours such as taking illegal drugs, consuming alcohol under the age of 18 years (outside the home), smoking and under age sexual activity, may be considered to result from a lack of adequate parental guidance. All these activities are known to be associated with long term health risks but the prevailing social norms can vary, thus altering how significant these characteristics are seen to be in terms of child neglect.

Medical neglect can involve parents minimising or denying children's illnesses and health needs, refusing to accept health care or delaying seeking health care, including dental care, and failing to administer medication and treatments. Missing health care appointments is seen as indicative of medical neglect when combined with other characteristics.

Dubowitz, et al. (2004) include environmental neglect in the typology of neglect and suggest this type of neglect has received relatively little attention in terms of child protection. The explanation they propose is that the wider neighbourhood area and community is not traditionally seen as the focus of the child welfare services. However, the *Framework for the Assessment of Child in Need and their Families* (DoH, 2000) does include the wider environment as one of the three dimensions for assessment. Living in a physically poor neighbourhood with a high crime rate and

few facilities can impact on the parents' ability to provide the optimum opportunities for their children, as will poverty and reduced access to services and facilities.

2.2.3 Defining child neglect

There are a variety of definitions of neglect and most definitions share the common thread of a failure to do something or a lack of care (Oxford Dictionary, 2010). According to Dubowitz, et al. (2004), there is a long history of imprecise definition of neglect by researchers and practitioners and, while this has been recognised for a number of years, agreement on a definition is no closer (McSherry, 2007). Developing a definition is also made more problematic since the conceptualisation of neglect is not constant but continually changing (Horwath, 2007a). Daniel, et al. (2011) emphasised the need to differentiate between neglect as an institutional child protection category and neglect as a broader concept encompassing all children with unmet needs. The use of the term neglect is further complicated since it can have different meanings depending on the context in which it is being used and by whom (Daniel, et al., 2011), thus adding to the difficulty of finding a general definition which covers all scenarios. The existence of different definitions of neglect is problematic for researchers and practitioners as individuals will use the definition that reflects their own views and what they wish to achieve (Horwath, 2007a).

How neglect is defined influences how it is understood and recognised by child welfare professionals, their subsequent interventions and the number of children categorised as cases of neglect in the Government statistics. There is a general consensus amongst child welfare professionals (Gardner, 2008; Radford, et al., 2010) that children who meet the criteria of the Government institutional definition of neglect represent a small proportion of children who have unmet needs. Gardner (2008) goes on to suggest that those children not categorised as child protection cases of neglect make up the majority of children with unmet needs that child welfare professionals are concerned about.

Two contrasting definitions of neglect, at different ends of a theoretical continuum of neglect definitions, are discussed here to illustrate the implications for practice; one is a universal definition and the other is the Government definition in *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children* (HM Government, 2010). The definition proposed by

Dubowitz, et al. (1993) is a broad, universal definition which focuses on the unmet needs of the child. This definition states that children experience neglect when their basic needs are not met, regardless of the cause. The advantage of focusing on the child's unmet needs is that it ensures that the primary concern is the child's health and well-being. One issue arising from the definition proposed by Dubowitz, et al. (1993) is that a large number of children would fall within its scope. Hothersall and Maas-Lowit, (2010) refer to broad definitions as human rights or universal definitions and suggest that there are some universal needs all children have, regardless of who they are and where they live. Although it is recognised all children need some essential things, for example food and water, specifying how much and in what form depends on the historical and cultural context and is therefore relative (Hothersall and Maas-Lowit, 2010). However, broad definitions are useful as unifying statements of collective needs and support a collective primary prevention approach to meeting identified human needs (Hothersall and Maas-Lowit, 2010).

The *Working Together* definition of neglect (HM Government, 2010) is an operational definition that guides child welfare professional practice in England regarding safeguarding and child protection and is used to identify cases of neglect where there is a need for protection and compulsory intervention in family life. The definition in *Working Together* (HM Government, 2010), which was the definition in use during the period of the data collection, was:

> "Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
>
> > Provide adequate food, clothing and shelter.
> > Protect a child from physical and emotional harm or danger.
> > Ensure adequate supervision.
> > Ensure access to appropriate medical care or treatment" (HM Government, 2010, p. 39)

The *Working Together* definition has some similarities to the definition proposed by Dubowitz, et al, (1993) as both include a failure to meet children's needs. However,

the *Working Together* definition links this failure to serious impairment of health and development, as a consequence of parental actions - which are central to this definition. The *Working Together* definition emphasises that the neglect of physical needs and the neglect of emotional needs are equally important but neither definition states what are considered to be the child's basic needs, nor what is good enough parenting (Taylor, et al., 2009).

Since the *Working Together* definition states that neglect involves a 'persistent failure', it is less likely to be understood as an infrequent or one off incident (Stone, 1998; Gardner, 2008). Low level, on-going and cumulative neglect can be extremely harmful to children and is particularly damaging in its long term effects (Thoburn and Making Research Count Consortium, 2009; Field, 2010) . The impact of neglect is not always immediately obvious and may only become apparent in later life (Erickson and Egeland, 2002). The impact of long-term childhood neglect can manifest in later years, as self-harming behaviours such as complete and incomplete suicides, persistent running away and subsequent homelessness amongst older children (Brandon et al., 2008a). Kantor and Little (2003) proposed that a specific definition, like the one in *Working Together* (HM Government, 2010)*,* focuses more on observable harm and the immediate risk to the safety of the child, whereas the universal definition encompasses potential harm, which might not be observable.

A recent Government training resource to improve outcomes for children experiencing neglect (Department for Education, 2012) stated that the *Working Together* definition makes it clear that "neglect can be substantiated before actual impairment of the child's health and development is evident" (p. 2), suggesting that this is a straightforward area of practice. However, when the impact of neglect is not obvious, this makes professional intervention problematic. To support compulsory intervention in family life, information has to be attributed the status of 'evidence' (Sarangi, 1998); achieving this status depends on the source of the information, the meaning given to it and the context within which it occurs.

When making decisions about when to intervene in cases of neglect, the guidance in *Working Together* suggests

> "......Sometimes a single traumatic event may constitute significant harm, but
> more often significant harm is a compilation of significant events, both acute

and long standing, which interrupt, change or damage the child's physical and psychological development" (HM Government, 2010, p. 36, paragraph 1.28)

The *Working Together* definition of neglect does not mention the context of the neglect. Since neglect is defined as parents 'failing to provide' certain aspects of care, this is interpreted to mean that neglect occurs as a consequence of the interactions between the child and parent in the context of the family, without considering political and economic influences (Stone, 1998). In *Child Protection: Messages from Research* (Department of Health and Dartington Social Research Unit, 1995) it was argued that any incident has to be seen within its context for child welfare professionals to assess and understand what has happened. For example, children living in poor socio-economic conditions are not necessarily categorised as cases of neglect but, if there are structural changes affecting less economically secure families, these changes could act as catalysts for future neglect (Cawson, et al., 2000).

In summary, neglect has been described as difficult to define (Gardner, 2008) and the lack of a clear definition has impacted on research and professional practice. Attempts to agree on a definition of neglect are challenged by suggestions that additional variations need to be included, such as the age of the child. Hicks and Stein (2010), in their study on neglect involving young people, suggested that the definition of neglect should vary according to the age of the child or young person since the professionals' response to neglect differs depending on the age of the child. However, even if there was an agreed definition of neglect, this would not address how cases are understood or categorised as neglect. Atkinson (1978), in a study on suicide, identified that having a pre-defined definition [of suicide] did not explain the decisions that coroners made. Instead coroners observed and used the features which surrounded the circumstances of the death to make a judgement about whether it was suicide. When applied to child welfare professional practice, this suggests that a pre-defined definition of neglect would not explain the decisions made by the social workers and other professionals.

2.2.4 Conceptualisations of children's needs

Since the Government defines neglect (HM Government, 2010) as the persistent failure to meet a child's basic physical and/or psychological needs, understanding

the concept of needs is fundamental to understanding the role of welfare services in Western society (Doyal and Gough, 1991). There are two conceptual models of needs, proposed by Maslow (1954) and Bradshaw (1972), that have shaped Western thinking on needs (Hothersall and Maas-Lowit, 2010). Maslow (1954) proposed a 'Hierarchy of Needs' which divided human needs into physiological and psychological needs. Maslow proposed that the physiological needs - physical and safety needs - were met first before psychological needs could be met. However, Maslow developed his model based on data from college students in the United States talking in terms of achieving goals, which may not be directly applicable to understanding the needs of children. Arranging needs in a hierarchy places a greater emphasis on meeting physical and safety needs. However, there is no empirical evidence to suggest that human needs have to be met in this linear way (Cardwell, et al., 2000). Addressing physiological needs might ensure survival but unmet emotional or psychological needs, especially at a young age, can lead to long term developmental delay and serious consequences for the well-being of the child, as well as social relationships in childhood and adulthood (Rutter,1991; Iwaniec and Herbert,1999; Harker and Kendall, 2003; Field, 2010).

The second model, Bradshaw's (1972) 'taxonomy of social needs', describes four types of need: normative, felt, expressed and comparative. *Working Together* (HM Government, 2010) includes all four types of needs but places more emphasis on normative and comparative needs. Although the definition does not specifically mention the child's experience, additional guidance emphasises that professionals should give due consideration to the wishes and feelings of the child when practicable and consistent with their age and maturity (HM Government, 2010). Normative needs are defined by a professional with expertise in the relevant area of practice and relate to an agreed standard. Normative needs become problematic when there is an absence of an agreed minimum standard for any particular human need. Bradshaw suggested that using comparative needs to understand children's needs introduces an element of subjectivity, since it depends on who is experiencing and who is defining the needs.

The 'continuum of needs' is a third model for conceptualising and understanding children's needs, with children's needs ranging from being fully met to unmet

(Dubowitz, et al., 2004). The model in Figure 2.1 was originally developed for professionals working with children who had lifelong disabilities who received services from a range of professionals working in different organisations (Limbrick, 2007).
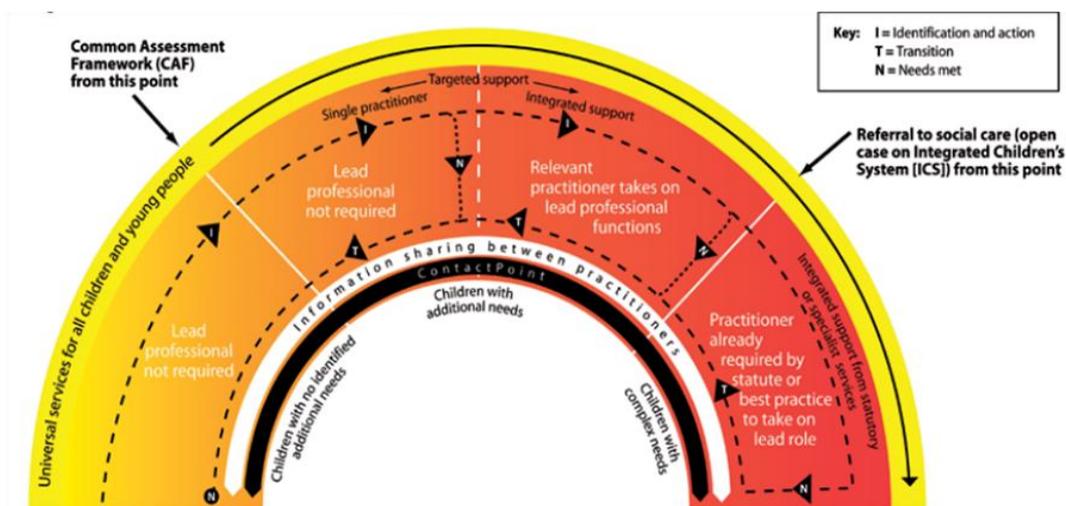
Note: Diagram is not to scale in representing the proportion of children and young people in each section of the windscreen.

(Source: DfES, 2007)
Figure 2.1: The Continuum of Needs and Services model

In this model, services are co-ordinated by a lead professional, ensuring there are no gaps in services and minimal duplication. In many circumstances services are provided by a single organisation and activities co-ordinated within the organisation. If a number of organisations are involved with a family then a greater degree of co-ordination will be required. The role of parents in meeting their children's needs is crucial and the model is based on the assumption that all parents will access the universal services and that the professionals delivering these services will identify those children and families who require additional services (Brandon, et al., 2008b). The children identified as having complex needs on the Continuum of Needs and Services are likely to be those who are referred to Children's Social Care. Cases involving children experiencing neglect are likely to have some features which can be addressed at one level on the continuum by a single professional group and other

features which may require services at another level, involving the co-ordination of services provided by professionals working in different organisations.

This conceptualisation of needs has several consequences; firstly it means that some needs are understood as not as serious or minor and as becoming progressively more serious across the continuum. Thus the needs of a child with one or two unmet needs might be categorised as not serious, without any qualification of what the need is. Secondly, if neglect is the failure to meet a child's basic needs, having one basic need unmet could have serious consequences and cannot be considered minor.

Platt (2006a) criticises the scaling of degrees of abuse or neglect which is necessary for the continuum model, since this does not reflect the real world. It fails to take into account the complex nature of real life situations and how seriousness is understood in social work practice. Platt (2006a) suggests that conceptualising needs as being on a continuum is not meaningful for child protection work and that a holistic model is required. Thoburn and the Making Research Count Consortium (2009) suggest neglect is best conceptualised as the consequence of a complex inter-relationship with physical, social and psychological wellbeing, as demonstrated by ecological models such as the *Framework for the Assessment of the Needs of Children and their Families* (Department of Health, 2000).

2.2.5 Thresholds

The Continuum of Needs and Services model (Figure 2.1) is visually represented as a cyclical model for recognising and addressing needs. The model suggests that there is a seamless transition to the next level of service provision when interventions do not meet the identified needs. However, the diagram also clearly shows a boundary between the different levels of intervention and access to specialist services. The model requires professionals to make a decision about individual children and which level they are at, whereas in practice there is no neat dividing line between children who are in need and those who are not, or children who are experiencing neglect and those who are not (Cawson, et al., 2000).

Stevenson (2007) suggested that, for many professionals, the term 'threshold' suggests a degree of measurement, a need for accuracy and precision in decision making. The LSCB have a specific role to develop policies and procedures where

there are concerns about thresholds for intervention and the threshold for referrals to Children's Social Care should be clearly stated (HM Government, 2010). Clarity about thresholds has been promoted as critical for improving communication between child welfare professionals. In the Ofsted *Annual Report 2009-10* (2010a), it was highlighted that successful local authorities have strong leadership and

> "One of the strongest tests of effective leadership [from the LSCB] is the clarity, consistency and degree to which thresholds are known, agreed and applied across the partnership" (Ofsted, 2010a, p. 175)

Thresholds have been identified as a concern in serious case reviews, with some local authorities setting the threshold very high in an attempt to manage demand for services (Ofsted, 2010a). High thresholds can create tensions between agencies (Brandon, et al., 2008a). For example, professionals providing universal services have expressed concerns about thresholds (Daniel, et al., 2011) because of the potential of creating a barrier to accessing higher level or specialist services. Professional concerns also centre on the need for forensic evidence and the emphasis on the risk of harm rather than children's needs or "an understanding of what would be the impact on the child's health or development if the service is not provided" (HM Government, 2010, p. 37).

Thresholds pose particular challenges when referrals involve neglect (Platt, 2006a) since the *Working Together* definition of neglect does not include early signs that would meet the child protection threshold. Consequently, families are not able to access child protection services when problems are at an early stage. In a study of the patterns of re-referrals to social services Forrester (2007) found that the majority of referrals were closed without any long term services and a third of the cases closed were subsequently re-referred, including many cases involving neglect, family-child relationship problems and concerns about parental capabilities related to substance misuse. Buckley (2005) had previously questioned whether the current referral system was the best way to ensure that children with unmet needs received the necessary services. Daniel (2005) also proposed that practice could be improved by distinguishing between the threshold for recognising 'unmet needs' and the child protection threshold of 'significant harm'. Recognising and successfully providing

services to meet children's unmet needs could alleviate the need for future child protection intervention.

2.2.6 The threshold of 'significant harm'

The Children Act 1989 introduced the threshold criterion of 'significant harm' for compulsory state intervention (HM Government, 2010) and it remains a key criterion for accessing child protection services (Brandon, et al., 2008b). The threshold criterion included 'likely' as well as `actual significant harm', thus introducing a new dimension to professional practice, enabling professionals to intervene based on what they predict may happen in the future (Frost and Parton, 2009).

The government guidance stated that, to understand 'significant harm', professionals needed to consider a wide range of features. These include features related to the child, such as the child's development within the context of their family and wider social and cultural environment, any special needs due to medical conditions or disabilities and communication difficulties. Professionals also need to consider the adequacy of parental care, the nature of any harm, in terms of ill treatment or failure to provide adequate care and the impact this has on child's health and development (HM Government, 2010). In each case being assessed the importance of considering any maltreatment, alongside the family's strengths and supports, was stressed. Also, the child's reactions and wishes should be ascertained and be given due consideration, with respect to their age and level of understanding (HM Government, 2010).

However, the guidance (HM Government, 2010) contains no absolute criteria about what constitutes 'significant harm' but uses comparative terms and thus introduces a subjective element into professional decision making. In the absence of absolute criteria professionals need to consider

> "... the severity of ill treatment- including the degree and extent, the duration , the frequency of abuse and neglect, the extent of premeditation, the degree of threat and coercion ....." (HM Government, 2010, p. 36)

By including "the degree" of neglect, the guidance suggests a continuum approach to conceptualising neglect, with the possibility of some neglect being seen as more serious than other neglect. The inclusion of the "extent of premeditation" introduces

the suggestion that a premeditated act (an act of commission) is understood as more serious than an omission of care.

2.2.7 Parents: mother and fathers

Dingwall, et al. (1983) identified that there was an assumption by professionals that parents will care for their children and that there is 'natural love' between parents and their children. While recognising that most parents will love and care for their children, it needs to be acknowledged that some will not and that not all parent-child relationships are instinctive and natural (Turney, 2005).

The term parent, without differentiating between mothers and fathers, is increasingly used in Government documents (Shaw, 2010). Daniel and Taylor (2005) suggested that the use of the term parent in research and policies has been used as a way of involving fathers but that it does not reflect social reality in that the parents' roles are generally differentiated. In *Every Parent Matters* (DfES, 2004) the emphasis is on parents being equally responsible for raising their children. Both parents have an important role to play in raising children and one parent should not be privileged over or excluded at the expense of the other parent (Shaw, 2010). Understanding the roles of both mothers and fathers is important for understanding neglect (Dufour, et al., 2008) and the use of the term parent can mask the specific contributions that mothers and fathers make to raising children (Shaw, 2010).

Using the term 'parent' instead of 'mother' or 'father', and the use of the relational pair parent-child as opposed to mother-child or father-child, ignores the different social assumptions and expectations that exist around the roles and behaviours of mothers and fathers. Daniel and Taylor (2005) added that to have gender-neutral policies might also mask potential risks, for example in situations involving domestic violence, and they stressed that the differentiation and recognition of gender roles is important. There are few studies which specifically focus on fathers and child neglect (Dufour, et al., 2008); the reasons given for this seem to be an assumption that mothers are the primary caregivers and the methodological challenges of gaining access to fathers. Coohey and Zhang (2006), in a study of families in receipt of child protection services, identified three differences in how fathers supervise children; they failed to watch them closely enough, to protect them from known abusers and to provide adequate care.

The focus on mothers in cases of neglect is not new (Milner, 1993). Swift (1995), who researched gender issues in the construction of the category of neglect, stated

> "While the category of neglect appears on the surface to be gender free, implicating 'parents' as responsible for the care of their children, virtually all people actually accused of neglecting their children are mothers" (Swift, 1995, p. 107).

Swift (1995) identified that neglect is typically constructed as a failure of mothering. Scourfield (2003) also found that social work practice focused primarily on mothers.

Programmes aimed at promoting better psycho-social development in children (World Health Organisation (WHO), 1997) appear to focus more on the mother-child relationship. This trend appears to still persist, as illustrated in a study by Mantymaa, et al. (2009) which highlighted that mother-child interactions have been demonstrated to impact on many areas of child development and that the mother-child relationship provides the context for child development. The assessment of the quality of the mother-child relationship has been identified as a possible means of identifying children at risk of future emotional and behavioural problems; maternal sensitivity and responsiveness to their child was linked to positive outcomes for the child. The underlying assumption appeared to be that fathers were not as involved in caring for children as mothers. Featherstone (1997) argued that idealising the mother-child relationship had the consequence of making mothers exclusively responsible for the care of the children and also for protecting them from harm from others, including fathers and other adults. Turney (2005) challenged the assumption that caring for children is 'natural' for women and recommended that professionals identify who in the home and family network has a meaningful, caring relationship with the child. Differentiating between mothers' and fathers' roles and responsibilities minimises any tendency to focus solely on women as being responsible for the care of children (Featherstone, 2004a).

Even when men are in the home, interventions are sometimes aimed almost exclusively at women:

> "Even] in two-parent families the focus of intervention often switches away from the abusing father-figure to the mother and to general childcare and support" (Scourfield, 2003, p. 3).

Scourfield (2003) argued that a consequence of professionals focusing on mothers is that it makes them responsible for protecting children, even when it is clearly men (as father or as the mother's partner) who are the original cause of the concerns. Scourfield (2003) recommended that gender should be explicit in policies and suggested that this was one way of engaging with men; a similar recommendation was made by Milner (1993). A number of social work perspectives relating to fathers can be found in the literature (see Scourfield, 2003; Daniel and Taylor, 2005). The perspectives on men tend to be negative, such as the men being absent, violent, a threat, no use or irrelevant. However, ignoring fathers fails to address the impact they can have on family dynamics. Also, not differentiating between biological fathers and other father figures means that the potential risk that many unrelated men can pose to children is ignored (Daniel and Taylor, 2005). In the literature on relationships in stepfamilies, one study (Berger, et al., 2009) identified that unrelated male figures and stepfathers tended to be more abusive than biological, married fathers. While this is not necessarily representative of all stepfamilies, it highlights a possible source of risk to children. Berger et al. (2009) suggested that their findings were because unrelated men did not have a history of caring and nurturing the child and they appeared to lack the same emotional and normative commitment to the child's welfare. Scourfield (2003) also identified that the father was sometimes seen as better than the mother but only when the woman was a 'bad mother', so the man was seen as a 'good father' in comparison to the 'bad mother'. Another discourse of fathers as 'a resource' has been used for men with parental responsibility who should be providing financially for their child (Wuest, et al., 2003).

There are potentially many things that can interfere with the relationship between parents and their children which may lead to the child having unmet needs and experiencing significant harm. The family has traditionally been constructed as a stable, unchanging reality but May (2004) suggests that it is perhaps more usefully conceptualised as a dynamic 'web of relationships' including the wider family, especially grandparents (Horwath, 2007a). The type of family form can have

implications for parent-child interactions and how successfully children's needs are met.

2.3 *Child Welfare Professionals' Role in Recognising, Responding to and Intervening in Cases of Neglect*

The aim of this study was to understand and recognise the knowledge and practices of child welfare professionals working in four organisations - the National Health Service, education services, the police and Children's Social Care - who play a role in recognising, responding to and intervening in cases of neglect. The following section starts by exploring the literature related to these professional groups in relation to recognising neglect.

The literature reviewed focuses on studies involving child welfare professionals and neglect but there were very few studies involving direct research evidence about child welfare professionals recognising potential neglect (Daniel, et al., 2001). No studies were identified involving professionals working in education and the police that specifically focused on the recognition of neglect and most of the studies on the recognition of neglect involved health professionals. These studies included dentists in the United States and the impact of dental neglect on a child's wellbeing (Sfikas, 1999), health visitors in England (Appleton, 1996; Ling and Luker, 2000) and nurses, physicians and public health nurses in Finland (Paavilainen, et al., 2002; Paavilainen and Tarkka, 2003).

Recognition of neglect depends on professional roles; midwives and health visitors in England, because of their professional roles, are ideally placed to observe and assess the interactions between parents and young children and identify neglect. Daniel, et al. (2011) suggested that less is known about the views and practices of the medical profession and their recognition of neglect. A Finnish study by Paavilainen, et al. (2002) suggested that nurses and physicians were able to recognise neglect and other types of child maltreatment but that recognition was made difficult by the pressure of work, the nature of maltreatment and professional unfamiliarity with maltreatment. Abuse involving physical signs was reported as easier to recognise but the professionals also used as markers for the recognition of maltreatment, the child's behaviour, the parents' behaviour and the interactions with other family members. The nurses reported using intuition when recognising

potential maltreatment. However, intuition is often rejected as unscientific or lacking an evidence base (Ling and Luker, 2000).

A questionnaire study involving health visitors in the UK (Lewin and Herron, 2007) showed that, when asked to rank the signs and symptoms of neglect, there was considerable agreement about the five most serious signs, which were: violence to the child; the child being left alone; the child being ostracised by the family; violence in the home; a high criticism and low warmth parenting style. There was less agreement about other signs which could have alternative explanations. For example, poor growth; under nutrition; under-stimulation; developmental delay; and repeated infestations which were untreated. Appleton (1996) and Appleton and Cowley (2004) indicated that health visitors were able to recognise the signs of neglect.

2.3.1   Parent-child interactions

The *Working Together* definition of neglect specifically mentions 'parental failure' and since all children, but especially young children, are dependent on their parents (parent is used throughout the thesis but where applicable includes carers) for their basic care, the relationship between the parent(s) and their child and their interactions are of fundamental importance. The interactions between parents and their children are seen as important as they influence an infant's capacity for future learning (Harker and Kendall, 2003) and educational attainment. A child's development and behaviour are also influenced by the type of attachment they form with their parent(s) or carers in the early years of life (Glaser, 2007) and this sets the pattern for future relationships and interactions (Harker and Kendall, 2003; Field, 2010) .

Howe (1998) observed

> "Children enter the world ready and able to interact. From day one they show pro-social behaviours. But how things turn out depends so much on the quality of other people's response to those innate proclivities. Therefore, the quality and character of children's close relationships matter greatly" (Howe, 1998, p. 49)

Recognition of the importance of parent-child interactions has led to a greater emphasis amongst child welfare professionals on assessing and monitoring the type of interactions between children and their parents (Howe, et al., 2000).

Parent-child relationships can be characterised by harmful interactions, such as ignoring, belittling, unresponsiveness and unavailability to their children (Horwath, 2007a); this type of relationship is conceptualised as emotional neglect. Emotional neglect can involve both acts of omission and commission (Glaser, 2002; Iwaniec, 2006) since it may originate from the parents' lack of awareness about what children need and a failure to understand the consequences of their actions. Glaser, et al. (2001) and Iwaniec (2006) all suggest that emotional abuse and emotional neglect exist on a continuum ranging from some acts or behaviours which can be relatively mild and occur infrequently to others that can be frequent and severe. However, both can be damaging to children.

In *Child Protection: Messages from Research* (Department of Health and Dartington Social Research Unit, 1995) it was argued that cases involving emotional neglect resulted in some of the worst long term outcomes for children and would therefore be considered as causing 'significant harm'. Glaser (2002) said that despite the profound effects of emotional neglect on the child, such neglect is often under-recognised.

The graphic illustration of the impact of neglect on the development of the brain was demonstrated on the front cover of a report by Allen (2011), with the brain of a severely neglected three year old being shown to be much smaller than that of a normal three year old child. The report advocated intervention during pregnancy and the child's early years of life in order to prevent individual and social problems later in life. Early intervention has become synonymous with intervening when the child is very young (Burgess, et al., 2012). The increased emphasis on intervening early in situations identified as less than optimum and which are not improving has arguably led to more children being removed from the care of their parents at a younger age.

This approach to early intervention does not take into account that a change in family structure later in the child's life, such as the loss of one parent and the introduction of a new adult into the household, can alter the pre-existing parent-child relationship and alter parenting styles. Rutter (1991) identified that the pre-existence of a positive

parenting style and good attachment act as protective factors, even if they are subsequently replaced by a less positive style, and will still have a protective impact. Therefore, a situation where there has been past positive parenting should be viewed or constructed differently from a situation where positive parenting never existed in the first place (Rutter, 1991).

2.3.2   Three features known to impact on the parent-child relationship

While acknowledging that a range of features can potentially impact on the parent-child relationship, three features have been identified as particularly significant in negatively affecting the parent-child relationship (Brandon, et al., 2008a; HM Government, 2010). The three features identified are parental alcohol and substance misuse, mental health issues and learning difficulties, and partner violence and they have all been linked to child abuse and neglect (Minty, 2005) and parental unavailability (Barnard, 2005). In a study on neglect and adolescents (Rees, et al., 2010) the adolescents identified frequent parental unavailability as a key feature in their needs not being met. Anything that interferes with the parents' capacity to form a bond with their child or their ability to provide care for the child may impact on the child's own ability to form a satisfactory attachment in later life (Devaney, 2008).

These three features are not predictive of child abuse or neglect, nor are they indicative of the severity of the impact on the child if child abuse or neglect occurs (Brandon, et al., 2009; Shaw, 2010). The impact they have is ameliorated by differences in the individual circumstances of each family and the myriad of external factors which can influence family interactions. However, these three features frequently co-exist in child protection cases and this increases the likelihood of the case being categorised as child abuse or neglect. When combined, the three features can give rise to complex family dynamics which are important to take into consideration when making judgements about the level and adequacy of the care a child is receiving and about parental capacity and ability (Walker and Glasgow, 2005). Cases involving all three features appear in serious case reviews following child deaths or injury (Brandon, et al., 2008a).

Each feature is discussed separately in the next section of this chapter, highlighting some of the key issues relating to them and to neglect since they impact on parents and children in different ways and intervention should take these differences into

consideration. Substance misuse - which is a generic term including both alcohol and drug misuse - is discussed first. The number of parents misusing substances has increased dramatically in recent years along with an increased awareness of the impact this can have on the care and development of children (Walker and Glasgow, 2005). Scaife (2008) highlights the fact that the terms drug and alcohol misuse are frequently linked in the literature but they do not necessarily co-exist and should be assessed separately for the impact of parental use on children. When the term misuse is used in connection with parents, it implies that the level of consumption or dependency on a substance is impacting on family life and potentially on the care of the children (Walker and Glasgow, 2005).

The impact on the foetus of excessive alcohol consumption during pregnancy is well documented (Harker and Kendall, 2003) and can lead to permanent foetal damage and developmental problems. In households where there is drug and/or alcohol misuse this can lead to a number of inter-related problems. If the parents are semi- or un-conscious children may be in the home unsupervised and be physically 'at risk' since they may have access to drugs and drug paraphernalia. These children are also likely to be experiencing other losses since their parents will not be available to give time and attention to them, leading to inconsistent, minimal or inadequate care. Issues may also arise if a disproportionate amount of the family's income is spent on drugs or alcohol resulting in shortages of basic items in the home, such as food (Bromfield and Higgins, 2004). However, not all substance misuse is so extreme and controlled drug use need not impinge on parenting capability.

Barnard (2005) suggests that professionals working with substance misusing adults tend to avoid using negative sanctions or moral comment on the problem behaviour and, rather than blaming and censoring the adults, they would see their service as addressing issues of social inequality and exclusion. It is also recognised that professionals providing services to adults are more likely to focus on their adult client group (Brandon, et al., 2010) but since children are dependent on their parents, a holistic approach is thought to be the most appropriate (Singleton, 2007).

The second feature known to interfere with parent-child interactions is domestic violence. Domestic violence [sometimes referred to as partner violence] is defined as "any incident of threatening behaviour, violence or abuse, including psychological,

physical, sexual, financial or emotional abuse, between adults who are or have been intimate, regardless of gender and sexuality" (HM Government, 2010, p. 262). The government has proposed changes to the definition of domestic violence to include coercive control within a relationship, whereas the present definition is very focused on incidents (Women's Aid Federation of England, 2013). Coleman and Glenn (2009) identified that poor quality couple relationships involving emotional and psychological trauma are associated with poor parenting and, consequently, poor quality parent-child relationships. Laming (2009) asserted that domestic violence affects an estimated 200,000 children in England.

Domestic violence can potentially impact on children's safety and well-being, despite parents trying to protect them (Brandon, et al., 2009). The harm caused to children by witnessing domestic violence was acknowledged in the Adoption and Children Act 2002 which states that

> "Witnessing domestic violence can lead to the impairment of health or development of children and is included in the definition of 'significant harm'" (HM Government, 2010, p. 36).

Frequent rows between parents or partners in front of the children have been recognised as harmful to children (Minty and Pattinson, 1994) and can affect children physically and emotionally. Domestic violence potentially impacts on the child emotionally, causing them distress and anxiety from witnessing the physical or emotional suffering of a parent (HM Government, 2010). This can result in them being more prone to depression, anxiety and behaviour problems (Humphreys and Stanley, 2006). Domestic violence between adults can result in children being at risk of physical injury since injuries can occur if children try to stop the violence or happen to get in the way (Humphreys and Stanley, 2006). The care children receive may also be affected if parent(s) are physically injured following domestic violence.

The third feature identified in *Working Together* (HM Government, 2010) is parental mental health issues which can impact on a child's long term development, but the children are often over-looked by the services caring for their parents (Singleton, 2007). The Royal College of Psychiatrists (2004) reported that children whose parent(s) have mental health problems are at an increased risk of emotional, behavioural, social and educational problems. The impact of parental mental ill -

health on children has been linked to several factors such as the age of the child, with younger children more likely to be more affected; the duration and severity of the illness; and the extent to which it impacts on family life (Singleton, 2007). The duration of some mental health issues may be linked to particular life events, such as post natal depression (Gutman, et al., 2009) or can be more permanent and require life-long treatment. Parental mental health is a particular concern when understanding neglect since mental health problems can have a negative impact on the quality of interactions between the parent and child (Gutman, et al., 2009). How resilient children are depends on how they understand their parent's mental health problems and the presence of other supportive adults (Singleton, 2007).

In summary, the studies discussed illustrate how neglect is principally recognised by the professionals observing the child, the child's behaviour and the interactions between the parent and child and identifying the features known to interfere with parent-child interactions. However, none of these features alone indicate how professionals might respond to the situations where these features are encountered. The next section explores the literature about how professionals respond to cases of neglect.

2.3.3 Influences on professionals responding to and intervening in neglect

This section explores the literature on the features which influence professionals' responses to and intervention in cases of neglect and which has looked at the processes that the child welfare professionals engage in during their professional practice. Studies carried out in Britain into what professional practice comprises of and the processes health visitors (Appleton, 1994b) and health and social work staff (Appleton, 1994b; Ayre, 1998) engage in in order to carry out their work, concluded that this area of practice was poorly understood and under-researched (Ferguson, 2009; Magnuson, et al., 2012).

There have been studies carried out in the United States, Japan, Taiwan and Australasia but professional practice in these counties is governed by mandatory reporting laws, which makes comparisons with British studies problematic (see O'Toole, et al., 1999; Webster, et al., 2005; Feng, et al., 2008; Walsh, et al., 2008;). These studies included all categories of child maltreatment, not only neglect. The

methodologies used were also very different to the one used in this study as they used vignettes in survey questionnaires (see Vulliamy and Sullivan, 2000; Webster, et al., 2005). However, these studies showed that many teachers and medical professionals used their discretion when reporting cases (Haj-Yahia and Attar-Schwartz, 2008). The professionals' use of discretion was influenced by their past experiences and personal views and frequently led to under-reporting of abuse and neglect. The explanations for under-reporting included the professionals thinking reporting would have a negative impact on the child and themselves (Feng, et al., 2008); the perceived infrequency and lack of severity of the maltreatment (Walsh, et al., 2008); shortfalls in knowledge about child abuse and neglect (Walsh and Farrell, 2008); previous experiences with child protective services; and the additional time needed to report suspected abuse (Flaherty, et al., 2004). Haj-Yahia and Attar-Schwartz, (2008) reported that cases were less likely to be referred when there was a lack of clear physical signs of abuse.

The rest of this section focuses on studies which focus on professionals' practice. Dingwall, et al. (1983; 1995), in a study about state intervention in family life, described professionals' (social workers and health visitors) practice around identifying and confirming cases of child abuse and neglect. The practices identified are discussed here since they are still referred to in the contemporary literature and are still relevant to understanding professional practice. Their research suggested that professionals drew on a model of the 'normality of family life', with cases of child abuse or neglect being seen as deviating from the norm of expected family life.

Dingwall, et al. (1983) identified a number of institutional devices that professionals used to normalise the parents' behaviour. The first institutional device was attributing 'natural love' to the parents who were assumed to have natural affection for their children and that the parent-child bond was natural, enduring and timeless (Dingwall, et al., 1993). Parents were assumed to love their children and there was a reluctance to accept that they could purposefully neglect them (Dingwall, et al., 1993). Basing practice on the assumption of 'natural love' can lead to professionals suppressing their moral judgements about parents and hence interpreting parental actions as a lack of capacity and/or responsibility. The assumption of natural love was challenged once it was recognised that some mothers experience ambivalence towards their children (Featherstone, 1997; Parker, 1997) and that mothers' feelings

towards their children can be influenced by many factors, such as mental health issues (Lee, 1997). Once the possibility of parental ambivalence was recognised it became necessary to consider this when assessing the parents' interactions with their children (Parker, 1997).

The second device identified by Dingwall, et al. (1995) was 'cultural relativism'. This referred to professionals feeling that they could not judge parents from different cultural, socio-economic or social backgrounds to themselves. Professionals were concerned about imposing their views or standards on the parents and resisted making judgements about them, even though there was evidence of a deviation from the expected norms of family life. Cultural relativism can lead to professionals not challenging families who are perceived as different from themselves (Parton, 1991), which might include a large number of the families encountered by child welfare professionals. Cultural relativism has been identified as a feature of cases during public inquiries into child deaths and serious cases reviews. For example, Brandon, et al. (2008a) identified professionals being particularly unwilling to act in situations involving families from ethnic and religious backgrounds different from their own, due to cultural relativism and possibly a lack of cultural knowledge. While it is important to acknowledge the cultural heritage of the child and family, it is not necessarily in the best interest of the child to interpret issues of neglect differently based on their cultural background (Tomison, 1995). Meeting the child's basic needs is important regardless of cultural context (Maitra, 2005).

Both cultural relativism and natural love were presented by Dingwall, et al., (1995) as providing a flexible framework for assessing and making decisions about parental behaviour, which could result in excusing or justifying some problematic parental behaviour. These two devices allowed front-line professionals, despite evidence to the contrary, to characterise parents as having worth and integrity, which were seen as the basis of successful interventions.

Another institutional device was the 'rule of optimism' (Dingwall, et al., 1995) which influenced professional interventions. Dingwall, et al. (1995) suggested that professionals tended to assume the best about parents and interpret their behaviour in the most favourable way possible. Professionals tended to discount and disregard information which contradicted their positive interpretation (Parton, 1991). This

optimism was combined with an organisational culture [at that time] that was based on the expectation that families would improve, with the consequence that professionals would keep trying to support parents when maybe another approach was required. The 'rule of optimism' did not mean that the social workers were naive and easily deceived by the parents (Dingwall, et al. 1995) but reflected the deep societal ambivalence in the 1980s about the state intervening in family life. Since the 1980s a shift in professional practices involving parents and their accounts of events has been reported (Scourfield, 2003) and parents are now viewed with much greater scepticism. Laming (2003) stated that professional optimism can act as a barrier to referrals being made and cases being accepted for further assessment and intervention. Some parents demonstrate 'disguised compliance' (Brandon, et al., 2008a) and are able to convince social workers that they are addressing key problems (Platt, 2005). Following the death of Victoria Climbié, Laming (2003) emphasised that professionals needed to adopt a 'healthy scepticism' towards parents' accounts of events. Child welfare professionals need to be able to analyse the available information, recognising any tendency they may have to think the best of the parents, and to assess the nature of their interactions with parents (Fauth, et al., 2010).

Professionals may be predisposed to think the best of parents but, during the assessment process, they have to decide whether parents are capable of making changes. Crittenden (1999) highlighted the need to differentiate between those parents who may be able and those who were not able to respond to interventions. Crittenden (1999) identified five different categories of parents that child welfare professionals encounter during their professional practice and, while these terms are not widely used by professionals, they potentially provide a framework for planning interventions. Parents categorised as 'independent and adequate' did not need professional intervention. Some families described as 'vulnerable in a crisis' needed temporary support but otherwise their parenting was seen as reaching an expected standard. The third category were assessed as being 'restorable' but might require many years of planned support before reaching the point of no longer requiring support. The children in these last two categories were not seen as needing child protection intervention. Other families were identified as 'supportable' but not able to make changes quickly enough to meet children's immediate needs and they were

seen as requiring specialist intervention and long term support. The fifth category of parents were described as 'inadequate', assessed as not able to meet their children's needs even with intensive support and required child protection intervention. While the descriptions of these five categories appear quite distinct, when applied to practice it may not always be clear which category a family should be allocated to as there are likely to be features which can belong to several categories.

Dingwall, et al. (1983) identified the moral character of the parents, but especially the mother, as one of three types of 'evidence' that were used by professionals when making decisions: the other two types of evidence were the child's clinical condition (physical evidence) and the nature of the social environment (social evidence). The mother's moral character was seen as critical to professional practice and mothers demonstrated their moral character by the way they cared for their child and by putting the child's needs before their own. When mothers were seen as putting their own needs first, for example due to substance misuse, they were understood as having failed to maintain their moral character. Dingwall, et al. (1983; 1995) demonstrated that, once a particular characterisation had been allocated to a parent, the professionals interpreted all other information to fit the given characterisation and this led to an unquestioning way of viewing parents.

Professional assessments, as well as identifying capacity to change, also incorporate decisions about parental intent. Establishing parental intention focuses on whether the parents know what is best for the child but choose to act differently (Dingwall, et al, 1983; 1995). Neglect is generally seen as an act of omission (Stone, 1998b) and professionals therefore assume parents do not know what they should do and this is less likely to result in the parents being blamed or held responsible. These parents are then approached as being in need of support and guidance. However, if a lack of care is understood as an act of commission for which the parents are held responsible, this has implications for the approach professionals will adopt when intervening. Neglect can involve acts of omission and acts of commission (Horwath, 2007a) which requires situations to be carefully analysed to ensure the appropriate support and interventions are provided.

A study by Parton, et al. (1997), which explored social workers' assessment and decision making processes, was concerned with how and why some cases became viewed as child abuse. They analysed social work files in order to understand the nature of child protection work and how it is experienced and carried out by professionals, so as to make the process transparent. The study demonstrated that, rather than the central concern being whether certain events had occurred or not, the primary focus of social work decision making and practice was the idea of risk. Parton, et al. (1997) identified 12 risk assessment criteria which professionals considered important and which were present in most of the social work case files. These assessment criteria approximated to a set of family life and child rearing practices which were used during investigations [now called assessments] for making professional judgements. Parton, et al., (1997) argued that these risk criteria gave some insight into the professionals' moral reasoning and how they made judgements. These 12 criteria or features had the potential to identify unusual or abnormal situations and, while the child's behaviour was one criterion of the assessment, more emphasis was placed on the physical and social circumstances of the family and particularly on the characterisation of the parents, especially the mother. These features, described by Parton, et al. (1997), are referred to in more detail in Chapter 4, as they have been adapted to form the basis of the content analysis of the child protection case conference minutes.

A study by Ayre (1998) looking at the features health professionals used to assess significant harm [the threshold for child protection intervention] identified that twice as many features related to parents as related to children. The parental features identified included parents' general behaviour and attitudes, their personal characteristics and family history and observation of abusive behaviour. The main feature related to the child was the child's behaviour or, more precisely, "behaviour that suggested the likelihood of abuse" (Ayre, 1998, p. 199).

Dingwall, et al. (1995) identified a number of features relating to the parents that raised concerns for professionals, such as a lack of explanation and precise information about events, delay in presentation and an apparent lack of affection between parent(s) and child. Other features which raised concerns were the type of injury and the impression of the child. Similar findings were identified by Platt (2005) during a study of social work decision making about borderline referrals: parental

accountability and cooperation, corroboration of information with other professionals or sources, the specific nature of the harm to the child, the frequency and seriousness of the harm.

One of the decision making features identified by Platt (2005) was the seriousness of the harm to the child. Giovannoni and Becerra (1979), using vignettes, showed that there were variations between professional groups regarding the seriousness of certain situations which involved potential harm to children. If the features identified related to the child welfare professional's area of expertise, they were more likely to view them as serious when compared with a child welfare professional from a different professional background. How the features were interpreted depended on the professional's prior knowledge and understanding of the features. There are a wide range of child welfare professionals from different specialities involved in working with children and their families, each with their own specialist knowledge. Being able to articulate and communicate their professional concerns to each other across professional and agency boundaries is an important aspect of sharing and corroborating information.

2.3.4 Professional decision making

The decision making process includes information gathered from the person making the referral and other professionals involved with the family about the specific details of the incidents and when and where they occurred. Hall, et al. (2006b) suggested that good professional practice requires professionals to demonstrate that rational decision making has taken place through the gathering of facts, the exploration of the various options available and the making of a reasonable and justifiable decision about subsequent actions. It is the account of this process that is recorded in official reports, case files and child protection case conference minutes but, in practice, other processes are operating and influence how professionals make sense of and categorise cases. Although professional training encourages rational decision making based on evidence, poor communication, ineffective assessment, lack of inter-agency working and poor record keeping are common issues in child death and serious case reviews (Munro, 1999; Brandon. et al., 2008a).

How professionals respond to cases depends on their role. Professionals in universal services respond to the cases they identify by initially intervening within the

scope of their practice and maybe referring to Children's Social Care. Professionals in Children's Social Care have a number of possible ways to respond to referrals (see appendices 15-18). Rouf, et al. (2011) explored decision making by adult mental health professionals. This research is relevant to this study since adult mental health issues are known to impact on parenting capacity (Brandon, et al., 2008a). The adult mental health professionals were aware of their responsibilities towards children "but a complex synthesis of factors impacted on their sense-making about risk and welfare" (Rouf, et al., 2011, p. 173) which influenced whether they referred cases to Children's Social Care. These factors included tensions of working with different agencies, particularly around thresholds for intervention; trying to balance perceptions and feelings when making decisions; the role of interpersonal relationships in understanding and risk management- relationships included parent-professional and inter-professional relationships within their own agency and across agencies.

When a referral is received by Children's Social Care the information available can be limited and social workers tend to focus mainly on the harm or potential harm to the child (Platt, 2006a). Platt (2006a) emphasised that a holistic understanding of the child's circumstances is required for decision making and the 'right' interpretation of the information is essential for ensuring the 'right' services are provided (Dent and Cocker, 2005). However, anticipating that there is a 'right' interpretation belies the complexity of child welfare professional work and the need for professionals to work with uncertainty. Parton (2003) suggests that professionals need to have

> "An ability to work in complex situations with competing interests, and prioritise factors in such a way as allows clear action. In doing so they are open to change and uncertainty" (Parton, 2003, p. 4)

Wattam (1992) suggested that in very few child protection cases is the decision about whether something happened or not, a simple 'yes' or a 'no'. More often decisions are couched in terms of probability, for example something may or may not have happened. English, et al. (2005) highlighted the difficulty of substantiating cases of neglect by stating that

"… because many neglect referrals do not reach the standard of imminent risk, substantive risk or observable harm, they cannot be 'substantiated' as a result of investigations" (English et al., 2005, p. 191)

Whether cases are substantiated depends on how professionals communicate and the inter-play between evidence based knowledge and personal values. These three features are discussed in the next section.

2.3.5 Communication, evidence-based knowledge and personal values

The process of communication involves the use of language, which can be imprecise (Iwaniec, 2006) or lack a shared meaning (O'Hagan, 1995). Professional groups tend to have specialist vocabularies or use everyday words in specific ways which do not necessarily correspond with everyday usage; this can impact on communication between professionals and parents. *The Framework for the Assessment of Children in Need and their Families* (Department of Health, 2000; see appendix 2; referred to as the *Assessment Framework)* was developed to improve professional assessments of children and their families and to promote inter-professional working. In order to maximise the benefits of agencies working together, the *Assessment Framework* required a common professional language to understand the needs of children and shared professional values of what is in the child's best interest (Parton, 2006).

Imprecise use of terminology can also lead to differences in intra-professional understanding (Horwath, 2005). Horwath (2005) studied social work practitioners' understanding of the term 'good enough parenting'. The aim was to identify if there were differences between how social workers defined the term; the study showed that there was most consensus about the aspects of physical care that were required for good enough parenting. The social workers' understanding included other features, such as the type of parental- child attachment, the child being safe and parents promoting the child's development. Horwath (2005) concluded that the social workers appeared to understand the term differently to Winnicott (1964), who first coined the phrase, and to each other. In a separate study Taylor, et al. (2009) identified that professionals could differentiate between the extremes of good and bad parenting but in everyday practice the difficulty was deciding whether parenting

was 'good enough' or whether it was not 'good enough' and intervention was necessary and justified.

In child welfare professional practice where professionals from different organisations and specialities are working together, the attribution of meaning to the information shared is very relevant (Reder and Duncan, 2003):

> "Attributing a shared meaning involves everything from receiving the same message content that was sent, through to having similar understandings of the words, phrases, and sentences, and obtaining feedback on hypotheses about how the overall message content and its meta-communications should be understood" (Reder and Duncan, 2003, p. 87).

As the above quote suggests, there are number of stages to any communication and potentially there can be misunderstandings or misinterpretations at any stage of the process. There are a wide range of knowledge forms that social workers (Drury-Hudson, 1997; Trevithick, 2008) and other child welfare professionals draw upon during their professional practice and some of the theoretical concepts have been discussed in the previous section. Professional practice has been dominated by 'evidence-based' knowledge derived from research and rarely takes into account the individual client's preferences (Thomson, et al., 2012). A report by the NSPCC (Broadhurst, et al., 2010) identified that child welfare professionals tended to make early decisions on incomplete information and additional information, which might challenge these decisions, is not sought.

Goad (2008), when researching professionals' roles and responsibilities in order to improve practice across professional boundaries, identified that deep-rooted professional attitudes impacted on their practice. Goad (2008) concluded that procedures and guidance designed to improve communication had little impact on these attitudinal barriers. Procedures clarified particular issues but did not necessarily enhance professional collaboration, which was influenced by power relations and the disparate status between professionals and expectations of what other professionals would do; also within any professional group there are likely to be a range of perspectives and responses to particular situations.

The personal values, behaviours or beliefs of practitioners themselves can influence their work in difficult and complex cases (Fauth, et al., 2010). The impact of the practitioner on the child protection process has been referred to as the 'missing domain' of professional practice (Horwath, 2007b). Decision making is influenced by professionals' emotions, how they understand a situation and social factors (Rouf, et al., 2011). Horwath (2007b), in a study in Eire, identified a number of factors that influenced social workers' decision making: the practitioner's own perception of neglect; their 'gut reaction' to the situation; their interpretation of their role; and how they were influenced by other professionals' response to information, especially social work colleagues.

Professionals, because of their own individual beliefs and past experiences, can make assumptions about parents and their perceptions of parents can be biased. Practitioners form opinions or decide about the parents' moral character and, once these are established, they are used to interpret other observed behaviours and all past and future behaviours are interpreted to fit the ascribed characterisation (Dingwall, et al., 1983). Once established, the characterisation of a particular parent or family is rarely changed, even when contrary information is presented (Munro, 1999). Parents can dispute the characterisation allocated to them or resist characterisation, which impacts on the professional-parent relationship.

2.4   *Chapter Summary*

This chapter has illustrated that there are different ways of defining neglect and conceptualising children's needs. The existence of a range of definitions and ways of conceptualising and understanding neglect is one reason why a social constructionist approach was considered appropriate for this study.

The social constructionist approach is discussed in detail in Chapter 4 and it is sufficient to highlight here that it is an approach which incorporates the notion that all knowledge is derived from looking at the world from a particular perspective (Burr, 2003) and that there can be multiple perspectives. This makes it a relevant approach as a key element of this study is about how neglect is understood and talked about in a multi-agency context. In situations where children's needs are not being met and they are experiencing neglect, a multi-professional response is often required

(Daniel, et al., 2011). Professional differences in understanding can present problems when professional groups communicate with each other and work together. White and Featherstone (2005) argued that inter-professional communication is influenced by professional identity at a group and individual level. In order to combat the impact of this, professionals firstly need to be aware of how their identity influences their way of working and secondly need to learn to listen for the meaning being communicated by others.

While managing and making-sense of cases of neglect the child welfare professional's practice occurs within the context of, and has been influenced by, legislation and policies that exist at a societal level. Changes and developments in government legislation and social policies, as well as changes in family life, which have influenced child welfare professional practice, are discussed in the next chapter.

3   Child Protection Services in England, from the Children Act 1989 until 2010

3.1   *Introduction*

This chapter provides a discussion of the some of the policy developments and
social changes that have influenced child protection and safeguarding practice, in
England, from the Children Act 1989 up until 2010. A series of policy changes have
coincided with a period of significant social change, particularly in relation to an
increased diversity of family forms, increased recognition of the impact of domestic
violence on children and an expansion in the availability and misuse of alcohol and
drugs in society. These policies and social changes provide the context for
understanding contemporary child welfare professional practices in relation to child
neglect and, arguably, these combined processes have impacted on the number of
children made the subject of a child protection plan for neglect.

Policies during this period increasingly placed emphasis on the re-focusing of child
protection towards early intervention and prevention, which resulted in child welfare
and child protection professionals providing services and intervening in the lives of
more children and their families. The chapter explores how the policies aimed at re-
focusing child protection services did not appear to impact at a national level on the
number of children that were made subject to a child protection plan (previously on
the child protection register) but did coincide with a change in the proportions of
children allocated to each of the four child protection categories, at the national level.
Within 'Rivervalley' neglect became the most frequently allocated child protection
category in 1997 and since then the number of children made subject to a child
protection plan for neglect has continued to increase and now accounts for
approximately half the children with a child protection plan.

The policy context within which child welfare professionals work influences how they
respond to the families they encounter, how the families see themselves and, in turn,
are seen by the rest of society (Taylor and Daniel, 2005). The policy context is
critical since a particular view of the world is inherent in government policies and
guidance and generally reflects the ideological perspective of the political party in
power (Shaw, 2010).

This chapter will demonstrate that from the Children Act 1989 up until 2010,
government inquiries and reviews have identified an increasing number of features

associated with child deaths and serious injuries. One consequence of this has been the expansion of the typology of neglect, which has been reflected in the changing definition of neglect. These changes, when combined with an increase in professional involvement in families, have arguably contributed to an increasing number of children being allocated the child protection category of neglect. Many of the issues of child protection and neglect in particular are complex and not easy to resolve and this has led to an apparent and growing crisis within child protection services (Frost and Parton, 2009) and service providers have been increasingly criticised for failing to safeguard and protect children.

Since 2008 and the media attention surrounding the case of Peter Connelly, government and professional concerns have re-focused on the protection of children and have subsequently led to an increased debate about the work of social workers and the 're-discovery' of child protection (Parton, 2011). During 2010, at the time of the fieldwork for this study, the media coverage of the death of Peter Connelly was impacting on child welfare and child protection services. Child protection services were described as being in crisis and, in May 2010, the newly elected Conservative-Liberal Coalition commissioned a review of the child protection system. The key messages from the Munro Review (Munro, 2011) were published after the data collection for this study was completed.

3.2 *The Changing Focus of Policies: from Protection and Abuse to Safeguarding*

Since the Children Act 1989 there has been a trend involving the successive broadening of government policies and guidance away from a narrow focus on child protection towards a broader focus on safeguarding children. As a consequence of this refocusing, more children and their families have become the focus of professional intervention.

The implementation of the Children Act 1989 was instrumental in changing the relationship between the state, parents and children. Prior to the Act child protection services emphasised protecting children from abuse and services focused on a few high risk families. The Children Act 1989 emphasised the concept of prevention, which meant that professional intervention was no longer limited to a small number of children in the care of Local Authorities but included families that were

experiencing difficulties caring for and raising their children. The way children were nurtured and parented was seen as fundamental to their future behaviour and achievements, with parents playing a crucial role in preparing children for the challenges of adult life.

A central principle of the Children Act 1989 was that children are best looked after within their own families, with both parents playing a full part (Purfett, 2009; Shaw, 2010). The Children Act 1989 also aimed to balance the rights and responsibilities of parents and state agencies, as well as balancing the need to protect children while at the same time giving parents the right to challenge interventions in their family life. Getting the correct balance between these demands is a complex area of professional practice (Beckett, 2007; Munro, 2007). While governments provide support to parents, it is the parents' responsibility to raise their children (Shaw, 2010) and provide a suitable home environment (DoH, 2000), where the children are cared for and their basic needs are met.

Child Protection: Messages from Research (Department of Health and Dartington Social Research Unit, 1995) was instrumental in shaping the subsequent debate about the direction of child protection policy and professional practice. While emphasising the parents' key role in providing care and the importance of raising children, the research also highlighted that the majority of children referred to social services did not meet the threshold for child protection services and were filtered out of the system (Department of Health and Dartington Social Research Unit, 1995; Parton, et al., 1997). A considerable amount of time, resources and professional expertise was invested in managing these assessment processes (Parton, 2011). At the same time the process was identified as stressful for families and led to the debate about how to re-focus services (Parton and Berridge, 2011). The recommendations made in *Child Protection: Messages from Research* included re-focusing services towards child welfare, with the primary concern being providing services for children 'at risk' of impaired development (Little, et al., 2003), thus giving a higher priority to the child-in-need (Parton, 2006). The process of re-focusing services proved to be challenging and the legislation and guidelines at times appeared contradictory. Section 17 of the Children Act 1989 encapsulated the idea of providing the minimum services necessary, with the dual purpose of ensuring that children and young people achieve their developmental potential and of reducing the

number of children drawn into the child protection system. However, the supporting guidance published in 1991, in *Working Together under the Children Act 1989* (Home Office, et al., 1991),still prioritised protecting child from abuse.

The New Labour government, following their election in 1997, embarked on a wide reaching agenda for change as a means for establishing their policies as being different to those of the previous Conservative governments. The New Labour policies aimed to reduce poverty, inequality and social exclusion which were increasingly being seen as major social issues. These issues were to be addressed via a raft of policy initiatives involving education, health services and social services. For example, in education the White Paper on *Excellence in Schools* (Department for Education and Employment, 1997) aimed to

> "… overcome economic and social disadvantage and to make equality of opportunity a reality by reducing under-achievement in the most deprived parts of our country" (DfEE, 1997, p. 3).

In the area of public health, The *Acheson Report*: *Supporting Families* (Acheson, 1998) focused on the inequalities in health between the rich and the poor and highlighted areas where these inequalities could be reduced by targeting services for children and families in the areas of highest deprivation and greatest poverty. The report was influential in focusing service development in specific communities, thus moving public health initiatives away from universal services to targeted ones such as Sure Start. With the publication of the government's revised guidance *Working Together to Safeguard Children* (Department of Health, Home Office, and Department for Education and Employment, 1999) more emphasis was placed on the wider responsibilities of local authorities to provide services to safeguard and promote the welfare of children which reflected New Labour's agenda for children's services.

The New Labour policies orientated service provision towards identifying and then targeting the most disadvantaged children and families in society and to providing practical support to make a difference to the lives of the children. By focusing on socially disadvantaged sections of society these policies and intervention initiatives were likely to include more families than had previously been included when the focus was on the small minority of families conceptualised as' dangerous' (Dale, et

al., 1986; Parton and Parton, 1989). The 'gaze' of the child welfare professional was extended to include a much wider range of factors which impacted on children and young people (Peckover, 2013). As part of the *Agenda for Change*, New Labour introduced changes to the benefit system to lift more families out of poverty. However, policies and structural changes which were introduced as a means of eliminating child poverty and improving the outcomes for all children have not always resulted in the anticipated benefits. There are examples, such as the case of Paul (The Bridge Child Care Consultancy Service, 1995) where additional financial support had been provided to the family but this had not improved the home conditions or care of the children. Laming (2003) also stated that polices aimed at reducing poverty were unlikely to reduce all the risks faced by children. Improving the material circumstances within the home may not impact on the quality of life of children, particularly in cases of neglect where the issues are related to the parent-child relationship (Dent and Cocker, 2005) and especially in cases when one child has been ostracised within the family. An example when poverty was not the underlying issues was the case of Khyra Ishaq. Although she died of starvation there was sufficient food in the home but the food was being withheld from her and her siblings (Birmingham Safeguarding Children Board (BSCB), 2010).

New Labour's *Agenda for Change* emphasised services which continued the trend of widening services. The Children Act 2004 signalled a further shift towards promoting the well-being of children and preventing impairment and extended the scope of services. Spratt (2009) stated that the changes in legislation and guidance have meant that there has been a shift in emphasis from social workers being involved with a minority of actual or potential child abusers to a numerically larger group of families who require some form of support. A wider range of child welfare professionals working with a larger number of children has led to an increased emphasis being placed on the importance of effective inter-professional working. Inquiries and reviews following child deaths and serious injuries have consistently emphasised the need for improved inter-professional communication and the co-ordination of services to safeguard and protect children (Frost and Parton, 2009). These changes have coincided with a broadening of the concept of what constitutes 'harm' to children.

Policies included an acceptance of practices providing more family support and early preventative interventions, in order to combat social exclusion (Featherstone, 2004) and to intervene in the early stages of neglect (Stevenson, 2005). The underpinning philosophy was that providing high quality interventions in the early years led to significantly improved outcomes for children in later life (Frost and Parton, 2009). Programmes were designed so that professionals worked with disadvantaged parents-to-be, parents and/or carers and children to promote the children's physical, intellectual, emotional and social development in their early years of life. Local Sure Start Programmes initially covered geographical areas of high socio-economic deprivation and brought together early education, childcare, health and family support services (Children Schools and Families Select Committee, 2009). The success of the Sure Start programmes also depended on making sure these integrated early childhood services were widely available and accessible (Children Schools and Families Select Committee, 2009). Initially the Sure Start programmes targeted the most disadvantaged children but this was seen as potentially stigmatising and also ignored the needs of other children who were not the most disadvantaged but still had a range of unmet needs. However, when the programme was expanded to provide support to all families, there were concerns that the impact of any intervention might be reduced (Little, et al., 2003).

The process of successfully changing and extending services also depended on and emphasised parental responsibility to ensure a wide range of outcomes, such as children attending school and not engaging in antisocial behaviour or criminal activities. Despite the aims of the programme it appeared that local authorities experienced difficulties developing family support services based on partnership, participation and prevention (Parton and Berridge, 2011). The priority was to offer support to parents and their children in their communities and to minimise the need for coercive interventions (Parton, et al., 1997). This shift in emphasis was reflected in the different terminology used in the government guidance, with the terms abuse and protection, which had appeared in the Children Act 1989, being replaced with safeguarding and promoting the welfare of children (Department of Health, Home Office, and Department for Education and Employment, 1999). However, simply providing information or telling parents what to do is rarely effective, especially in situations where there are multiple problems and, in such situations, long term

intervention is needed rather than episodic interventions (Fauth, et al., 2010). While many planned interventions were short term and time limited, other models, such as the Family Partnership Model (Davis and Day, 2010), were based on building a relationship of trust between professionals and parents.

Developing working partnerships between parents and professionals has proved to be difficult to achieve and takes time. In practice, parental non-engagement can lead to increased levels of coercive intervention by child welfare professionals (Powell and Uppal, 2012). Professionals can be intimidated by aggressive parents and consequently be unable to gain access to the home or to see the children. An example of this was the case of Khyra Ishaq and her siblings and their mother's and her partner's non engagement with professionals. This case demonstrated how the attitude of the children's mother and her partner towards professionals limited the professionals' access to the children and made any collaborative intervention impossible. The recommendations following the SCR of this case (BSCB, 2010) included an increased emphasis on training child welfare professionals so that they can develop the necessary skills and strategies to engage with aggressive parents and other adults.

In summary, the re-focusing of child welfare services was seen as a means of supporting families and reducing the number of children drawn into the child protection system. However, because professionals have not always been able to establish partnerships with parents, this has arguably resulted in parental resistance and non-engagement with service providers and, in some situations, to an escalation of child protection intervention.

3.3 *Social Changes Impacting on Children*

The changes in child protection policies took place against a background of growing concern about family malfunction and breakdown. A growing focus on early preventative interventions in family life aimed at reducing identified 'risk' factors that impacted on children but also promoting protective factors. The timing of interventions was seen as important, with the most critical time being a child's early years, and parents were seen as, ideally, the people to maximise the children's strengths and resilience.

Prior to 1997 government policies had focused on strengthening and supporting marriage and the parental relationship, thus providing a stable environment for raising children. Over recent decades the pattern of family life has diversified from the idealised image of a monogamous, stable nuclear family to a vast variety of family forms (Parton, 2006). While there is no perfect pattern of family life, constructing 'alternative' family forms as a deviation from the nuclear family has the effect of marginalising or demonising some parents (Parenting Forum, 1997). Over the same period of time there has been a break in the link between getting married and having children (Parton, 2011).

There was a decline in married couples having children and a rise in couples co-habiting (Office of National Statistics, 2011). Co-habiting includes unmarried couples in a stable relationship but also couples in new relationships formed following the breakdown of previous relationships. The latter scenario has led to more children being raised in households by one parent and another adult who is not a biological parent (Parton, 2011). There has also been an increase in lone parent families and a large proportion of these lone parents are dependent on benefits (Shaw, 2010), This was seen as significant since lone parent, and lone-mother households in particular, are more likely to experience poverty (Department for Work and Pensions, 2006). While there is no established causal link between neglect and poverty, increased social adversity such as poverty has been associated with eroding parental capacity to care for children (Srivastava, et al., 2005). Policies introduced by the New Labour government, including structural changes to increase the value of certain benefits, were introduced as a means of eliminating child poverty and improving the outcomes for all children.

Professionals can no longer assume that children are living with both their birth parents and the different family forms that have emerged all have their individual relationships and patterns of interaction which can impact on the children and the care they receive. Policies, rather than promoting a particular family form, have shifted towards supporting families with a variety of structures. Harker and Kendal (2003) emphasised that

"'The most important steps in preventing child abuse and neglect will be to support parents in their parenting roles, and in their relationships with their babies and others" (Harker and Kendal, 2003, p. 14).

With the decline of the nuclear family as the unit for raising children, the focus of government policies, particularly under New Labour, shifted towards upholding the responsibility of both parents to look after their children in conjunction with providing child-focused services that address childhood vulnerability and promote children's well-being (Frost and Parton, 2009).

The work of Farrington (1996, 2000) on youth crime prevention also influenced New Labour's policies on the need for early preventative intervention to support families. Farrington (1996) identified a number of 'risk factors' for future youth crime including poor child rearing patterns, hyperactivity in the child, low intelligence, harsh or erratic parenting style, divorce, low income and poor housing. The greater the number of identified risk factors a child is exposed to the increased likelihood there is of an adverse outcome in later life. So, in order to prevent social exclusion and limit youth crime, early preventative intervention was seen as vital (Frost and Parton, 2009). Many of the risk factors for future youth crime were also features identified in cases of neglect and, again, the role of parents was seen as key to reducing the risk of future neglect and also youth crime.

Concern about family life and the emphasis on parental responsibility coincided with a growing body of evidence about the importance of a child's early interactions with their parents (as their main carers) and the impact this relationship has on their future development and lifetime outcomes (Harker and Kendall, 2003). Ferguson (2004) emphasised the importance of the home as the place where parents and their children interact and children are socialised. The increased emphasis on the importance of parent-child interactions also led to an increased interest in the role of community-based child welfare professionals (such as health visitors) who have the opportunity to observe interactions within the home environment. Equally, as safeguarding and child protection have been increasingly identified as public health issues (Gilbert, et al., 2008a), community-based child welfare professionals have been identified as ideally placed to provide early interventions.

A wide range of factors impact on the parent-child relationship but domestic violence, substance misuse and mental health issues have been recognised as having a significant impact on the outcomes for children (Calder and Talbot, 2006; also see discussion in Chapter 2). Historically, domestic violence was approached as an issue affecting women and the impact on children went largely unrecognised (Rowsell, 2003). While the introduction of the *Framework for the Assessment of Children in Need and their Families* (DoH, 2000) represented an increased recognition of the links between domestic violence and child maltreatment it did not entirely address the complex dynamics of domestic violence. However, an amendment to the Adoption and Children Act 2002 included "seeing or hearing the abuse of another" in the definition of 'harm' to children (HM Government, 2010, p. 8) Similarly, there has been an increased awareness of the impact of parental substance misuse on children (Calder and Peake, 2003; Murphy and Harbin, 2003). Recognition of the impact of maternal substance misuse on the unborn child led to the definition of neglect being changed to include the unborn child in the revised *Working Together,* introduced in 2006 (HM Government, 2006; see appendix 20).

Changes in family relationships can impact on family dynamics and the care that children receive. Inquiries and reviews demonstrate that children can experience abuse and neglect when living with both their parents and their siblings, such as Paul (The Bridge Child Care Consultancy Service, 1995). With the diversification of family forms there are examples of children experiencing abuse and neglect living in complex family situations with at least one adult who is not a birth parent. Jones (2009) emphasised that

> "A small but significant number of child deaths take place within families in which an unrelated adult has recently joined the household (Jones, 2009, p. 34)

This is not to suggest that all unrelated adults pose a risk to children as some can have a very positive impact (Jones, 2009; Lord Laming, 2009) but, increasingly, child welfare professionals need to be aware of the family structure and the identity of new adults, including women but particularly men, in the household. Child welfare professionals especially need to be aware that there may be 'hidden men' who are able to influence the household dynamics in a way that is harmful to children (Brandon, et al., 2009).

3.4 *The Impact of Inquiries and Serious Case Reviews*

Child protection services in England have been influenced by high profile child deaths and the publication of reviews of child deaths and serious injury. Following each inquiry recommendations are made about how services can be improved and children better safeguarded and protected. This has resulted in a further broadening of the focus of policies and an expansion of the features considered to indicate potential abuse and neglect, along with an increased concern about the nature and impact of neglect.

Many children who died as a result of maltreatment or who were identified as experiencing maltreatment were not known to Children's Social Care services (Department for Education and Skills, 2004b; Brandon, et al., 2008a) and were therefore not the subject of a child protection plan. However, the majority of children were likely to be known to child welfare professionals providing universal services such as health and education and these professionals were in a good position to identify children's unmet needs at an early stage. An increased role for child welfare professionals who deliver universal services was identified in relation to safeguarding children and ensuring children received targeted services when appropriate (Dept for Education and Skills, 2004).

The review following the death of a child called Paul stated that he died from neglect (The Bridge Child Care Consultancy Service, 1995). At this time, in the mid-1990s, very few children were on the child protection register for neglect (Parton, 1995; see national figures in section 3.7). The review following Paul's death challenged the prevailing professional view, at that time, that children could be "dirty but happy" and highlighted that the circumstances of the home had not significantly improved over a 15 year period. The review also demonstrated the chronic neglect that all the children in the family had been experiencing, including graphic descriptions of the home conditions. The children were said to be dirty and smelly, hungry and scavenging for food and, consequently, had become socially isolated. Scourfield (2000) described the profound impact this review had on social workers' practice in relation to neglect; such home conditions were no longer seen as tolerable. Interpreting unsuitable home conditions as a feature of neglect has arguably contributed to an increase in the number of children allocated to the category of

neglect, with child welfare professionals placing more importance on the physical care of the child and the home conditions.

The Laming Report (2003), commissioned after the death of Victoria Climbié, was a significant turning point for child welfare services (Laming, 2003; Parton, 2006). Whilst many of the conclusions were similar to those of earlier child abuse tragedies, the Laming Report acted as a catalyst to the government implementing further wide ranging reforms (Chief Secretary to the Treasury, 2003). The reforms were enacted within the Children Act 2004 and further facilitated the shift away from child protection towards safeguarding. Ultimately this impacted on the services provided by all agencies and professionals working with children.

Following the implementation of the Children Act 2004, the newly created Local Safeguarding Children Boards (LSCB) were given a much wider remit for preventing the impairment of children's health than the previous local child protection committees, whose remit had been to protect children from maltreatment. Ensuring children were able to meet the five outcomes embedded within *Every Child Matters* (ECM) (DfES, 2004a) became 'everybody's business'. More emphasis was placed on safeguarding and promoting the welfare of children and this had the effect of broadening protective concern and potentially drawing more children into the child protection system. However, the criterion of 'significant harm' as the threshold for child protection intervention was retained.

The publication of the findings and recommendations from SCRs can highlight areas of child welfare professional practice that need to be changed or be strengthened to prevent similar situations from happening again. In spite of all the changes in policies and the development of services many SCRs identify similar features and failings in professional practice (Brandon, et al., 2010).

SCRs can also identify new areas of professional concern which are added to the types of maltreatment. For example, the review following the death of Khyra Ishaq, from neglect and starvation (BSCB, 2010), also raised new issues about professional practice in relation to children who have been withdrawn from school to be educated at home. It appears that the range of situations where a role for child welfare professionals is identified is perpetually increasing. While the emphasis might still be on professionals providing the minimum intervention and support needed, as

directed in Section 17 of the Children Act 1989, the ever widening concept of what represents harm to a child means that increasingly large numbers of children and their families may be involved with service providers.

3.5 *Increase in Technology and Information Systems*

Inquiries and reviews have frequently included recommendations about professional working and effective systems that enable professionals to access information about children and their families which would support their decision making processes and which would facilitate collaborative working. These inquiries and reviews have also emphasised the importance of using technology to improve inter- and intra-professional communication (The Bridge Child Care Consultancy Service, 1995; Laming Report, 2003; Brandon, et al., 2008a). Any information system implemented needed to be fit for purpose and enhance communication.

Integrated working was considered essential in order to provide the service reforms proposed in *Every Child Matters: Change for Children* (Department for Education and Skills, 2004a). There was an increased emphasis on integrated working between the various organisations and agencies, which required the introduction of new structures for co-ordinating services and improving communication. The process of improving communication led to an increased complexity in communication technologies (Chapman, 2002) and the three main elements of the strategy to improve integrated working are discussed next. The three elements discussed are the Information Sharing Index (ISI), known as Contact Point; the Integrated Children's System (ICS); the Common Assessment Framework (known as 'the CAF'). The Continuum of Needs and Services model (Figure 2.1) is also included as it provided an overview of how these elements assisted in the co-ordination of services (Children's Workforce Development Council, 2009).

Prior to the Children Act 2004 each organisation providing services to children collected and stored their own data but the Act required local authorities to implement an information sharing system called Contact Point. This system was intended to enable professionals to identify other professionals working with a family and to improve inter- professional working and co-ordinate service delivery. While, conceptually, Contact Point might have appeared to address some issues around information sharing it proved to be very contentious and civil liberties groups raised

numerous issues about the system and who could have access to details of vulnerable children. Contact Point was decried as a way of increasing state surveillance of the whole population and has since been disbanded (Peckover, et al., 2009). Contact Point was introduced to improve inter-professional communication and disbanding it meant that a gap re-emerged in the means available to professionals for identifying specific children who might be at risk and also identifying other professionals already working with the child and their family. When professionals do not have a system, or only a limited system, for sharing information their practice is more likely to become risk adverse, which could potentially result in more children being drawn into the child protection system.

The electronic Integrated Children's System (ICS), was specifically designed for Children's Social Care services and included case records and the details of all children known to social workers including those with a child-in-need or a child protection plan. The ICS, built around the dimensions and domains of the *Assessment Framework,* was seen as providing a single approach for undertaking statutory and specialist assessment planning, intervention and review (DfES, 2007). The aim of the ICS was to facilitate the co-ordination of services, offer support to families, identify gaps in services (Frost and Parton, 2009) and to ensure that families received early help in order for the children to reach their full potential. However, the introduction of this system posed major practical challenges for social work teams (Parton 2009; Broadhurst, et al., 2010b; Ofsted, 2010a) and was subject to extensive criticism (Parton, 2011) as the system was bureaucratic and appeared to hamper the social workers' work with children and families (Broadhurst, et al., 2010b). The ICS had the unintended consequence of reducing the time available to professionals to work directly with children, young people and their parents, thus limiting the opportunities for preventative work and early therapeutic intervention (Peckover, et al., 2009; White, Hall, et al., 2009) which meant children's needs might remain unaddressed for longer periods of time.

The Continuum of Needs and Response Model was originally developed by the CWDC (2009) and has since been further developed by Blackburn with Darwen LA (Blackburn with Darwen Local Authority, 2010). It has been recognised as innovative practice and has subsequently been adopted by other LAs, including 'RiverValley' LA (see Figure 3.1).
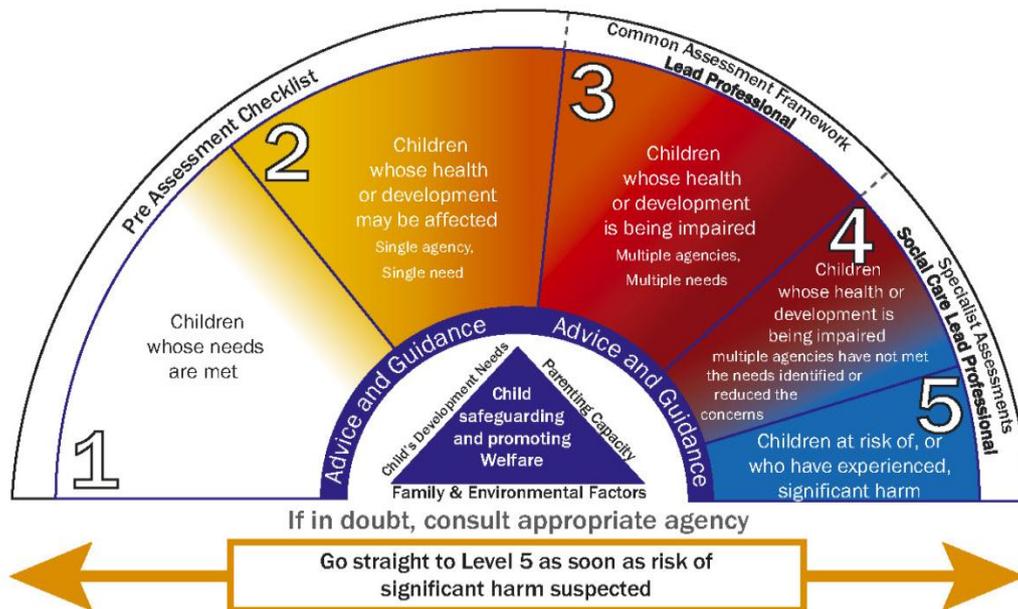
Figure 3.1: The Continuum of Needs and Response model developed by Blackburn with Darwen Local Authority, 2010.

The model illustrates how the processes and tools designed to facilitate inter-professional working to provide support and early intervention were conceptualised as fitting together. Additional features have been included, such as level 4 (see Figure 3.1), which appeared to be an additional level of intervention between the consensual model of a CAF and progression to a child protection conference. This additional level provides an opportunity to review which interventions might be appropriate when co-ordinated but consensual multi-agency working has not led to the anticipated improvement in the child's situation. The introduction of an additional threshold in the area of specialist assessments might also have the effect of avoiding child protection intervention and the allocation of a category.,

The Common Assessment Framework (the CAF) was developed to facilitate the process of inter-professional working and was introduced for the assessment of children with additional needs (DfES, 2006; Frost and Parton, 2009), especially if it appeared that the child or young person might not achieve the five *Every Child*

Matters (DfES, 2004a) outcomes. The CAF, like the ICS system, was based on the holistic framework in the *Assessment Framework for Children in Need and their Families* (DoH, 2000) which was already used by social workers and now its use was extended to include all professionals in different organisations working with children with additional needs (Peckover, et al., 2009). Providing early multi-agency support to children and their families was introduced as a strategy to reduce the number of children requiring a referral to Children's Social Care. By enabling children and families to access co-ordinated services earlier, the CAF was expected to reduce the number of situations that met the higher threshold for child protection intervention (Brandon, et al., 2008a). Barlow and Scott (2010) suggest that where the CAF has been used it has evaluated well as an acceptable process to both professionals and families. Although the CAF is meant to be the primary mechanism for linking the different tiers of safeguarding services, it does not appear to be fulfilling this role since it is currently underused (Barlow and Scott, 2010). Several other issues have been identified with the CAF, such as a lack of national guidance about how to implement the CAF and the role of the Lead Professional, both of which have hampered the development of common terminology shared by all professionals. White, et al. (2009) suggested that the structure of the assessment forms de-contextualised the information recorded and this actually hindered communication. Since the CAF is a consensual model of working with children and their families, if family members do not engage in the process professionals' concerns are likely to escalate, potentially resulting in more children being referred to Children's Social Care.

The Children Act 2004 and restructuring of services led to an increased expectation that services would work closely together to assess and respond to children with unmet needs. The LSCBs were introduced as a key mechanism for co-ordinating and agreeing how the relevant local organisations would cooperate and address the more challenging local problems (Home Office, 2006). The LSCB, via improved coordination of the safeguarding activities of the member agencies, would increase effectiveness by monitoring, evaluating and, when necessary, challenging work practices and advising on ways to improve safeguarding performances. The performance of organisations, practitioners and those receiving services was to be measured using a set of standards, linked to outcome measures. In child welfare,

these outcome measures were defined in terms of developmental progress and educational attainment. Many of the targets set were complex and could be influenced by a wide range of family and neighbourhood or professional factors (Frost and Parton, 2009).

Following the implementation of the Children Act 2004, Children and Young People's Directorates were created across England by merging Children's Social Services and Education Services. At the same time an integrated inspection framework was established and implemented via Ofsted. Subsequent criticism of Ofsted inspections (Hurst, 2009) suggested they focused more on procedures and not sufficiently on the outcomes for the child. The required timeframe of seven days for completion of an initial assessment was still in place during the data collection period for the research and, in practice, created a tension for social workers between focusing on completing assessments within the timeframe and taking the necessary time to produce a better quality assessment (Broadhurst, et al., 2010b).

3.6 *Child Protection Services since 2008*

When the details of the death of Peter Connelly were reported in the media they led to profound public, professional and governmental responses. The overwhelming public response was outrage at what appeared to be serious professional deficiencies and concerns that the professionals who had seen Peter prior to his death had not worked together to adequately protect him (Parton and Berridge, 2011). There was also turmoil and crisis amongst service providers (Ly, 2009). The trend over the previous years had been to broaden services and to prioritise prevention and early intervention but, as a consequence of Peter Connelly's death, the focus of professional concerns shifted once more towards a forensic approach to child protection. In the aftermath of the media coverage of Peter Connelly's death a record number of children were taken into care (CAFCASS, 2012); this resulted in Children's Social Care services being over-whelmed. Also, concerns were raised that some children were being inappropriately drawn into the child protection system and being removed from their families (Ofsted, 2010a). At the same time there was increased scrutiny of the work of social workers and the government commissioned Lord Laming to report on the progress of implementing effective arrangements for

safeguarding children which had been instigated following the death of Victoria Climbié (Lord Laming, 2009).

There have been numerous changes in policies and professional practice since the introduction of the Children Act 1989, most of which have attempted to broaden approaches to child protection by focussing on early intervention and placing more emphasis on prevention. This trend continued up until 2008 when increased emphasis was once again placed on child protection (Parton and Berridge, 2011). The next section of this chapter presents the English national child protection statistics and the local child protection statistics for 'Rivervalley' local authority, in order to explore the impact of these policy and practice changes on the numbers of children allocated child protection plans.

3.7 *National and Local Trends in Child Protection Cases*

Child protection categories are allocated during a child protection case conference, if a child is made the subject of a child protection plan [previously put on the child protection register]. Each of the 152 local authorities in England is required to collate and submit statistical data on the number of children with a child protection plan by age and category (Department for Education, 2010). The Government statistics represent those children whose circumstances have generated sufficient concern of 'actual or likely significant harm' that child welfare professionals have agreed the child should be made the subject of a child protection plan.

In this section the national and local trends in the number of children allocated each child protection category, over the period of the changes discussed earlier in this chapter, are presented and they show some distinct trends. Little, et al. (2003) suggested two possible scenarios following the implementation of a broad, wide-reaching preventive model for intervention. One scenario was that, following an initial increase, there would be reduced demand for services as needs were identified and met. The other scenario was that increased identification of needs would lead to a greater long-term demand on services. The causes of harm to a child are potentially infinite and determining what becomes a child protection concern is an increasingly complex process. The process of assessment and categorisation can be subject to inconsistencies and variations in practices (Pugh, 2007) that result in more children being perceived as being 'at risk' (Parton, 2011).

Between 1994 and 2008 the number of children with a child protection plan, in England, had remained consistently between 30,000 and 35,000 children per year (see Figure 3.2). The English national statistics show that the numbers of children subject to a child protection plan in each of the four categories have changed in relation to each other. Over this period, the numbers of children with child protection plans for physical and sexual abuse have declined while there has been an increase in the number of children who became the subject of a child protection plan for neglect. Neglect replaced physical abuse as the commonest category in 1997 and emotional abuse became the second commonest category in 2004.
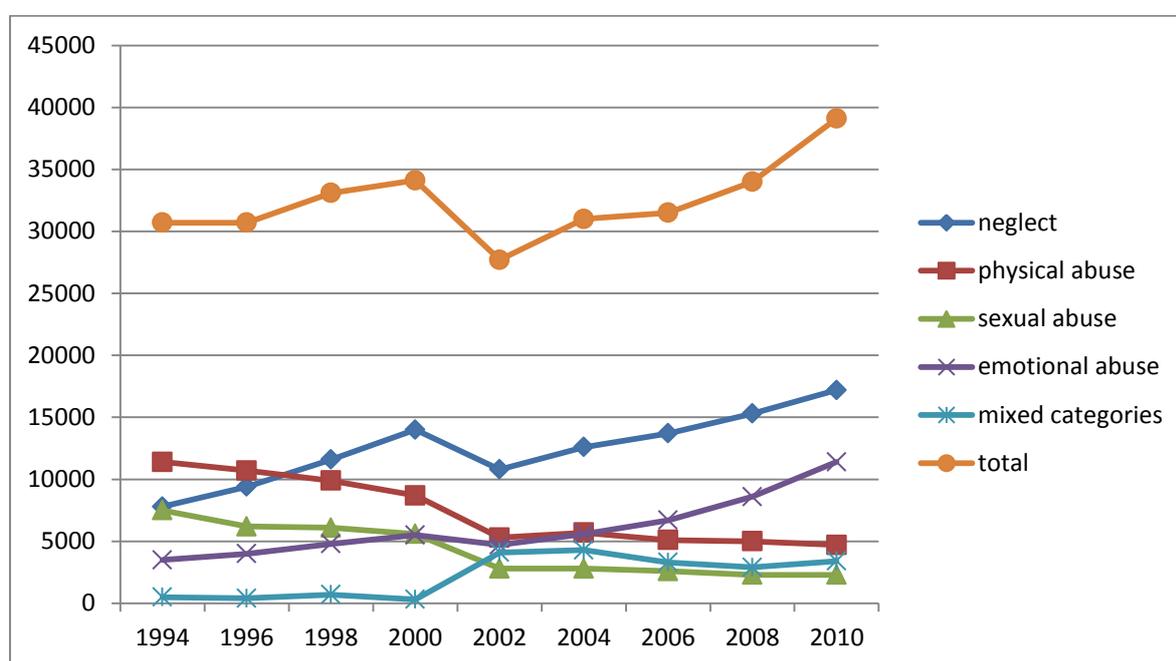
Figure 3.2: Children who became the subject of a Child Protection Plan (alternate years) ending 31st March 1994-2010, by category of child maltreatment, in England and including the total number of children with a child protection plan
(Ref: adapted from Frost and Parton, 2009, p120)

The data in Figure 3.2 shows the trends of the four child protection categories in England from 1994 to 2008 (Frost and Parton, 2009) and the available figures for 2010 (NSPCC, 2011). The statistics for 2010 have been included but because they were calculated differently, they should be treated with caution (NSPCC, 2011) and they do not include unborn children. The statistics for 2011 (not included in the graph) show similar trends with the total number of children with a plan increasing to 42,700 of which 18,700 (43.8%) were for neglect (NSPCC, 2011). Figure 3.2 shows

that after 2000 the number of mixed categories appeared to sharply increase but at this time there was an alteration in the way the statistics were compiled (DCSF, 2009) and since 2002 the use of mixed categories is no longer recommended (HM Government, 2010).

The data for children in 'Rivervalley' LA with a child protection plan from 1990 to 2010 demonstrate an increase in cases categorised as neglect, similar to the national statistics (Figure 3.3).
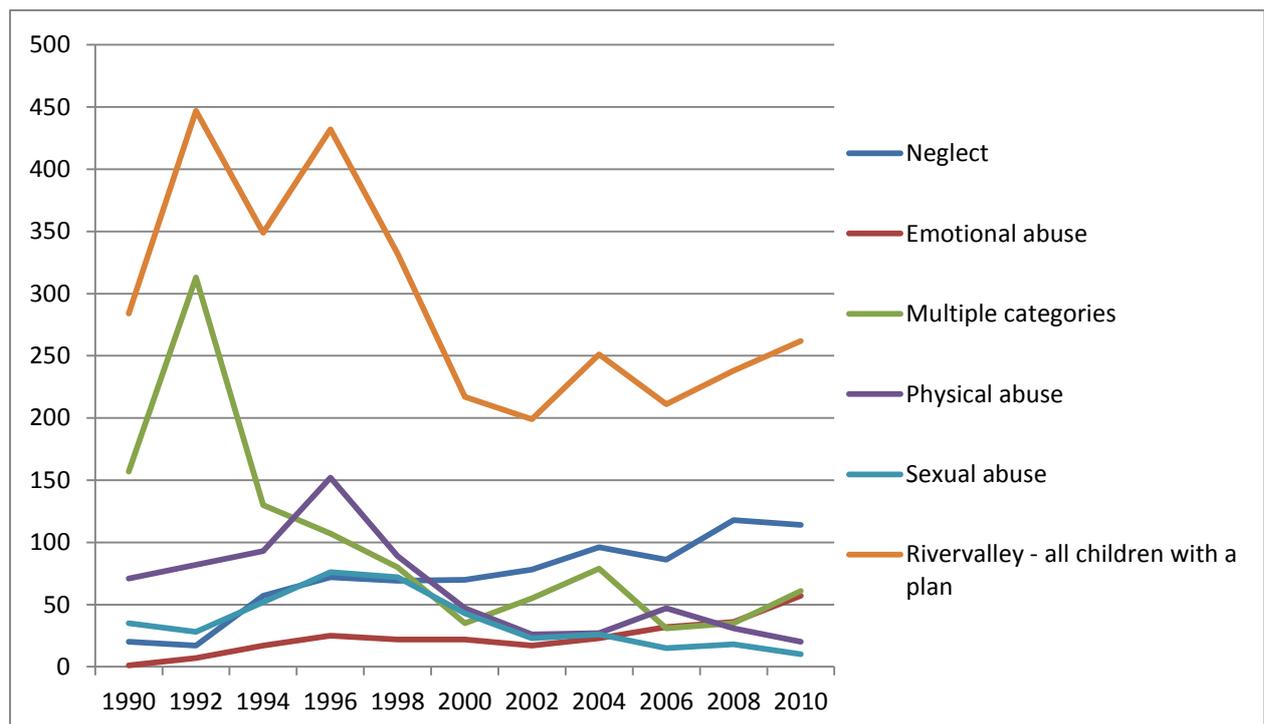
Figure 3.3: Data from 'Rivervalley' showing the number of children, by category and the total number of children, with a child protection plan from 1990 to 2010
(Source: 'Rivervalley' Freedom of Information request, 2010; see Appendix 1)

Figure 3.3 shows the total number of children with child protection plans and the distribution of the four categories since 1990. There was a levelling off of the total number of children with a child protection plan around 1999, with the number of children with a child protection plan stabilising around 200-250 children. The decline in the total number of children with a plan between 1996 and 1999 could reflect the changes in policies, which then led to changes in practice and the re-focusing of services towards child-in-need and away from child protection. The trend in the number of children allocated a child protection plan appeared to change after

2008/9, with an increase in the number of children being allocated child protection plans during 2010. The increase in 2010 is likely to reflect a change in practice following the media coverage after the death of Peter Connelly.

National and local level statistics can be influenced by a range of factors, such as changes in the total population. An increase or decrease in any category could also represent a change in professional practices that influenced the choice of category allocated during the child protection case conference. Any change in professional practice could be due to a range of influences such as alterations in the Government guidance or operational definitions or the impact of societal events (Bromfield and Higgins, 2004; Finkelhor and Jones, 2006; Pugh, 2007). For example, it has been suggested that a fall in cases categorised as physical abuse is due to changing attitudes towards corporal punishment (Finkelhor and Jones, 2006). If the decline of one category can be influenced by changes in social values it is plausible that an increase of another category can be influenced in a similar way.

Since 1990 there has been an increase in the number of children categorised as cases of neglect. This rise in the number of children allocated the category of neglect has coincided with the re-focusing of services towards early intervention and prevention and an increased emphasis on parental responsibility for ensuring that children meet the *Every Child Matters* (DfES, 2004a) outcomes. While acknowledging there may be variations in local practices there will also be similarities, since similar electronic systems and the same procedural guidance are used across local authorities in England and will influence practice in similar ways (Broadhurst, et al., 2010b). Identifying similar trends in the allocation of child protection categories in both the national statistics and those from 'Rivervalley' suggests that it is not only a local practice in 'Rivervalley' to categorise more cases as neglect. Therefore, exploring the child welfare professional practices in one local authority, such as 'Rivervalley', has the potential to increase understanding about professional practices generally.

3.8 *Chapter Summary*

This chapter has highlighted some of the policy changes and developments in the child protection system since 1990 up to 2008-09, with the changes frequently being in response to inquiries or reviews following a child death or injury. However, there

have been attempts to shift the focus of policies away from child protection and involvement with a small number of families towards a broader child safeguarding agenda which includes promoting the well-being of children and the prevention of impairment. The increase in the number of child protection plans for neglect over the period 1995 to 2006 gradually coincided with the implementation of child welfare and early preventative services. Over the same period there have been significant social changes, particularly in family forms, with more couples choosing not to marry and having children no longer linked to being married. This has resulted in children being raised in a wide variety of family settings, often by a lone parent or with an unrelated adult in the home.

The combination of an increased emphasis on widening the focus of child welfare services, the increased diversity of family forms and research about the importance of the parent-child interactions in the early years of life appears to have led to child welfare professionals identifying and intervening in the family life of more children. When child welfare professionals encounter difficulties engaging with parents this has potentially contributed to an escalation of child welfare professionals' concerns which has led to a more coercive approach to intervention and to more children being allocated the child protection category of neglect.

Since 1990 the absolute number of children allocated child protection plans for neglect in England has increased each year and neglect became the most frequently allocated category around 1999. This change is likely to have been influenced by changes in policies, the publication of reviews such as the one into the death of Paul in 1995 and the expansion of the typology of neglect over the same period.

The next chapter explores the theoretical framework that informed the research and the three data collection methods used. The data collection for this study was carried out while the Munro Review was in progress and at a time when the death of Peter Connelly was impacting on child welfare professional practice. The national and local turmoil and crisis within child welfare and child protection services inevitably impacted on the data collected since the focus of the study was on the child welfare professionals' practice.

4 Theoretical Framework and Data Collection Methods

4.1 *Introduction*

This chapter begins with a discussion about the choice of a social constructionist framework and outlines the implications of choosing this theoretical framework for the study of child welfare professionals' practice involving child neglect. The chapter then outlines the original research design. The complexity of the research design and unforeseen delays in commencing the data collection led to the modification of the original research design.

Three data collection methods were used and each one is discussed separately, including a brief discussion of the method and how it is understood from a social constructionist perspective. The discussion of each method is followed by a description of the process undertaken to negotiate access to the sample. The different sampling strategies for each method are described. The implications of these changes are discussed along with the limitations of the study. Implementing the research design involved numerous steps, such as the development of the research documentation and seeking ethical approval; seeking permission for the research within each of the organisations; contacting the participants; accessing the participant observation site; and child protection case conference minutes.

4.2 *A Social Constructionist Framework*

In social research, a theoretical framework provides a particular way of understanding 'reality' and involves a number of assumptions about the nature of data and what data represents in terms of the 'real world' and 'reality'. The theoretical assumptions made prior to starting any research underpin the overall approach, including the data collection and analysis and the presentation and interpretation of the data. A theoretical framework strengthens a study by adding depth and rigour (Taylor, 2004) by providing a structure for the analysis. A theoretical framework helps to counteract any tendency on the part of the researcher to focus solely on the empirical data collected and supports the interpretation of the empirical data, especially if the aim is to identify and explore meanings which are not immediately obvious (Alvesson and Skoldberg, 2000). Talja (1999) suggested that

"Qualitative methods are increasingly being understood as explicitly theory-dependent ways of describing, analysing and interpreting data (Talja, 1999, p. 459)

Using a social constructionist framework for this research was part of the original research proposal developed for the studentship. Adopting a social constructionist approach as the theoretical framework emphasises the view that reality is made up of objective conditions and subjective meanings (Berger and Luckmann, 1967) and embraces the possibility of multiple perspectives. Social reality is understood to be the product of interactive processes. During the interactive processes the social actors negotiate the meanings of actions and situations and their knowledge is therefore mutually constructed and influenced by an array of features. Reality, culture and personal identities are constructed through interaction and ways of talking within and amongst social communities. The idea of there being a single social reality is rejected and instead there are understood to be multiple and changing realities (Blaikie, 2000). There is no independent way of knowing about the truth of any of these multiple and changing realities but they are likely to be real to the actors that produced them.

The impact and implications of adopting this research approach are discussed in general terms and then in more specific terms in relation to this specific study. A social constructionist approach draws on a number of pre-existing theories from a range of social disciplines including psychology, sociology and linguistics, thus making it multi-disciplinary in nature (Burr, 2003). Generally, research using a social constructionist approach does not attempt to offer a grand theory or explanation of social phenomena, rather it emphasises the various interrelated, subjective and often conflicting understandings of the phenomenon being studied, each with their own inherent validity (Taylor and Ussher, 2001).

A social constructionist approach is based on the understanding that the models and assumptions used to study social phenomena are multiple, socially constructed realities that are not governed by natural laws (Guba and Lincoln, 1989). The idea that complex social phenomena can be explained by reference to a unitary, fundamental and rational underlying causal pattern is rejected and truth is

alternatively seen as being multiple and subjective (Taylor and Ussher, 2001). Taylor and Ussher (2001) reinforced this view by saying

> "There is no search for a singular, objective, empirically valid, universal truth, existing out there in the world waiting to be uncovered through the application of the scientific method" (Taylor and Ussher, 2001, p. 295)

What is regarded as the truth in any situation is not a product of objective observation but of the social processes and interactions in which people are constantly engaged (Burr, 2003). Using a social constructionist approach for the research supported the identification of the ways in which social phenomena are understood as socially constructed through social interaction. This paradigm is concerned with the way individuals are constituted by the social world and realities are viewed as constructions (Berger and Luckmann, 1967). Berger and Luckmann (1967) also emphasised the way language and symbols are used to construct our sense of self and our sense of the world around us.

Gergen (1985) proposed four key assumptions which, either singularly or in combination, form the basis of all social constructionist approaches. The first assumption is that a critical stance is used towards identifying taken-for-granted knowledge, with the consequence that this type of knowledge is not only viewed critically but is also made explicit (Burr, 2003). Another key assumption is that the way the world is understood, the categories and concepts people use, are historically and culturally specific (Burr, 2003). This means that all ways of understanding are historically and culturally relative and particular forms of knowledge need to be understood within the context from which they emerged. The third assumption relates to understanding that all knowledge is sustained by social processes and that all phenomena are defined depending on the kind of knowledge and amount of prior knowledge that the constructors of knowledge bring to the task. The fourth assumption is that knowledge and social action are linked together. Berger and Luckmann (1967) also argued that the most basic, taken-for-granted, common sense knowledge of everyday reality is derived from and maintained by social interactions. When two or more people interact they do so with the understanding that their respective perspectives of reality are related and, as they act upon this

understanding during the interactive process, their knowledge of reality can become reinforced.

The social constructionist approach focuses on understanding the social phenomenon being studied more fully, by making sense of interactions between people (Guba and Lincoln, 1989). This approach therefore

> "offers researchers an opportunity to examine in detail the labyrinth of human experience as people live and interact in their own social worlds. It aims to understand the variety of constructions that people possess, trying to achieve some consensus of meaning, but always being alert to new explanations with benefit of experience and increased information" (Appleton and King, 2002, p. 642)

Several constructions can exist at any one time and there can be alternative meanings as well as a dominant meaning at any particular point in time (Burr, 2003). The 'truth', in the social constructionist paradigm, is defined as the most informed and sophisticated construction on which there is consensus amongst those individuals deemed competent to form such a construction (Guba and Lincoln, 1989). Guba and Lincoln continued by saying that the dominant understanding and meanings of members of society are reflected in government social policies and this has consequences for how members of society are treated.

A social constructionist approach is based on the understanding that social life is characterised by meaning (Loseke, 2003); it focuses on the creation and maintenance of meaning, which is socially created and socially shared. Such an approach means we accept that people actively and purposefully construct and interpret their own realities from the meanings that are available to them (Gergen, 1999). A social constructionist approach draws on the idea that the meaning that different individuals give to the same actions can vary considerably. Also, the same action can be interpreted differently at different times by the same individual and the meaning can be influenced by the addition of more information or knowledge. For example, the construction of a client is based on the available information and can be re-constructed when new or different information is presented (Juhila, 2003).

A social construct (or construction) is a concept or practice that is the creation of a particular group in a particular context (Burr, 2003). People in groups are influenced by each other and are active in interpreting, giving meaning to and responding to the people and objects they encounter (Travers, 2001). Meanings depend on the context of the actions and can therefore change and develop during the interactive process and knowledge therefore cannot be divorced from the context within which it is created. Meaning is understood as something shared by members of specific social groups in society and not as a personal internal phenomenon. Meanings have an inter-subjective nature as opposed to a purely subjective character. Appleton and King (2002) emphasised the fact that human beings 'co-create' their reality through participation and the assembling of meanings does not occur in a linear fashion but through complex interactions.

In conclusion, a major focus of a social constructionist approach to research is to uncover the ways in which individuals and groups participate in the creation of their perceived social reality. Socially constructed reality is seen as an on-going, dynamic process and involves looking at the way social phenomenon are created and become real.

4.2.1 Implication of using a social constructionist approach

White (2003) suggests that many accounts of professional practice are written from a realist perspective and such accounts are accepted as representing the truth. A few studies (for example, Dingwall, et al., 1983; Parton, et al., 1997; Scourfield, 2000; Buckley, 2003) have used a social constructionist approach to further understanding about child protection but none have focused specifically on neglect. A social constructionist approach facilitates the exploration of "how a social phenomenon [such as neglect] is constructed and not simply what the construction consists of" (Parton, et al., 1997, p. 94). Using this approach has the potential to increase understanding about neglect and raise awareness of how its construction can be influenced by a range of features. Such an approach potentially contributes to a greater understanding of the complexities of how children are categorised as cases of neglect.

Taylor and Ussher (2001), drawing on the work of Foucault (1976), suggested that the constructionist paradigm assumes there is "no insistent or essential human drive

or desire which pre-exists its cultural conscription" (Taylor and Ussher, 2001, p. 295) but individuals can make choices which are shaped by the way things are defined, organised and categorised. In the context of this research this is interpreted to mean that there is no predetermined human behaviour that causes professionals or parents to act in particular ways, only a set of possibilities that acquire meaning in terms of their social and cultural context. Neglect, therefore, ceases to be understood as an unalterable fact but rather as a construct of a specific time and cultural context.

Professionals' understandings are based on their professional roles and training and the knowledge they have acquired though professional practice and experience, combined with their personal value system (Horwath, 2007b). This means understandings of neglect can be different, depending on the professionals' perspectives and interpretations. This does not imply one interpretation is right and another wrong, simply that they are different. Wattam (1992) proposed that how information is initially interpreted by professionals depends on how the information is presented, and their initial interpretation is critical to how they ultimately respond. Reder and Duncan (2003) also suggested that how the information included in a referral is processed and acquires meaning influences whether it is filtered out of the system or progresses through the assessment process.

Myers (2007) proposed that professionals tend to treat information gathered during assessments as fixed, rather than as an example of behaviour at a specific point in time, and this can lead to behavioural and personality characteristics applied to clients becoming permanent. When this happens professional practice tends to focus on problems and actual or assumed difficulties. A social constructionist approach acknowledges that there are a myriad of perspectives, including those of parents, children and professionals. The infinite combinations of available perspectives can potentially lead to different interactions between the parents, children and individual professionals (Hall, et al., 2003) and, therefore, precludes a procedural based approach.

Looking at child welfare professionals' understanding and practices from this theoretical perspective adds another level of understanding. It encourages a reflexive approach to understanding the data in order to make taken-for-granted

activities visible and to consider how professionals' perspectives and personal values impact on their interactions with parents, children and other professionals. A social constructionist approach

> "provides a particular perspective for understanding what counts as knowledge and aims to promote a 'constructive', 'reflexive' and more 'social' form of professional practice, located in the everyday worlds of child welfare professionals" (Hall, et al., 2003, p. 244).

Words have particular meanings depending on the social context within which they are used and how they are understood by the people present. Hall, et al. (2006a) suggested that child welfare professionals have shared professional terms that become part of the negotiation and argumentation processes of every-day professional and inter-professional practice. A key aspect of understanding the processes involved in recognition, responding and intervening and categorisation relates to understanding how shared terms are used. Burr (2003) suggested that words are widely used as if they refer to entities existing within the person described but in a social constructionist approach words are understood to refer to one person's behaviour towards another. Burr (2003) illustrated this point by reference to the word 'caring'- if caring is understood in terms of how one person behaves towards another, in the context of professional practice involving cases of neglect, it focuses attention on the parent-child relationship and how parents actively care for their children.

A social constructionist approach embraces the view that the language or terms used to talk about particular things or events produce mental pictures or images. These images are part of the process of constructing any social phenomenon (Grbich, 2007) and an integral part of the categorisation process. In the process of constructing cases of neglect the typical image helps child welfare professionals to know how to react to the situation they encounter (Loseke, 2003), since they cannot know or have direct experiences of all situations. One limitation of using typical images as part of the categorisation process is that

> "Categorisation requires us to see similarities among situations, conditions and people that are, objectively speaking, incredibly diverse" (Loseke, 2003, p.17)

Typical images can initially be helpful in new situations but, although the new situation may be similar in some respects to the typical image, it can be very different in other respects. A process of argumentation of category membership takes place when expectations based on the typical image and a newly encountered situation do not fit together (Juhila, 2003).

A variety of features are used during the categorisation process and these features may appear fixed once the category is allocated. However, during everyday practice they are dynamic and fluid. The categories and their membership can vary from culture to culture, person to person and professional to professional and decisions have to be made regarding which objects go in which category. The meaning does not reside in the object itself and is not inherent in people, conditions or experiences but meaning is given to the object by the people involved. For example, a hungry, ill-clothed and dirty child is understood as an 'objective condition' in that it is observable, but the meaning given to these observable features, and what sense is made of them, is not fixed but rather is culturally bound and time specific.

Child welfare professionals working in the area of safeguarding and child protection categorise children by reference to certain features and these features "evoke a multitude of predicates, activities and images that go together with them" (Hall, et al., 2003, p. 117). Understanding the processes involved in institutional categorisation is important as the different categories used will elicit different responses from child welfare professionals, since professional categories are embedded in institutional priorities and concerns and guided by definitions, policies and procedural guidelines. There are a limited number of institutional categories available to child welfare professionals; those available include a children protection category (Children Act 1989, section 47) or a child-in-need category (Children Act 1989, section 17) or no category at all. If a child protection category is allocated, further categorisation occurs and one of the four child protection categories will be allocated. To establish a category professionals need to be able to justify why they have allocated it (Makitalo, 2003) and, in order to justify action, information has to achieve the status of 'evidence' (Sarangi, 1998). Once a child has been allocated a child protection category they are made the subject of a 'child protection plan' which is subject to procedural guidance (HM Government, 2006).

In summary, a social constructionist approach encourages the examination of categories used to make sense of experiences, conditions and people (Loseke, 2003) and to explore how objects and people are categorised. During the process of considering the allocation of child protection categories, child welfare professionals draw on information about the child, the family and the social context relating to each particular case. Constructions can change over time and are influenced by the information available and the meaning professionals give to the information. The information they draw on has to be attributed the status of evidence if it is to be used to construct a child protection category. The child welfare professionals' constructs will be influenced not only by their colleagues, managers or supervisors but also by their own professional training, personal knowledge, attitudes and values (Horwath, 2007b). These interactions occur within the context of their legal duties and the organisational structures, combined with their knowledge of the resources available to them (Hallett, 1993).

4.3 *Research Design*

The proposal for this research grew out of an existing partnership between the University of Huddersfield and the Local Safeguarding Children Board (LSCB) within 'Rivervalley' Local Authority (LA). All the data collection was carried out within 'Rivervalley' and involved a range of service providers working within the geographical area covered by the local authority. The aim of the study was to understand and critically analyse the knowledge and practices of child welfare professionals in recognising, responding to and intervening in cases of child neglect.

The original research design included three elements which were selected to address the four research questions, which were:

1. *What are child welfare professionals' understandings of child neglect?*
2. *What, if any, are the inter-professional differences in how child welfare professionals understand and categorise cases as child neglect?*
3. *What are the features of cases categorised as child neglect?*
4. *How do child welfare professionals categorise cases as child neglect?*

The first element was the interviewing of a purposive sample of child welfare professionals in specific safeguarding and child protection roles within their own

organisations. The interviews were with child welfare professionals from a number of different professional backgrounds working in the NHS, education, Children's Social Care and the police (see section 4.5). The purpose of the interviews was to explore the child welfare professionals' understandings of neglect.

The second element of the research design was the documentary analysis of child protection cases conference minutes (referred to as the Minutes) and selected professional reports written by the child welfare professionals involved with the families who were the focus of the child protection case conferences (referred to as Conferences). The Minutes data was included in order to identify the particular features in cases which had been allocated the category of neglect (see section 4.6).

The third element of the research design included the observation of social workers' practice within the offices of the 'Rivervalley' initial response team and during a selection of Conferences. The Conferences to be observed were to be identified during the participant observation sessions in the initial response team offices and a case that appeared to be one which might be categorised as neglect followed through the assessment process to the child protection case conference. The field-notes recorded during the observation sessions were used to explore the process of how child welfare professionals categorised cases as neglect (see section 4.7).

The original study design, incorporating the three elements, was complex but aimed to gain an in-depth and nuanced insight into the child welfare professionals' understanding and practices regarding neglect. In order to achieve this and to identify multiple perspectives, data was sought from a range of child welfare professional groups using a range of different data sources. If the study had been designed around a single data source it would have provided a more limited perspective than the use of three data collection methods.

Although the data was collected within one local authority the data sets were independent of each other and were collected over or covered slightly different time periods. The data collection was intended to be undertaken concurrently but not involving related cases. The study was designed this way so that issues which arose

during the participant observation sessions could potentially be explored during the interviews with other child welfare professionals to gain another perspective.

This study focused on four child welfare professional groups who all have an important role in child welfare, safeguarding and child protection (DCSF, 2007). The child welfare professionals involved in the study all had safeguarding and child protection roles within their organisations and were the key professionals for ensuring effective safeguarding practice within their organisations, as stipulated in legislation and underpinned by procedures and standards at local and national levels.

Including four different child welfare professional groups, working in different organisations, made the study design unusual, since most studies on professional practice tend to focus on one specific professional group (Daniel, et al., 2011). Daniel, et al. (2011) only identified four multi-professional studies in their systematic review of studies which focused on professionals recognising and responding to child neglect. These four studies (Hansen, et al., 1997; Mitchell, et al., 1999; Paavilainen, et al., 2002; Cerezo and Pons-Salvador, 2004) had very different methodological approaches to the one used in this study. Two of the studies primarily focused on the referral system (Hansen, et al., 1997; Mitchell, et al., 1999) and the study by Cerezo and Pons-Salvador (2004) explored ways of improving the procedures for the detection of child maltreatment. The fourth study (Paavilainen, et al., 2002) involved a questionnaire survey for hospital staff which focused on their ability to identify child maltreatment (see the literature review).

Collecting data within the different organisations required separate negotiations for permission and access. These negotiations inevitably required time and were subject to delays and/or barriers which ultimately limited access and led to the research design being modified. Flick (2007) emphasised that the complexity of negotiating access should not be used as a reason for not accessing the different data sources whenever practical and viable. In this study it proved not to be viable to complete all aspects of the original design but a considerable amount of data was generated despite having to modify the research design. With hindsight, maybe the study design was overly ambitious to be completed in the time available.

There were three main modifications which had to be made to the original research design. The first modification related to the child welfare professional reports never being accessed, due to the delay in receiving the anonymised Minutes. The sample of Minutes was not available until late in 2010, and was needed before a selection could be made from the Minute where the category of neglect had been allocated. The reports would have been written from the child welfare professionals' particular professional perspective, in their own words, and would have provided rich data which would illustrate their understandings of neglect. It had been anticipated that the reports would contain detailed information about the individual child welfare professional's concerns regarding the children who had been allocated the category of neglect. The implication of not completing this part of the original plan was that some potentially rich data written by child welfare professionals was not accessed.

In the original study design, issues identified in the analysis of the data collected at the beginning of the study were going to be followed up during subsequent interviews or participant observation sessions. This was modified because the order of the data collection had to be changed due to delays in negotiating access to the site for the participant observation sessions. Although issues raised or identified during one interview could be explored during subsequent interviews there was no opportunity to explore issues identified during the participant observation sessions in more depth during any of the interviews. Consequently, the opportunities to probe and explore issues that were noticed during participant observation could not be followed up, thus restricting the opportunities to gain a more in-depth understanding of issues.

The third modification to the study design was not being able to follow individual cases during the participant observation sessions through the assessment process to a Conference, where the child protection category would be allocated. The inability to complete this stage was due to the delay in negotiating permission to commence the observation sessions. During the participant observation sessions the social workers talked about their decision making processes and the reasons why they would recommend particular cases to proceed to a Conference. If the Conferences had been observed, the interactions between the professionals and the actual decision making process around category allocation could have been observed. By not being able to follow cases through to the Conferences it was not

possible to know how the child welfare professionals actually interacted during the Conferences and how these interactions influenced the decisions made. Listening to the discussions during the Conference was likely to have revealed more about the similarities and differences between the child welfare professionals' perspectives than was available from reading the Minutes.

In summary, the length of time taken to negotiate permission for the data collection and access varied between organisations. A pragmatic approach had to be adopted regarding the order in which the data was collected, with data collection being initiated as soon as permission had been granted as it was initially unclear whether all the access negotiations would be successful within the timeframe available for the data collection. The data collected was used to address the research questions but if other data had also been available different interpretations might have been made and different conclusions drawn. In short, an even more detailed or more nuanced understanding of neglect might have been achieved.

4.4   *Documentation, Ethical Considerations and Negotiating Research Permission*

Prior to starting the data collection the necessary research documentation was developed, ethical approval sought and secured and negotiations within the different organisations were carried out for permission to collect data. Further negotiations were then instigated to secure access to the different participants and data sources.

4.4.1   Developing the documentation

The appropriate documentation was produced for collecting the data from the three elements of the study. The documentation produced included three different information sheets which are included in the appendices- the briefing Information sheet for all participants (appendix 4); the information sheet for the child welfare professional interviews (appendix 5); and the information sheet for the observation and recording of social work practice (appendix 6). An interview guide (appendix 2) was developed for the child welfare professional interviews. The topic guide was designed to answer research questions 1 and 2 about the child welfare professionals' understandings of neglect and to identify inter-professional differences and similarities in how they understood neglect and categorised cases of neglect.

Sufficient information needed to be provided to allow the participants to make an informed choice about whether they wished to participate, without providing so much information that it influenced their behaviour and 'talk' (Humphries and Martin, 2000). The information sheets provided contact details so the participants knew how to ask questions about the research and how to withdraw their contribution. However, no requests for further information or to withdraw data were received. Information about sources of support was also provided on the information sheets, in case the child welfare professionals were distressed as a consequence of having participated in either the interviews or the observation sessions.

Other documentation included letters of introduction seeking permission to carry out the research (appendix 9); letters inviting child welfare professionals to participate in the interviews (appendix 10).

4.4.2 Ethical considerations

The ethical principles of non-malifexperience (doing no harm), beneficence (balancing benefit and risks to participants), autonomy and justice (respecting the participants' rights and acting fairly towards them) (Marcellus, 2005), were considered at all stages of the study and underpinned all the documentation prepared (Robson, 2002).

Seeking informed consent from the participants was an important part of the process and various consent forms were developed to reflect the consent that was being sought. For the child welfare professional interviews the consent form (appendix 7) included permission to record the interviews. For the participant observation sessions permission was sought to observe their practice and make notes about what was seen and heard (appendix 8).

Both consent forms included permission to use anonymised quotes in the thesis and any future publications. Since the number of child welfare professionals in each organisation in specific safeguarding and child protection roles was small, careful consideration was given to how anonymity could be protected without de-contextualising the data.

Ethical approval was first sought internally from the Research Ethics Panel in the School of Human and Health Sciences, University of Huddersfield. Secondly, ethical

approval was sought externally from the National Health Service Research Ethics Committee (NHS REC). The applications to both these bodies included all the documentation which had been developed for the study. The NHS REC approval for the study was granted in November 2009.

Although there may be no immediate benefit to the child welfare professionals as a result of their participation, all participants were asked if they would like to receive a copy of the report which would be written for the LSCB once the study was completed.

4.4.3   Negotiating permission to carry out the research

All researchers are very dependent on the goodwill of the 'gatekeepers' within organisations for the ease of access and the extent of the access given (Lofland, et al., 2006). Formal and informal access issues can significantly influence the opportunities available to carry out any research but especially observational research.

After receiving NHS REC approval concurrent negotiations were begun for permission to carry out the research within the NHS, the police force and the Children and Young People's Directorate (CYPD) in 'Rivervalley' LA. Each of these organisations had separate procedures that were identified and followed in order to obtain permission to approach the identified child welfare professionals for interviews and permission to receive the professional reports associated with a sample of Minutes allocated the category of neglect. Permission to access the initial response team offices for the participant observation sessions was negotiated with the Group Director of CYPD. Concurrent negotiations were subsequently carried out with the gatekeepers within the three organisations identified, namely the NHS, the police service and within the CYPD in 'Rivervalley' LA.

The negotiations involved:

- Two separate NHS RandD offices which were approached for permission to approach child welfare professionals; one NHS RandD office provided permission to approach professionals within the Primary Care and Hospital Trusts and the other NHS RandD office provided permission to approach one professional within the Mental Health Trust.

- The regional Detective Chief Inspector (DCI) for Child and Public Protection Units (CPPU) was approached for permission to contact police officers in 'Rivervalley' Child Protection Unit (CPU) for interviews and to access the police reports associated with the Minutes (see appendix 10).

- The Group Director of the CYPD was approached for permission to approach the Heads of Services for three service areas within the CYPD. The Group Director of CYPD gave permission to approach child welfare professionals within two service areas: Learning Services and the Children's Trust. The Head of Services in these two service areas were approached and further negotiations for carrying out interviews were commenced. However, the Group Director initially gave permission in principle to approach child welfare professionals working in the service area of Children's Social Care but only agreed that I could actually approach them at a later date (for more details see section 5.5.4).

The participant observation sessions were to be carried out within Children's Social Care but permission to approach the Principal Officer and the social workers' team manager was initially withheld. The data collection period of this study coincided with a particularly sensitive period for many service providers but especially for the social workers whose practice I wanted to observe. In 2010 there were two events which impacted on the negotiations for access to the observation site. Firstly, there had been a large number of staff changes and, secondly, there had been the publication of a critical Ofsted report following an inspection in early 2010. Hayes and Delaney (2004) and Prosser (1995) both described situations where, as researchers, they had not been granted access to their chosen study location or were only given limited access. These studies highlighted that access can be an issue, especially for studies on potentially sensitive topics or in certain organisational settings. Prosser (1995) emphasised that limited access will impact on the research data, especially if "revealing multiple realities is important and this is undermined if access [to locations and data] is limited" (p. 7). Lofland, et al. (2006) highlighted the difficulties of access in complex organisations because of the multiple levels of negotiation involved before the researcher gained access to their chosen group or location. Access may be granted by senior managers in an organisation but this does not necessarily guarantee that front line staff will agree to participate. Permission was eventually

given by the Group Director of CYPD in mid July 2010 to start the negotiations for the observation sessions and negotiations were initiated with a series of team managers. The first two team managers approached were temporary post holders and it was not until the newly appointed permanent team manager was in post in October 2010 that permission was successfully negotiated to carry out the observation sessions.

Although the order of the data collection had to be modified and access to some data not achieved, permission was ultimately successfully negotiated to gather data within the three elements of the original study design. The next three sections focus on the three elements separately, highlighting the key features of each data collection method, the data collection process and a description of the sample.

4.5   *Interviews with Child Welfare Professionals*

Interviews are a common qualitative method of data collection (Robson, 2002) that can be applied to a variety of epistemological perspectives and are very flexible (Smith, 1995). Interviews are frequently used in research when the aim is to discover the ways in which the participants actively construct their social world (Morse and Field, 1996). As a social constructionist approach was used for this study, the interviews were seen as context dependent situations and staged interactions for a specific purpose. The interview data was therefore understood to represent a negotiated, co-construction of meaning between the researcher and participants during the interview process (Mishler, 1986; Baker, 2004; Abell, et al., 2006;).

When using a social constructionist approach the interview is understood as a 'speech event'. The interview process influences the data produced; the questions asked are a central part of the data and not simply an invitation to speak. When the interview is understood as a jointly constructed process, the approach and strategies used by the researcher and participant are understood as influencing the outcome of the whole interview. In interviews where people are making sense of and explaining their roles it is relevant not to question if they are telling the truth or not but to look at the accounts they give in order to identify the justifications given for their actions through the language used (May, 2001b). When talking about their professional role, participants may present a stable view and utilise frequently used terms and phrases

to explain their professional role, but equally participants may account for themselves and their practices in other ways (Travers, 2001).

Each interview carried out was different, due to the dynamics between the researcher and the participant, and this influenced the data collected. Smith (1995) suggests that the interviewer's role is to facilitate and guide rather than to control the process. However, the quality and relevance of the data collected is dependent on the questions asked and the researcher being able to keep the participants focused and engaged with the topic. The questions asked are influenced by the researcher's perspectives, assumptions and objectives (Burr, 2003). Likewise, the questions influence how, and as a member of which professional category, a participant speaks (Baker, 2004). The interview situation itself may affect what people say and how they say it, due to the staged nature of the situation. As well as co-creating knowledge with the researcher, the participants present themselves in particular ways, which makes interview data complex to understand (May, 2001b), especially if they are accounting for their views as a member of a profession and for the activities incumbent upon their specific role.

There are a myriad of potential issues which may arise during an interview, including the questions not being understood or being interpreted in an unintended way; choosing to give a biased account in order to create a particular impression; giving inaccurate information; or withholding information. Shenton (2004) suggested that following ethical practices when recruiting participants, such as explaining the nature of the research, what to expect and the processes involved, assists participants to engage in the interview process and helps to prevent issues from arising.

4.5.1 The sampling processes for the child welfare professionals interviews

The criterion for selecting the interview participants was that they were employed in specific safeguarding and child protection roles within their respective organisations. The numbers of child welfare professionals in specific safeguarding and child protection roles within each organisation was limited. The process involved in contacting the child welfare professionals and arranging the interviews was different for each organisation and has therefore been described separately. All the

professionals contacted worked in organisations which provided services across the geographical area covered by 'Rivervalley' LA.

4.5.2   The interview participants in the National Health Service

In the NHS, the health professionals in safeguarding and child protection roles were identified by their job titles, which included the use of the word 'named' in the job title (HM Government, 2010). For example, the 'named' doctor was responsible for doing medical examinations when requested by the social workers especially in cases of alleged physical and sexual abuse. The role of the 'named' health professionals involved managerial responsibilities such as developing, implementing and reviewing safeguarding practice across the organisation and its networks. These professionals provided professional safeguarding children advice and effective supervision for a range of professionals and staff within their own organisation, as well as facilitating multi-agency collaboration and being active members of multi-agency safeguarding groups (HM Government, 2010). Although they may have some direct contact with family members they do not routinely attend child protection case conferences.

'Named' health professionals working in three NHS Trusts, the Primary Care Trust, the Hospital Trust and the Mental Health Trust, were invited to participate in an interview. Across these three NHS Trusts, nine professionals were identified working in safeguarding and child protection roles. Within the Primary Care Trust there were three post holders in specific safeguarding and child protection roles: a nurse consultant for safeguarding and child protection and two 'named' nurses; all three were contacted and invited to participate in an interview but only one responded and was interviewed. Within the Hospital Trust, one 'named' nurse, two 'named' midwives and one 'named' doctor were identified and interviewed (see Table 4.1).

Table 4:1: Shows the number of child welfare professionals identified in specific safeguarding and child protection roles within the four organisations and working within Rivervalley LA and the number interviewed

	Number of child welfare professionals identified working in specific safeguarding and child protection roles (n=26)	Number of child welfare professionals interviewed (n=17)
NATIONAL HEALTH SERVICE		
Hospital Trust	4 + 1*	5
Primary Care Trust	3	1
Mental Health Trust	1	1
LOCAL AUTHORITY -Children and Young Persons Directorate		
Children's Social Care	2 (no permission)	0
The Children's Trust	7	4
Learning Services	1	1
EDUCATION SERVICE		
One Primary School	2	3 (one interview was a joint interview)
One Secondary School	2	0
POLICE		
Police officers in Child Protection Unit	3	2 (joint interview)
	26	17

Key: * A second doctor, who had until recently been a member of the LSCB in 'Rivervalley' LA was also interviewed

4.5.3 The interview participants in the Police Force

The Child Protection Unit (CPU) is a specialist police unit, staffed by specially selected and trained members of the police force, whose role is to "identify and act on child protection concerns, carry out criminal investigations and help to prevent harm" (DCSF, 2007, p.24). As well as child protection responsibilities and responsibility for investigating physical, sexual and emotional abuse (DCSF, 2007), the unit is involved in victim support and support for those surviving trauma after rape. The CPU was headed by a Detective Inspector (DI) and included two Detective Sergeants (DS) as well as a number of Detective Constables and clerical staff.

Prior to contacting any police officers in the CPU in 'Rivervalley' LA, permission was sought from the regional Detective Chief Inspector (DCI). Once permission was given by the regional DCI for this element of the study, I contacted the DI in the CPU to arrange an interview. An interview was arranged with the DI police officer in

charge of the unit in September 2010. I had planned to interview the DI first and then one of the DSs at a later date. However, when I arrived to carry out the interview with the DI, one of the DSs was also there and the two police officers said they would prefer to do a joint interview.

4.5.4 The interview participants in the Children and Young People's Directorate

Following the implementation of The Children Act 2004 in 2006, Social Services departments were merged with educational services into one Directorate called the Children and Young People's Directorate (CYPD). Initial contact was made with the Group Director for the CYPD, who had overall responsibility for five service areas within the local authority and who gave 'organisational permission' for the research to be carried out within the local authority.

Permission to carry out the research was sought from the individual Heads of Service for three of the five service areas; namely the Head of Services for Children's Social Care, the Children's Trust and Learning Services, as these were the service areas where the safeguarding and child protection professionals were employed.

The Head of Service for Children's Social Care was contacted for permission to approach the Principal Officer and the initial response team manager for interviews and to carry out the participant observation within the offices of the initial response team. The initial approach was in early 2010 but due to several changes in personnel a final decision was not taken until October 2010. A new (permanent) team manager was appointed in October 2010 and at this point permission was given to approach professionals for interviews and for the participant observation element of the research. Permission was granted to start the participant observation sessions in early November. All the participant observations sessions had to be carried out during November and December 2010 as this was the end of my data collection period. During this period I was not able to arrange an interview with the Principal Officer or the team manager but I did have several conversations with them in the offices of the initial response team, which were included in the field notes.

The Safeguarding Consultant for Learning Services, who was Head of the Learning Services, agreed to participate in an interview. As Head of Learning Services this participant was able to provide an overview of safeguarding and child protection with the focus on education and schools within the Local Authority.

Within 'Rivervalley' LA there were 72 junior schools, 14 secondary schools, 4 independent schools and 5 special schools. The Children Act 2004 provided schools with increased autonomy and each school has their own designated person with responsibility for safeguarding and child protection within the school. The 'designated' person is often the head teacher or a deputy head in larger schools. The assistance of the Head of Learning Service was sought to identify one junior and one senior school that I could approach to interview the 'designated' staff. Schools were identified that had catchment areas which included a cross section of socio-economic groups within the local authority. I did not want to focus on schools with catchment areas that drew pupils exclusively from the three areas of high deprivation within the local authority or from schools in particularly affluent areas.

The head teacher and learning mentors in the selected junior school were approached and invited to participate in an interview. The school selected was a community junior school with approximately 260 pupils aged 4-11 years. The head teacher and two learning mentors agreed to be interviewed. The head teacher was the 'designated' teacher in the school and the learning mentors had day to day contact with the children. The learning mentors said they would like a joint interview because of their work schedules and the timing of the interview.

The senior school selected was a voluntary aided, co-educational comprehensive school with approximately 780 pupils ranging from 11-18 years of age. The designated teacher was one of several deputy heads within the school but several attempts to make contact, via email and telephone calls, failed to secure an interview. Had this interview been secured a second interview with one of the learning mentors within the school would have been sought.

Although four interviews were secured with professionals in specific roles within education, there was no way of establishing whether this was a representative

purposive sample of teachers working in other schools within the local authority. Although a perceived strength of the research design was to include professionals from different organisations, a limitation of this design is that the number of professionals working in education services was small relative to the number of schools in the area. Also, no interviews were carried out with education professionals working in senior schools and it was anticipated that their perspective would be different to those of education professionals working in junior schools.

When arranging the interviews I had not anticipated that the two learning mentors in the junior school would wish to be interviewed together, nor had I anticipated the two police officers would choose to be interviewed together. Doing a joint interview could have influenced the data collected in a number of ways, since being interviewed together may have influenced the views that each participant expressed. The participants may have been more inhibited with a colleague present or, alternatively, listening to what their colleague said might have triggered contributions that they might not have voiced had they been interviewed alone.

The Head of Services for the Children's Trust gave permission to interview child welfare professionals working within the Safeguarding and Reviewing Unit (SRU). The activities of the SRU included specific safeguarding and child protection responsibilities, such as supporting the work of the LSCB, booking and arranging child protection case conferences and receiving the child welfare professional reports. The Manager of the SRU had been involved in the existing collaboration between the LSCB and the University of Huddersfield. The Safeguarding Manager was a member of the LSCB and worked closely with the Independent Chairperson for the LSCB and both agreed to be interviewed. The Independent Reviewing Officers (IROs) who chaired the child protection case conferences and review conferences were part of the SRU. There were four IROs employed by the local authority and all four were invited to participate in interviews. However, only one IRO responded to the requests for an interview. In total, seven professionals were identified within the SRU and invited to participate in interviews. Of these seven, only four professionals agreed to take part in an interview, namely the Manager, the Independent Chair of the LSCB, one of the four IROs and the Multi-Agency Trainer.

The Multi-Agency Trainer was invited for an interview since they were the lead professional for multi-agency training around child neglect. The LSCB had identified a need for more multi-agency training around child neglect and a number of training days had been arranged and facilitated by the multi-agency trainer. A new LA strategy on neglect was being developed during the data collection period and was launched in October 2012.

In summary, a total of seventeen child welfare professionals were interviewed (see Table 4.1). The interviews took place between February and December 2010. Prior to each interview the participants were given information about the study and asked to sign a consent form. The participants were given the choice of where they would like the interview to be held; approximately half chose their work place and the others came to the University of Huddersfield. The interviews were scheduled to last one hour but the range was 45 minutes to 80 minutes. Interviews only lasted longer than 60 minutes with the participants' agreement. All the interviews were audio recorded and later transcribed prior to being analysed.

The approach used for the analysis of the interview transcripts is discussed in Chapter 5.

4.6 *Documentary Analysis of Child Protection Case Conference Minutes*

When gathering documents it is important to know how they are produced and for what purpose. as well as how they function and how they are used in social settings, as this has implications for how the data is interpreted and understood (Prior, 2003). A potential limitation of documentary data is that they are produced for purposes other than research and, although sufficient for the purpose they are produced for, they may contain limited details or be unclear to the researcher, who has no possibility of clarifying particular details. One of the strengths of documentary data is that they are permanent and can be revisited.

Minutes, such as the child protection case conference minutes, are a feature of all bureaucratic organisations and provide a specific type of record of events and information that is used for the purposes of audit and review. The Minutes provide an institutional record of the information shared during the Conference but, alone,

provide a précis of what was discussed during the Conferences not a verbatim account. The information in the Minutes therefore provides a partial insight into the processes involved in case construction (Floersch, 2000). Child protection case conference minutes are considered private documents (Flick, 2009), with access restricted to those professionals and family members involved with the children who are the focus of the Conference. Hayes and Devaney (2004), whose research involved accessing social work files, said that social work files and similar data sources are an important resource that is becoming increasingly difficult to access, especially if they contain personal identifying information. The Data Protection Act 1998 was introduced to balance the benefits of sharing information with the need to protect the privacy of the individual but, since its introduction, accessing data containing personal details or potentially sensitive information has been increasingly regulated.

The Minutes are official documents that summarise organisationally important information discussed during a Conference and do provide an institutional record of the key features used to justify the decision made and the category allocated.

4.6.1 The sample of child protection case conference minutes

The original research proposal included accessing a consecutive sample of between 50 and 60 Minutes from Conferences held over a six months period. This calculation was based on an average of eight to ten Conferences being held each month. The original design also included accessing a smaller sample of child welfare professionals' reports, written by the child welfare professionals involved with the family, which are submitted prior to the Conference.

The research was designed to collect and analyse a consecutive sample of Minutes. The sample therefore included children who had been allocated to all four child protection categories, including physical, sexual and emotional abuse and not only neglect. This decision was based on the understanding that such a sample would facilitate the identification of the features which were unique to those cases categorised as neglect, by comparing the features with those recorded in Minutes allocated other categories.

Although the information recorded in the Minutes follows a standardised format (see appendix 12) there were several minute takers involved in producing the Minutes,

which could have influenced the amount of information recorded. Another influence on what is recorded in the Minutes is the knowledge that the parent(s) receive a copy of the Minutes. The presentation of information appeared to be in 'neutral' terms and avoided using any judgemental comments or appearing to apportion blame. Understanding the information recorded in the Minutes therefore required some interpretation.

Access to the Minutes was negotiated with the Group Director of CYPD and also the Manager of the SRU, who sought permission on my behalf from the members of the LSCB. Permission to access a sample of Minutes was received from both the Group Director of CYPF and the LSCB in December 2009. The Minutes were to be anonymised by a member of the administrative staff in the Safeguarding Unit prior to them being made available to me.

The final sample comprised of 30 consecutive Minutes from Conferences held between the 14th December 2009 and 14th May 2010. This particular time frame was determined by the bureaucratic processes within the SRU. The Minutes had to be finalised before they could be anonymised and the finalisation process was only completed several months after the date the Conference was held. The Minutes that were anonymised were the most recently finalised Minutes that were available during the data collection period. The final sample size was smaller than originally planned, due to logistical issues within the SRU, and this had implications for the comprehensiveness of the data and, possibly, the quality of the data, due to the smaller sample size (Munro, et al, 2005).

The original research design included accessing the child welfare professional reports but this was not achieved due to the delay in receiving the anonymised Minutes. The professional reports were going to be selected from a sample of the Minutes where the category of neglect had been allocated. Not being able to access the reports limited the availability of a potentially valuable source of data for analysis, written in their own words, by the child welfare professionals involved with the children and their families.

The approach used for the analysis of the Minutes has been described in Chapter 5.

4.7 *Participant Observation in the Initial Response Team Offices*

The participant observation sessions were carried out in the initial response team offices within 'Rivervalley' LA, during November and December 2010. During the 18 participant observation sessions (see Table 4.3 section 4.7.3) the everyday practices of the members of the initial response social work team were observed and their everyday talk was listened to and recorded in the field notes. The aim was to observe what they did and said within the context of their offices, in order to understand the decision making process and how cases were categorised as neglect.

Observational research draws on an ethnographic approach (Guba and Lincoln, 1989; Savage, 2006; Willis, et al., 2007) which involves

> "the study of people in their naturally occurring setting or 'field' by methods of data collection which capture their social meanings and ordinary activities, involving the researcher participating directly in the setting, if not also the activities, in order to collect data in a systematic way" (Brewer, 2000, p. 6).

This emphasis on the natural setting and capturing social meanings is consistent with a social constructionist approach which is concerned with the interactions between people and understanding how these interactions lead to certain actions. The participant observation research took place in an environment which was uncontrolled by the researcher. The aim of participant observational research is to describe the events that take place, to detect patterns of interactions and speech (Forsythe, 1999).

The participant observation sessions involved spending time in the offices of the initial response team as a participant observer. Participant observation has been defined as

> "A social interaction between the researcher and those being observed in the milieu of the latter, during which data are systematically collected" (Taylor and Bogdan, 1998, p. 24)

This definition, by emphasising the social interaction between the researcher and those being observed, complements the social constructionist approach. A social

constructionist approach considers the researcher to be involved in and a formative part of the process (White, et al., 2009). This approach emphasises that everything heard, seen or perceived is constructed and interpreted by the researcher. The accounts produced as a result of participant observation are 'constructions' and, as such, reflect assumptions and the specific context where they were produced.

Atkinson and Hammersley (1994) and Baszanger and Dodier (2004) identified a number of features that they considered to be essential for research using an ethnographic approach. Firstly, there should be a strong emphasis on exploring the nature of a particular social phenomenon which can only be studied by empirical observation. By direct observation it is possible to gain a better understanding of behaviour and actions and to look at and notice routine events that may escape the consciousness of the participants. Secondly, the researcher needs to be open to new data which they had not anticipated and have the ability to work with unstructured data which cannot be coded at the point of collection. Thirdly, the research site needs to be located within its broader context. Fourthly, the analysis of the data should involve detailed, contextual accounts of the social processes and explicit interpretations of the meanings and functions of the participants' actions.

Klein and Myers (1999) highlight numerous pitfalls that might be encountered during participatory research. One concern is that the researcher becomes immersed in the study or, if they are an 'insider', they lack objectivity, which impedes their role in identifying and problematising things that 'insiders' take for granted (Forsythe, 1999), sometimes referred to as tacit knowledge. It was therefore important to maintain a balance between being involved and being able to reflect on events. The quality of the data also depends upon how well those being observed accept being observed. The participant observation sessions in this study could have been seen as an intrusion into the social workers' usually private work place, at a challenging and critical time for the local authority, which may have impacted on the data collected.

Participant observation is limited to a specific point in time and it is impossible to know exactly what went before or what will happen after the observation has been completed (Gomm, 2008). Of the many events that occur in any setting, only some of them will be captured by the researcher. The choices made about the timing of the participant observation sessions means that certain events will be observed and not

others and, while there are no right or wrong choices, there has to be recognition that different choices may have led to different outcomes. The field notes from participant observation sessions are inevitably selective, as certain events that seemed significant are recorded and other events that did not seem significant at the time are ignored. Selectivity and interpretation occur at all stages of the process of gathering ethnographic data, from writing the field notes to analysing the data in a systematic way (Forsythe, 1999). Stevens and Hassett (2007) also argue that there are potentially many interactions occurring in a complex organisational setting, some of which the observer is likely to be unaware of.

The participant observation sessions focused on the everyday activities of the initial response team, in order to reveal meaning and the different kinds of evidence that underpin practices (Savage, 2006). In order to capture social meanings the observation also included talking to the professionals being observed about what they were doing, saying and thinking, in order to understand their world. During the participant observation sessions I listened to and wrote down the social workers' part of telephone conversations. I was aware that, when I was writing field notes, the information recorded was partial (only half of the conversation), so information may have been lost or meaning altered. Sometimes information was paraphrased (especially when the social worker was talking for an extended period of time). What they said was not taken at face value but was recorded and treated as data, which was then analysed in order to understand how the work of categorisation was achieved.

There are three main influences which shape this 'window of observation', namely the time, the place and the people involved (Gomm, 2008). The researcher cannot know how and in what way the sessions observed are representative of the sessions not observed. These three influences are considered in more detail, along with their impact on the participant observation process and the data collected.

4.7.1 The time and timing of the research

All data collected is 'a snapshot' of a particular point in time and is therefore limited and potentially incomplete (Gomm, 2008). The data collection period for this study coincided with a national period of considerable turmoil, debate and criticism of professional practice, policies and child protection systems at the national level

(Parton and Berridge, 2011). Locally, it was also a challenging period for the initial response team in 'Rivervalley' (see section 4.4.3).

In the original study design the observation sessions were planned for 2-3 hour sessions, followed by some time writing up my field notes. However, during the first observation sessions full days were spent observing the flow of activities during the working day. The days had a natural rhythm with some busy phases in the mornings, when new referrals were received and quiet periods in the afternoons when the social workers were writing reports. Having initially spent some full days in the offices, I felt this led to the expectation I would continue doing full days and so the plan was changed. Lofland, et al. (2006) suggested that in order to appear to be one of them it is necessary to make the transition from 'outsider' to 'insider'. Staying for full days was part of my transition towards being more of an 'insider'. Making this transition felt as if it was an important part of the process of understanding the situation from the point of view of those involved and 'sharing' their working life (Travers, 2001). I used the quiet times to write additional notes, in particular writing more details into the notes I had taken earlier, and to begin the process of reflecting on and questioning what I was observing.

As a researcher I wanted to feel I had become an 'insider' and an accepted member of the office and be involved in conversations and events as they occurred. However, on the other hand, I knew I would always be an 'outsider' since I was not a social worker and I accepted that there were aspects of their role I was unaware of. The tension between the two positions was recognised as a positive aspect of being a researcher doing participant observation; the absence of any conflict would suggest either total distance or total involvement in the observation environment, neither of which are desirable (Lofland, et al., 2006).

4.7.2 The influence of the research and the researcher

Silverman (2006) suggests that there is no such thing as a neutral observer as each observer has their own professional background and personal values that they bring to the research. Many of these influences are unalterable variables which are hard to disguise and their impact is hard to identify and measure (Silverman, 2006). The same characteristics in those being interviewed and observed will influence how they respond to the researcher (see reflection on the data collection in section 5.5).

Atkinson and Hammersley (1994) described four problematic features regarding the observer's identity; the first of which is whether the researcher is known to be a researcher by all those being studied or by some or none, as this has implications for the data collected. Covert observation was not considered for this research as it had implications for gaining informed consent. The adoption of an overt role gave the professionals being observed a choice about their participation and the chance to say if they did not want something included in the data collection. Overt observation in a setting which I knew very little about, and where I also knew none of the professionals I was observing, was an advantage because they did not assume I knew anything and were willing to explain things to me.

Atkinson and Hammersley's (1994) second consideration was how much and what is known about the research and by whom. This question was partly addressed by producing written information in the form of a briefing sheet (Appendix 4) which explained the background and the study methods and was distributed to everyone who was interested or involved in the study, particularly the gatekeepers and participants. The information sheets were designed to give sufficient detail to enable people to make an informed choice about whether or not they wanted to participate in the study. Atkinson and Hammersley's (1994) third consideration focused on the activities the researcher engages in during the fieldwork and how this locates the researcher in relation to various conceptions of group membership. I introduced myself as a PhD student and all my activities were confined to data collection and were limited to the data collection methods described in the research proposal.

Atkinson and Hammersley's (1994) fourth consideration is around the orientation of the researcher and how completely the role of insider or outsider is adopted. I wanted to be involved enough to be able to see what was done and said by who but not so involved that I was unable to step back and pose the necessary questions about what was happening. Gold's (1958) fourfold typology of observers moves from "complete observer", via "observer as participant" and "participant as observer" to "complete participant" (Gold, 1958, cited by Robson, 2002; May, 2001c). I rejected the position of being a 'complete observer' as this ran the risk of the data being interpreted from my personal perspective and not representing the perspective of those being observed. Lofland et al. (2006) suggested the 'complete observer' risks failing to gather meaningful data. Equally, it was impossible for me to be a "complete

participant" since I was not a qualified social worker. I adopted the position of "participant as observer" as my role as a researcher was known to everyone and I was able to interact and explore any events observed with the professionals involved. With increased interaction between researcher and those being observed there is an increased risk of the researcher developing ties of loyalty and commitment to those they are observing, which might influence how the data is reported. Although the data collection was done over such a short period of time, it was an intense experience. Reporting the data fairly but critically is essential, as is achieving this without creating a situation that makes it impossible for future researchers to negotiate access.

4.7.3 Participant observation of social workers' practice

Observing the social workers' everyday practice was seen as important for understanding the social workers' decision making processes when receiving and assessing referrals involving cases of potential neglect. By observing the processes of receiving referrals and assessment it was envisaged that professionals' practice involving cases of potential neglect would be better understood. By observing professionals' practices and interpreting their 'talk' and 'actions' it would be possible to explore what enabled them to achieve their work of categorisation (Hall, et al., 2006a). Obviously, not all the referrals were for potential neglect but it was assumed that a large proportion of the referrals would be for neglect, since neglect accounted for up to 66% of cases allocated a child protection category. The participant observation was limited to the social workers' office based practices and did not include any client-social worker contacts.

The process of negotiating permission to carry out the participant observation in the offices of the 'Rivervalley' initial response team took several months. However, once the permanent team manager was in post, I secured an invitation to attend a routine weekly team meeting with the initial response team to explain the research and address any concerns or questions they had about their participation. No concerns were raised at the meeting and a date was agreed for starting the observation sessions in November 2010. All the sessions were completed by the end of December 2010.

On the morning of the first observation session my orientation to the department involved meeting the team manager and being introduced to several social workers and shown where I could sit while carrying out my observations. The schedule shows when and where the observation sessions were carried out (Table 4.2).

Table 4:2: Showing the days and location of the 18 observation sessions in the offices of the initial response team in 'Rivervalley' Local Authority

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1	1 DR	2 FR		3 FR	4 DR am
2	5 FR am		6 FR		7 FR
3	8 R	9 FR			10 FR
4					
5		11 FR		12 FR	13 FR pm
6				14 FR	15 FR
7		16 FR	17 FR pm	18 FR/ M am	

KEY: 1 to 18- Number allocated to individual observation session; DR- Duty Room; FR- Initial response social work office; R- Reception office, combined with MAS office; M- Meeting with Head of Services; am or pm- indicate much shorter periods of observation, either morning or afternoon.

The participant observation sessions were mostly in the initial response team office as there was always a free space to sit in that office. There were no free spaces in the Duty Room, following the recruitment of two additional agency social workers during November. Although I was sitting in the particular offices on the days specified in Table 4.2, I was free to move from office to office and speak with all the members of the team when and if appropriate.

I attended four Friday morning staff meetings as organisational issues and professional concerns were discussed during these meetings.

There are four offices in the department; they were the front-office, the duty room, the initial response team office and the team manager's office. Observations were carried out in the first three offices only. The front-office staff were the first point of contact for members of the public and partner agencies when they rang or called in to see someone. The telephone calls were received by the front-office staff and the

front-office staff and they either sign-posted callers to other services and departments or took messages for the duty room or, sometimes, for the initial response team office social workers. The second office was the duty room where there was seating for 5 people at individual desks and it was here that all new contacts were received and a decision was made about whether the new contact was accepted as a referral. There were 15 individual desks for team members in the initial response office. Eighteen of the professionals (social workers, administration staff and support workers) observed during the observation sessions were women and four were men. In the initial response team there were four newly qualified social workers, social workers who had been qualified for many years but had until recently worked in other areas of social work, and several social workers who had worked in these offices for the past five years. At the beginning of the observation sessions four of the social workers were agency staff and this increased to six during the two month observation period.

During each observation session as many telephone calls and office conversations were listened to as possible and recorded in the field notes. There was no attempt to be selective about the data collected at this stage of the process. When not in the offices, time was spent writing up my field notes and reflecting on the data collection process. The data from the participant observation sessions was primarily used to address the research question about how child welfare professionals categorise cases as child neglect. The field notes were transcribed prior to being analysed and the approach to the analysis is discussed in Chapter 5.

4.8 *Chapter Summary*

The use of a social constructionist approach for the research, and the specific way of viewing the world using this approach and how this subsequently influenced the study design and data collection has been discussed. A social constructionist approach was chosen based on the premise that social reality is something people construct together (Juhila, 2003). The focus of the research was on how child welfare professionals understand neglect and how, through their interactions with parents and their children and other professionals, they construct and categorise cases of neglect. The research design, utilising three data collection methods and a range of child welfare professionals, was an unusual design and considered to be a

particular strength of the research, as together these elements provided rich and varied data. Utilising several methods increases the quality and depth of understanding about the phenomenon being studied.

These three methods of data collection have been described separately and the numerous steps involved in negotiating permission and access to the data described. The interviews, with a purposive sample of 17 child welfare professionals working in different child protection and safeguarding roles, were selected to explore their understandings of neglect but also the features they use to justify and account for their professional activities (Blaikie, 2000). The Minutes provided an official institutional account of the discussions during child protection case conferences and were analysed to identify the particular features used when the category of neglect was allocated. The participant observation sessions facilitated the collection of data on 'naturally occurring' talk in the work place, in order to understand the process involved in making sense of referrals.

Collecting data using several methods was challenging to implement but one method alone would have only captured a part of the complexity (Flick, 2007). Despite having to modify the initial research design and not completing all the planned data collection, some data was gathered from all three elements of the research design. Chapter 5 presents the approaches used for the analysis of data and how the themes were identified. A thematic analysis approach (Braun and Clarke, 2006) was used for the interview and observation data. A different approach was used for the analysis of child protection case conference minutes, which involved using enumerative and thematic content analysis (Robson, 2002). The themes from the analysis are presented in Chapters 6, 7 and 8 and used to address the research questions in Chapter 9.

5   The Approach to Data Analysis

5.1 *Introduction*

Gathering three different types of data using three different methods offers rich yet complex material that could potentially present analytical and interpretive challenges, especially where there are substantial divergences between accounts of the same phenomenon (Ribbens McCarthy, et al., 2003). However, a social constructionist approach, being a relativist approach, embraces the possibility of multiple perspectives of any particular phenomenon.

The data from the three elements of the study - the child welfare professional interviews, the child protection case conference minutes and the observation of social work professional practice - were initially analysed separately. This was done so the data in each data set could be understood prior to looking for similarities or differences across the data sets. A thematic analysis (Braun and Clarke, 2006; Grbich, 2007) was used for the interview and field notes transcripts since a thematic analysis was considered compatible with a social constructionist approach. A social constructionist approach to thematic analysis

> "examines the ways in which events, meanings and experiences are the effects of a range of discourses operating within society" (Braun and Clarke, 2006, p. 81)

These discourses are understood to be influenced by the social context within which they occur.

A different approach was chosen for the analysis of the Minutes data, since they were a summary of the Conference discussions rather than a verbatim account and they did not contain sufficient detail to code and identify themes using the same methods as employed with the interview and field note transcripts. A content analysis approach, which included the analysis of enumerative data as well as the identification of themes, was used (Robson, 2002;Grbich, 2007) . The 12 risk assessment criteria identified by Paton et al. (1997) were used as a 'frame' to guide the thematic analysis of the qualitative data in the Minutes.

These two different elements of data analysis are discussed in more detail in the next two sections.

5.2 *Thematic Analysis of the Interview and Field Notes Transcripts*

The audio tapes from the interviews and the handwritten field notes from the participant observation sessions were first transcribed in preparation for analysis.

The first interview was carried out and audio-recorded in March 2010. I transcribed this audio tape and found that during the process of transcribing I became very familiar with the content and close to the data (Benford and Standen, 2011). I subsequently transcribed the next two audio-tapes but, unfortunately, I was unable to continue with the transcribing as I developed a physical problem with my arms. The rest of the audio-tapes were transcribed by a professional typist who had signed a confidentiality agreement. The transcripts produced by me and by the typist were verbatim transcriptions of the audio tapes, even if the text appeared disjointed at times. Kvale (1996) has been critical of working with transcribed interview data since the transcript represents a change in medium from the spoken word to written text and the transcribing process can lead to the data being altered.

In order to minimise any alterations to the meaning of the data detailed transcripts, including pauses, emphasis, hesitations and speech overlaps, were produced; these transcripts were carefully checked by listening to the recordings whilst simultaneously reading the transcripts. However, in the excerpts included in the thesis I have edited some of the background 'umms' that I made whilst the participant was talking, in order to provide a less fragmented account. Once an interview transcript had been transcribed it was read and checked against the raw data for accuracy. By listening to each audio tape several times whilst reading the transcript I became familiar with the content in a way that would not have been achieved by reading alone. Familiarity with the content of the interviews facilitated the identification of the subtleties in what the participants said.

The field notes were transcribed as soon as possible after each observation session, usually on the same day. The field notes included the conversation listened to during the participant observation sessions, some of which was written down verbatim, especially the social worker's half of telephone conversations. Other field notes were

summaries of conversations, especially in relation to office conversations when two social workers were talking together and I could hear the whole conversation.. The clients' part of the conversations were never heard and therefore not recorded. The field notes also included my personal observations and additional notes made whilst I was either transcribing or reflecting on the events I was observing and on the participant observation process.

The interview and field notes transcripts were anonymised in order to protect the identity of the child welfare professionals and also the children and their families. Each participant was identified by a number and by their professional background. Retaining the participants' professional backgrounds in the data posed a dilemma, particularly with the interviews , since there were so few child welfare professionals employed in specific safeguarding and child protection roles within the four professional groups involved in the study. However, the decision was taken to retain the child welfare professionals' background when presenting the data, as this appeared to be necessary to identify inter- and intra-professional differences and to retain the meaning of the information presented.

The analysis of each interview transcript was started as soon as it was available, with each transcript analysed separately. The texts were re-read several times in order for me to become familiar with them (Braun and Clarke, 2006). The process of re-reading facilitated the identification of recurring themes and ideas, co-occurring words and repetition, as well as unusual events or accounts which are particularly striking. This inductive approach to the analysis was used to ensure that any themes identified came directly from the data. Some similarities and repetition were to be expected since the child welfare professionals used the same policy and guidance documents. The analysis also included looking for topics which the child welfare professionals had not talked about and were therefore potentially 'missing data'. Equally, topics were looked for that were specifically emphasised or expressed emphatically since this potentially highlighted topics of particular significance to the participants.

During the initial process of re-reading, key words or phrases which captured the essence of a sentence or paragraph were written in the margins of the transcript.. Meanings and understandings were not necessarily obvious and required a degree

of familiarity with the transcripts. The next stage of the analysis process was line-by-line coding of the data, prior to beginning to identify themes and patterns (Braun and Clarke, 2006). After each transcript had been coded the codes were looked at and checked for meaning. The codes identified during the analysis covered a wide range of topics; where the line-by-line codes appeared to be similar they were checked and compared and, where appropriate, the codes were combined. The same process was used as each new transcript was coded to check that the codes were being applied consistently across all the transcripts.

Having identified the codes, especially those codes that were repeated or re-occurred in one transcript or across several transcripts, the next stage was to gather together all the sections of text, from all the transcripts, which corresponded to the same code. Guba (1978) and Bogdan and Taylor (1975) describe grouping codes as a frequently used method for identifying themes. If there appeared to be a number of linked codes they were grouped together into an overarching theme which broadly encompassed the diversity of meanings represented by the codes. For example, codes on the topic of children's safety seemed similar but in fact the codes referred to very different situations and concepts and needed to be arranged in a hierarchy of codes. For example, several codes referred to children not being safe due to the risk of accidents, as a consequence of the house being untidy or the children being unsupervised. Another group of codes involved children not being safe due to the risks posed by adults identified as being 'a risk to children'; this code was divided into 'risk of harm from relatives' and 'risk of harm from unrelated adults'. Other codes about safety related to children not being safe because the parents were not following professional advice.

An *a priori* approach was also used to identify themes and interpret the data. Based on my professional training and experience, and also having read extensively prior to writing the literature review, I had some specific ideas about themes which might be found in the data. My prior knowledge about neglect had aided the production of the interview topic guide and inevitably influenced what I saw as significant when reading the transcripts. Also, some themes were specifically looked for within the data sets. The literature on neglect highlighted certain areas of practice that professionals found challenging so the transcripts were read with these in mind to

see if these challenges were also identifiable in this research. For example, the theme of emotional neglect was specifically searched for.

Based on my previous knowledge of professional practices, variability was looked for within and between texts and was especially anticipated in the interview transcripts since the interview participants were from different professional backgrounds and work environments. Silverman (2006) uses the term 'deviant cases' to refer to examples that were different to the collective character in intra-professional groups. In contrast, in this study, any inter- or intra- professional differences were understood as alternative professional perspectives that would potentially contribute to an increased understanding of neglect.

When reading the transcripts I was keen to identify similarities and differences between the transcripts. I also noted a number of metaphors in the data and these were also included in the analysis. Some of these metaphors only appeared once in the data and others were used by a number of the child welfare professionals, such as the word "build" which was used by a number of professionals, though not always in the same way.

In summary, during the analysis of the interview and field note transcripts the objective was not uncovering the views of the professionals but identifying the patterns of talk they used in practice (Robson, 2002); these patterns arose from their attempts to make sense of the array of features used to construct potential cases of neglect.

5.3   *Analysis of the Child Protection Case Conference Minutes*

Both enumerative analysis and the identification of themes were used for the analysis of the Minutes data. Numerical data were used to describe some aspects of the sample but it is acknowledged that these data are the product of social processes and therefore understood to be socially constructed. The enumerative data describe the sample in terms of the number of each child protection category allocated and the number of children made the subject of child protection plans (see section 6.2). The ages and gender of the children who were made the subject of a child protection plan were also analysed (see section 6.5) and discussed in relation

to the professionals' use of the term neglect. The number of different child welfare professionals who attended the child protection case conferences was also analysed (see section 8.6.3).

The thematic content analysis involved reading and re-reading each set of Minutes to identify any recurring use of particular words, phrases or terms and to become familiar with the text prior to mapping the data against the 12 risk assessment criteria identified by Parton, et al. (1997; see Table 5.1). Parton et al. (1997) identified 12 risk criteria which were present in the majority of the social work case files analysed in their study. In this study these12 risk assessment criteria were modified for the analysis of the Minutes to reflect the information recorded within the Minutes. For example, Parton, et al., (1997) identified the "reaction of others" as one of the risk assessment features in their study; this information was not available in the Minutes so 'Reasons for the Conference' was substituted instead. The stated 'Reasons for the Conference' provide an indication of the child welfare professionals' concerns which had led to the Conference being arranged and they are included in the standardised format for the Minutes (appendix 13).

Parton, et al. (1997) noted that the social workers in their study sought the views of "other state agents" but this exact data was not available in the Minutes and was substituted for the child welfare professionals attending the Conferences. The analysis identified which child welfare professionals were invited to and who attended each Conference, to see if there were any particular patterns. The child welfare professionals attending the Conferences would have been routinely asked by the Conference chairperson for their professional perspective on the case and these perspectives were frequently recorded in the Minutes.

Parton, et al. (1997) referred to the behaviour of the child as one of the 12 risk assessment criteria and the Minutes contained information about other aspects of the child, in addition to their behaviour. Therefore, the heading "features relating to the child" has been used to reflect the information available in the Minutes.

Table 5:1: The 12 risk assessment criteria identified by Parton et al., (1997) mapped against the features identified in the child protection case conference minutes and the themes identified during the analysis

The 12 risk assessment criteria identified by Parton, et al. (1997) in social work case notes	The features identified in the sample of Minutes and used in the analysis of the Minutes data	The themes identified during the content analysis of the Minutes
1. Reaction of others	Reason for the Conference	Reason for the Conference (section 6.2) Significance of previous neglect (section 7.5.2)
2. Seeking the views of other state agents	Analysis of child welfare professionals invited to and attending the Conferences	Variable attendance across professional groups (section 8.7.5) Similar/different attendance pattern for neglect and other forms of child maltreatment
3. The child's behaviour	Features relating to the child/children	Normative Behaviour, changes and interpreting behaviour(section 7.2) The child as a participant (section 7.3)
4. The role of partner and/or carer 5. Supervision of the children 6. Reaction of parents to investigations 7. Distribution of the roles and responsibilities within the family 8. The moral character of the mother	Features relating to the parents and other adults	**Family structure**- Identity of parents; mother always known; father's identity; other men in the home **Interactions within the family** demonstrating care and supervision (section 7.4) **Co-existence of parental risk factors** that impact on parent-child interactions (section 7.6) **Parents' interaction with professional** (section 8.9) Accessing service (for themselves and for their children. Parents being honest; Making the right choices
9. The overall impression of family life 10. The influence of others (visitors) in the home 11.Proximity and involvement of the extended family	Features relating to the home environment Features relating to the extended family and visitors	**Descriptions of home conditions** mainly found in neglect minutes; typical descriptions(section 6.7) **Safe home environment**, included physically safe and safe from adults who might harm the child **Role of Relatives** (section 7.2)
12. Specific/non specific nature of the time/space dimension	Time/place dimension	Different professionals/same child on different occasions had same concerns Different professionals/same child on different occasions had different concerns (section 7.2.3)

Although there was information recorded in the Minutes that related to the parents there was insufficient detail to map against all five risk assessment criteria related to parents that Parton, et al. (1997) identified. This was principally because the Minutes only included summaries or segments of the conversations during the Conferences (Parton, et al., 1997). Consequently the themes relating to the parents have been grouped under the generic heading "the parents", although there were some similar themes such as the role of partners and the supervision of the children.

The risk assessment criteria which focused on overall family life and the influence of others were adapted to the features relating to the home conditions, a safe home environment and kinship care. Parton, et al. (1997) also used a risk criterion which related to the specific/non-specific nature of time/space dimension, this was retained as the time/place dimension (see section 7.2.3).

The categorisation of a case as a child protection case of neglect depends on the features identified. In the Minutes, which are institutional documents, professionals gave prominence to the features which supported and justified their actions. The identification of these particular features adds to the understanding of neglect.

5.4 *Ensuring the Quality of the Research*

Providing sufficient information about the data collection process, identification of participants and data sources, context of the data collection, ethical considerations and analysis process are all ways of demonstrating the quality of the study (Tracy, 2010). Marotzki, (1998, original text in German translation cited by Flick 2007), proposed using a number of different methods of data collection as a strategy to ensure the research outputs are credible and reliable:

> ".... this means for me the honest commitment to combine different methods of data collection and analysis, different data sorts and theories according to the research questions and area, in such a methodologically controlled way, that a research design results that allows to provide credible and reliable knowledge about the person [or phenomenon] in his or her [or its] socio-cultural context" (Marotzki, 1998, p. 52, cited by Flick, 2007, p. 79)

Each data collection method has its strengths and limitations and presents its own challenges (Shenton, 2004). Using multiple qualitative research methods increases the quality of the data collected (Robson, 2002; Flick, 2007) since potential limitations of each method are compensated for. In this study, three methods were used to gather a range of different data which, when combined, contributed to understanding the complexities of neglect.

Providing a sufficiently detailed description of the context of the study enables readers to relate the interpretation of the data presented to their own organisational context, thus making transferable any insights gained from the data. Transferability is enhanced by including information on the scope of the research, such as the organisations involved, the selection criteria for the participants, the data collection methods used, the number and length of the observation sessions and the specific time-period during which the data was collected. The dependability of the interpretation of the data is increased by providing a detailed account of the research process, how the study was designed and data collection carried out, including a detailed account of the issues that arose during data collection which may have led to the study design being altered (Shenton, 2004). In qualitative data studies it is important to demonstrate how the analysis was carried out. Excerpts were selected to demonstrate the arguments made and conclusions drawn, but the reader may not be able to evaluate completely the interpretation of the data based on these short excerpts taken out of context. However, if the study was repeated different data would be collected since the time, local and national context and other variables, such as the participants and the researcher, would also be different.

Collecting diverse data was used as a strategy to increase the comprehensiveness of the data and to provide a more in-depth understanding of neglect. However, gathering a large amount of data can make analysis more complex. As the researcher it was also important to acknowledge the influence my personal values, professional background and experience may have had on the research process. For example, having a health professional background I was aware that I might focus more on the health data but feel this potential bias was minimised by giving equal attention to all the data.

5.5 *Reflections on the Data Collection and Analysis*

An analysis of the professional backgrounds of the child welfare professionals who participated in the interviews showed more professionals working in the National Health Service had been interviewed than any other professional group - seven out of the sample of 17 child welfare professionals interviewed (see Table 4.1). I was concerned that this reflected a professional bias on my part. A review of the numbers in each professional group who were invited to participate in the interviews but did not respond showed that more non-respondents worked in education and Children's Social Care than the National Health Service. The bias appeared to reflect choices made by the participants rather than by me.

My individual social identity and personal background could also have impacted on the research process. Age, gender and ethnicity are three aspects of social identity which are obvious and unchangeable and it is difficult to know if they impacted on the research process and if they influenced how the child welfare professionals perceived and responded to me (Atkinson and Hammersley, 1994). Analysing the number of women and men interviewed revealed that 10 women and 5 men had participated in the interviews and I considered whether this was due to a bias in the way I had selected the participants. However, all the child welfare professionals interviewed were identified because of their specific safeguarding and child protection roles within their organisations, often without prior knowledge of their gender. This gender bias in the sample is likely to be because nursing, midwifery, health visiting, primary school teaching are all female dominated professions (Snyder and Green, 2008). Invitations to participate in the research were sent to secondary school teachers, who were men, but they did not respond.

When I assumed the role of a research student I was aware that I approached the research based on my past experiences of working as a health visitor. Similarly, if the child welfare professionals participating in the study were aware of my particular professional background this could influence how they responded during the interviews or observation sessions, so I referred to myself as 'a child welfare professional'. Their own views about health visitors or experiences of working with health visitors might have influenced their responses, or they may have been selective in what they told me based on their assumptions about what a health visitor might be interested in (Bryman and Cassell, 2006). To minimise potential biases the

information briefing and other documentation did not specifically mention my professional background. A few of the child welfare professionals interviewed already knew about my professional background and several others specifically asked. During the interviews with health professionals several asked about my professional background and knowing this appeared to reassure them that I would understand the point they were trying to make.

5.6 *Chapter Summary*

The two analytical approaches used for the data analysis have been described in this chapter. These two different approaches were used to reflect the nature of the different data sets. A thematic analysis approach (Braun and Clarke, 2006) was used for the transcripts produced from audio recordings of the interviews and from the field notes. A content analysis was used for the analysis of the child protection case conference minutes, which included both enumerative and thematic content analysis. Each data set was initially analysed separately to identify the themes in each of them, then the themes were examined further to identify themes common to each of the data sets. Since the child welfare professionals interviewed spoke about their practice and understandings of neglect but the actual practice of social workers was observed during the observation sessions, data on different aspects of shared themes were identified.

6 Professional Rhetoric and Images of Neglect

6.1 *Introduction*

The data presented in this chapter was drawn from all three data sets and initially focuses on the child welfare professionals' use of the term neglect during the interviews and in the Minutes and by the social workers during their routine practice.

The analysis of the interview data particularly showed that the child welfare professionals shared typical images of a neglected child and the home conditions associated with neglect. Despite shared professional images of neglect, several other images were identified which did not fit with the typifications. The images which were exceptions included unborn children, young people and children deemed to be experiencing neglect but with no visible features. Both the shared images and the exceptions are discussed in this chapter.

6.2 *The Child Welfare Professionals' Use of the Term Neglect*

The use of language and particular terms was an important aspect of this research using a social constructionist approach, since words are understood to have particular meanings which are socially and culturally specific.

All the documentation produced for the participants in this study stated that the focus of the research was neglect and none of them asked what was meant by this term or suggested that they were unfamiliar with it. Neglect was a term all the child welfare professionals should be familiar with by virtue of their professional backgrounds and specific roles in safeguarding and child protection; the term neglect was therefore part of their professional vocabulary. The interview data indicated that the child welfare professionals were familiar with the concept of neglect and talked about it freely, covering a wide range of issues related to their professional practice. Although the term neglect was used freely during the interviews, the term was used in two specific ways in the child protection case conference minutes (referred to as the Minutes) and rarely used during the participant observation sessions.

In the Minutes the term neglect was used in two places. One place where the term neglect was used was the category allocated during the Conference. If a child was made the subject of a child protection plan, the category or categories allocated have

to be recorded in the Minutes (HM Government, 2010). Since the sample of Minutes was a consecutive sample the analysis identified all four categories (see Table 6.1).

Table 6:1: The number of children allocated each category and the number of child protection case conference minutes according to the first recorded category

Category allocated during the child protection case conference	Number of children (%)	Number of child protection case conference minutes (%)
Physical abuse	16 (26)	7 (23)
Sexual abuse	3 (5)	3 (10)
Emotional abuse	14 (23)	7 (23)
Neglect	23 (38)	12 (40)
Child in Need	4 (7)	1 (3)
Total	60	30

In 29 of the sample of 30 Minutes the children had been made the subject of a child protection plan and allocated a child protection category and the children in the one remaining Minutes were made the subjects of child-in-need plans.

Of the 12 Minutes allocated the category neglect, eight required a plan for neglect alone (appendix 14). Four of the 12 Minutes allocated child protection plans for neglect were also allocated additional child protection categories for physical, sexual and emotional abuse. In the total sample there were ten Minutes where a second, third or fourth category was recorded demonstrating that, in these child protection cases, the different categories were understood to co-exist. The ten Minutes with multiple categories recorded represented 30% of the sample. There were children who were recognised as experiencing 'significant harm' due to neglect but, because it was the second, third or fourth category recorded, it was not included in the annual statistics. This practice contributes to neglect being under-reported in the national statistics.

The second place the term neglect was used in the Minutes was in the 'Reasons for the Conference' at the beginning of the Minutes (appendix 13). In the Minutes allocated the category of neglect the 'Reasons for the Conference' included some reference to a previous history of neglect, as well as to other features. Situations where older children had been removed from the care of their parents, especially for previous neglect, was a feature specific to the Minutes allocated the category of neglect. In the Minutes where other child protection categories were allocated there

was no mention in the 'Reasons for the Conference' of a history of prior concerns related to the category that was subsequently allocated.

There were 12 Minutes where neglect was recorded as the first category allocated and six of these Minutes included 'unborn children' (see Table 6.2). In these six Minutes older siblings had been removed from the mothers' care and the current professional concerns focused around the mothers' ability to parent the unborn children once born. The analysis also showed that there were six Minutes that involved children with a previous history of neglect (as indicated by a previous child protection plan) or historical professionals' concerns about neglect (but no previous plan).

Table 6:2: Summary of the use of the term neglect included amongst the 'Reasons for the Conference' recorded in the 12 child protection case conference minutes involving unborn children and children allocated the category of neglect

	Unborn children (6 Minutes)	Children (6 Minutes)
12 Minutes categorised as neglect	Older siblings removed for neglect, n=5 [Older sibling removed for physical abuse, n=1]	Children had previous child protection plan for neglect, n=3 History of 'neglect', n=2

It is not possible to infer from the data available that a previous history of neglect will always result in the allocation of the category of neglect. However, when professionals have concerns about neglect a previous history of neglect appeared to be a significant feature when making decisions about categorisation.

During the participant observation sessions the term 'neglect' was only heard on a few occasions. The use of the terms neglect, child protection and 'child-in-need' were generally absent in the social workers' conversations with clients and other professionals and during the office conversations between the social workers. The first time the term was heard being used was during an Initial Assessment (IA) involving a child who had been admitted to hospital from school. A referral had been made because the mother did not go to the hospital straight away and this had been constructed as a deviation from the expected behaviour of a mother whose child had

been admitted to hospital. However, during the IA an acceptable and believable explanation had been given. The social worker (SW), speaking on the phone, said

"There are reasons why she did not go up to hospital straight away"

"There are reasons, and I [the social worker] do not feel there is any 'neglect' going on. Mother is very pregnant with reduced mobility" (SW, session 6)

The social worker talked about her assessment of the home conditions and said that her findings did not support the suggestion that the children were not being fed. In the next sentence the term 'neglect' was used for the second time in the conversation but she indicated that whatever the family circumstances were, they did not meet the child protection threshold, that there were services already in place for the children and the mother was accessing the services she needed:

"I don't think the children are being neglected to the level that we [initial response team] need to be involved" (SW, session 6)

The second time the term neglect was heard being used during the participant observation sessions was during an IA when neither parent arrived at the school to collect their child. The initial response team was involved as the teachers could not contact the parents. Following the IA the social worker's conclusion was

"This was an odd blip but nothing like neglect that would justify our involvement"

"I am going to be closing it down" (SW, session 11)

The explanation the parents gave for not collecting the child was a miscommunication between them and, although both parents were involved with the substance misuse team, the home conditions and overall impression of family life contributed to the decision that further involvement by the initial response team was not necessary.

The relative absence, during every day social work practice, of the term neglect or of other child protection categories when talking about cases was in contrast to research by Scourfield (2000) who reported that the social workers did talk about neglect. The teams observed by Scourfield had recently undergone a training

programme with the Bridge Childcare Consultancy and this had impacted on the team's approach to neglect, by challenging their assumption that children could be 'dirty but happy' (Scourfield, 2003). Spratt (2000), in a study in Northern Ireland, identified the absence of the term 'child-in-need' and suggested this was a consequence of social workers focusing on child protection investigations. Parton, et al. (1997) argued that the absence of the child abuse terms in their data (case files) reflected the child protection workers' concerns about the "material and emotional circumstances of the child rather than whether particular events had taken place" (p. 82) and concluded that their analysis reflected the way child protection work was socially organised, rather than focusing on child abuse itself.

When the social workers in this study used the term neglect it was in relation to the threshold for further social work involvement and they spoke about the neglect as not having reached a level that warranted their involvement. There appeared to be an acknowledgement that the child had unmet needs but the needs could be addressed by other child welfare professionals.

I would argue that the absence of specific child protection terms and categories during child welfare professionals' conversations indicated a need to talk about the features of potential cases, and that talking about a situation as 'involving neglect' was not particularly useful as it communicated little about the child or the professional's concerns. In order to know what type of case they are dealing with the child welfare professionals needed information about the features of the case, the child and the adults involved and the context within which events happened before they could begin to make sense of the situation and make a decision about categorisation.

6.3 *The Typification of the Neglected Child*

The descriptions given by the interview participants of a neglected child were very similar across the four professional groups and included many of the same features. The descriptions were stereotypical images or typifications of the neglected child and included highly visible features, such as being underweight and unkempt, as shown in two extracts from health professional interviews:

"When I think about a neglected child I think about an unkempt child, is probably very thin and doesn't get, get fed very much although that is changing a bit now because of the neglect angle for very obese children, and they [parents] won't work with people and things like that. So I think that picture is probably changing, but I think that is possibly what I think if somebody says neglect I would think of an instant picture" (health professional, interview 1)

The health professional described a recognisable, typical image of a neglected child, but also acknowledged that this image did not include all cases of neglect, as neglect could also include obese children.

Another health professional had a very similar image of a neglected child as underweight, not thriving and dirty:

"You're looking at that child and you're thinking right there are no toys in this house, the child is dirty, the child's underweight, it's not thriving" (health professional, interview 4)

The child welfare professionals also included other features, such as a lack of stimulation and play things in the home, in their descriptions of the neglected child. The education professionals (interview 12 and 13) said that they recorded information about the children's appearance in the diaries the school kept about the children. The features they recorded relating to the child's appearance included a child who "hasn't been washed and is dirty" but also included medical issues such as "head lice which is on-going". Head lice infestation was "not seen as a problem the first time but was if it happened repeatedly" (interview 13).

The typification of neglect helped professional to recognise cases of neglect and visible features also assist professionals when planning interventions. Visible features appeared to make cases easier to deal with:

"I think one of the frustrations about health in the neglect cases are, if, if there is, er, neglect that you can, you can see, it's much easier to deal with, so if, if you can er, the children are unkempt, the children are, are dirty, smelly, inappropriately clothed, not fed, it feels like we can move forward a bit easier with those families" (health professional, interview 6).

In the Minutes there were examples of the child's physical appearance which were suggestive of a lack of care by the parents, for example, a three year old with severe nappy rash, and this was recorded as a sign of poor hygiene care [by the parent(s)] (Minute 12, neglect).

The children's appearance was a theme identified during the observation sessions as well. For example, the two eldest children, aged 4 and nearly 3 years old, were described as "not suitably dressed" when the social worker visited the home (SW, session 7). On a subsequent visit the social workers also referred to the way the younger child was dressed; the child "was dressed in a t-shirt with no nappy and no shoes or slippers" (SW, session 7).

Although there was a shared typical image of the neglected child, when children were identified who conformed to this image they were not automatically referred to Children's Social Care; equally, if they were known to Children's Social Care they were not necessarily made subject to a child protection plan. While children whose appearance suggested they were experiencing neglect were not allocated the category of neglect, there were other children allocated the category of neglect who did not fit the typification. Two particular groups of children that did not fit the typical image were unborn children and young people.

6.4 *Exceptions to the Typification of the Neglected Child*

The analysis of the Minutes data included the children's sex and age. Professionals routinely record the age and sex (Parton, et al.,1997) and knowing the age of the children was important for understanding the data. The analysis of the children's ages led to the identification of two groups of children who did not fit the typification of the neglected child - namely unborn children and young people.

The analysis of the age and sex of the children in the sample showed that a third of the Minutes (n=10) included unborn children (see Table 6.3).

Table 6:3: Age and sex of the children, and the number of unborn children, who were made the subject of a child protection plan (sample of 29 Minutes)

	Unknown/ not stated	Male (N)	Female (N)	Number of children in each age group
Unborn child	10			10
0-5		11	8	19
6-10		10	7	17
11-15		5	5	10
16-18		0	0	0
Total	10	26	20	56

There were 10 (17.8%) children aged between 11 and 15 years old. All of these children were included as part of a sibling group and were not the children that professionals were initially concerned about. There were no children/young people aged between 16-18 years included in the Minutes.

In the sample of Minutes it appeared that the unborn children and the young people were the exceptions to the typical image of a neglected child and they are discussed in more detail in the next two sections.

6.5 *Unborn Children were an Exception to the Typification of Neglect*

Data on unborn children was identified in all three data sets but unborn children were most evident in the Minutes data. Since ten of the Minutes included unborn children, in three of the child protection categories, this prompted further analysis of this sub-group of minutes. All the cases involving unborn children have been included in the analysis as this illustrated how the unborn children categorised as neglect were different to those allocated physical or emotional abuse categories. The data from the Minutes is discussed first, followed by the interview and then observation data related to unborn children.

Two of the unborn children were first pregnancies and in the nine other Minutes the unborn children (8 plus a one day old child) were not first pregnancies and therefore there were older siblings or half siblings (Table 6.4).

Table 6:4 Shows the number of unborn children and a one day old child, with child protection plans, by child protection category for first and subsequent pregnancies

Child Protection Plan Category	Unborn child- first pregnancy	Unborn child- not first pregnancy	One day old child- not a first pregnancy
Neglect	0	5 (minutes 3, 9, 10, 15, 16)	1 (minutes 13)
Other categories (category allocated indicated after Minutes identifying number)	2 (minutes 2; emotional) (minutes 4; physical)	3 (minutes 23; emotional) (minutes 6 and 14; physical)	
Totals	2	8	1

Note: No unborn children had a child protection plan for sexual abuse

The analysis of the Minutes for unborn children categorised as neglect appeared to be intrinsically different to the Minutes involving unborn children allocated other categories. The Minutes where the category of neglect was allocated were different to the other categories of maltreatment as they all included older siblings who had been removed from the mother's care. The analysis indicated that the child welfare professionals' practice was to automatically make a child protection referral for subsequent unborn children when siblings had been previously removed for neglect. In these Minutes the older siblings or half siblings were no longer in the care of the mother of the unborn child or her current partner. In four Minutes the older siblings were either in long term fostering or had been adopted and in two Minutes the older siblings were cared for by relatives.

The previously removed siblings were all removed for neglect, apart from one case when the children had been removed due to maternal physical abuse. In these Minutes (16, neglect) the outcome of the Conference was different from the other Minutes, with this child being removed at birth. The police officers attended very few Conferences where the category of neglect was allocated (Figure 8.1; section 8.6.3) but did attend this Conference. The police officers attended because the father of the

unborn child was a convicted sex offender. The characterisation of the parents in this case had been established prior to the Conference and it was stated that "neither parent seemed to take responsibility for their past actions" and, consequently, the decision was taken that the child should not "leave hospital with the parents" (Minute 16, neglect).

Historical information and the characterisations of parents established during previous Conferences were features referred to in the sample of Minutes analysed. In Minutes 10 (neglect) historical information was shared about the mother's previous three children and her current partner, as he was the father of one of the three children; all three children had been placed for adoption. The chair-person said

> "The history of the three children having been removed indicated that in the recent past those children were at risk of significant harm and agencies have to take that into account when making their decision. It should also be taken into account that although both parents have begun to put down appropriate foundations within their lifestyle, it remains to be built upon and tested as to whether this can be sustained with a child present" (Minute 10, neglect)

In another set of minutes the chair-person said

> "Not enough time had elapsed [since some changes were made] to make a decision on whether mother has improved and can sustain her lifestyle sufficiently to be in a position to care for her unborn child" (Minute 9, neglect)

The established history appeared to 'fix' the characterisation of the parent(s) since it was impossible to know how the parents would be able to parent the unborn child prior to delivery.

In the Minutes involving unborn children and allocated the categories physical or emotional abuse, there was no history of previous children being removed. Three unborn children were included as part of a sibling group and were allocated the same category as the older children. In Minutes 6 and 14 (physical) and 23 (emotional) concerns about the family triggered the referral, rather than the mother being pregnant. In these cases the unborn children were allocated the same category as their siblings, as they were being exposed to the same circumstances. The women in Minutes 2 (emotional) and 4 (physical) were primigravida and both

had been known to Children's Social Care when they were 'young people' [under 18 years of age]; both had a history of partner violence with police involvement and were characterised as vulnerable.

In the Minutes of the unborn children allocated the category physical abuse, there was a history of partner violence (Minutes 4, 6 and 14; physical) which was seen "to put the mother and child at risk". In the two Minutes of children allocated the category of emotional abuse one had a history of partner violence (Minutes 2, emotional) and the other was a complex family form (Minutes 23, emotional). In Minutes 23 (emotional) the unborn child was the 4th child in a reconstituted family, the other three children were still living in the home and all the children were made subjects of a child protection plan, with emotional abuse recorded as the first category and neglect as the second category.

The analysis demonstrated that all the unborn children categorised as neglect had siblings that had been removed from their mother's care. Two cases involving primigravida, which were allocated the categories of emotional and physical abuse, also highlighted the impact of the women's past history on the categorisation process. The Minutes involving unborn children allocated either the category of physical or emotional abuse showed that when there were older siblings in the home the unborn child was included as part of the sibling group.

During the interviews the child welfare professionals, especially the health professionals whose role involved working with pregnant women, included references to unborn children when they discussed neglect. The health professionals' concerns were raised when pregnant women were engaged in substance misuse since this was seen to impact on how they cared for themselves and how they would care for their child once it was born (also see section 4.6.1):

> "Typical cases are substance misuse in pregnant women, umm whose ability
> may be reduced to engage with their children effectively, umm to support their
> development with emotional, physical needs etc.umm typical non-attenders
> who are not engaging with their own health needs let alone their unborn
> baby, chaotic lifestyles, really chaotic lifestyles, parents that probably in what
> you can class as poverty I suppose so they do not have much themselves

which can impact then on how they are sort of able to meet the needs of the unborn baby and other children" (health professional, interview 2)

During the observation sessions there were no conversations or discussions about cases involving pregnant or unborn children. However, when asked if they received referrals involving pregnant women, the social workers gave examples of cases for which they were carrying out pre-birth assessments; these predominantly involved substance misuse as the main risk factor.

In summary, the characterisation of the parent as having 'failed' to care for previous children and having had their children removed from their care can become a permanent characterisation and prompt an automatic referral for a pre-birth assessment. Previous removal of a child is included in the regional guidance as a situation where a referral to Children's Social Care should be considered. Buckley (2003) suggested families which were previously known to services can sometimes "compel a response" (Buckley, 2003, p. 48), with professionals feeling they have no choice but to refer and social workers having no choice but to carry out a pre-birth assessment.

6.6   *Young People were an Exception to the Typification of Neglect*

There were no young people (children aged 16 or 17 years) allocated a child protection category in the analysis of the Minutes (see Table 6.3) and if the Minutes had been the only data source analysed the conclusion could have been drawn that Children's Social Care were not providing services for young people. However, young people did feature prominently in both the interview and participant observation data sets.

Although the initial response social workers were observed working with young people directly, there was no suggestion of the referrals proceeding to a Conference. A senior professional in Children's Social Care summed up the prevailing attitude by saying

> '.....there is 'a culture around', not just locally but nationally, that you would not conference a 15, 16, or 17 year old. One needs to think of the impact of going through that process would have on them. What would be the benefit?

[We] have to work with them in a different way, working towards independence' (Senior Professional, Children's Social Care)

The young people were assessed and interventions planned, with the emphasis on involving the young people in the processes that affect them.

During a health professional interview young people were spoken about as a contested category - legally they are still children up until their 18th birthday but, in terms of health services, after their 16th birthday they are no longer eligible for paediatric services but would be responded to as an adult by adult services. This discrepancy between the age of the child in terms of child protection and eligibility for paediatric services prompted one health professional to suggest that young people were

"A bit of a lost category nobody seems to want to work with them" (health professional, interview 1)

Another health professional suggested that choosing to refer to older children as "young people" influenced professionals' understanding of issues and choice of interventions, since if someone is called 'a child' as opposed to 'a teenager' the professional response is different:

"If we called them children we would view them differently. Homelessness in teenagers? There's no [professional] responsibility" (health professional, interview 15)

The health professional elaborated on the effect of using either the term child or teenager:

R: "…but they're, whatever the reason, they are children. Until they're eighteen. And, and many of them homeless and living, risk, doing ri, you know, living a risky lifestyle, undertaking risky behaviours. But whilst I think we refer to them as young people it gives, it, it, it forms a different picture in your mind where if we said child…"

I: "You're thinking of somebody a bit younger who…"

R: "Well we're saying, say vulnerable don't we, that's what it says to me. This is a young, this is a vulnerable, a vulnerable person" (health professional, interview 15)

In summary, the age of the child and the terminology used appeared to lead to a different professional response, independently of other features. If the organisational culture and practice in 'Rivervalley' was to categorise only young and unborn children as cases of neglect, this could mean young people were being denied child protection services. Age alone should not preclude young people being allocated a category if appropriate and necessary, especially if a multi-agency approach is required involving the young person, parents and wider family and school (Hicks and Stein, 2010). The participant observation data suggested that older children were more likely to have their needs addressed without recourse to child protection plans. A report by the Children's Society (Rees, et al., 2010) also recognised that young people were less likely to receive a child protection response than children in other age groups and a similar finding was also reported by Brandon, et al. (2009).

6.7 *Professionals' Shared Typification of Unsuitable Home Conditions*

Child welfare professionals referred to home conditions in all three data sets.

During the interviews the child welfare professionals described unsuitable home conditions. The shared image identified in most of the interviews included the home conditions being described as very dirty, often with smells, broken appliances or a lack of basic amenities such as water and being potentially physically dangerous:

> "I had an initial conference where a child, very young child erm, but mobile, was erm, living in accommodation that subsequently when environmental health went round was sort of condemned as uninhabit, uninhabitable… erm, due to the, the amount of rubbish in the house, the erm, no hot water, erm, in fact I'm not even sure there was water at all at one point erm, no washing facilities, no, there, you know, the bath was full of dirty clothes and so on and so forth, and there was a, a, a pre-school mobile sort of child in that, in that house. Erm, and, and it, very quickly it was evident we had the, the fa, either the family had to get out and move into other accommodation or that child needed to be placed in, i, in safe accommodation. Erm… (social care professional, interview 5)

The police officers (interview 14) stated that once the police have gained access to a house, regardless of the original reason for their involvement, they assessed the home conditions. The police officers said they sometimes removed children from the home for their immediate protection when the home conditions were very poor and "well below standard". The police officers used a range of features to describe unsuitable conditions; for example no beds for the children or soiled bed linen; no food in the house; hazards such as live wires hanging out of the walls; fittings such as the toilet bowl broken or smashed. The police officers also included smells in their image of the home conditions such the house stinking or smelling foul, with dog and cat faeces on the floor and the smell of urine.

In the Minutes references to the home conditions appeared mainly in those Minutes allocated the category of neglect. The one exception was Minutes 20 (emotional) where the home conditions were also referred to (these Minutes are discussed further in Chapter 7). Providing a suitable home for their children was understood by the child welfare professionals to be one of the parents' responsibilities. One social worker said

> "The child needs his own home and he needs his own bed to sleep in" (social care professional, Minutes 28, neglect).

In these Minutes the parents had separated and were both living in temporary accommodation. They were described as having "a transient lifestyle" with the implication that this was not acceptable for the child due to the "large number of moves". The father was identified as "being more proactive" in providing for his son and appeared to be the main carer and thus he became the focus of professional interventions, with the expectation that he would provide a suitable home for his son.

In Minute 26 the home was of concern as it was very untidy and there was

> "No food in the cupboard or fridge and no basic toiletries. Bedding was inadequate and it looked as if one child had been sleeping on the floor" (Minute 26, neglect)

In other Minutes a 10 year old reportedly said

> "her mum [was] not doing anything in the home and there was never any food" (Minute 29, neglect)

The house was described by the professionals as

> "Very messy and smelly and there was no food" (Minute 29, neglect)

Including in the Minutes a professional's account which supported the child's account had the effect of corroborating what the child said.

In Minutes 27 the house was messy, with piles of dishes and clothes lying around and it was felt that the mother was

> "Not able to prioritise food and there was insufficient food [in the house]" (Minute 27, neglect)

The mother had apparently sold the wardrobes to buy drugs and, while this explained why there were clothes lying around, it also contributed towards the categorisation of neglect.

A description of food on the floor and "an unhygienic kitchen" appeared in Minute 12 (neglect). The social worker had asked the mother to clean the house before her next visit but [according to the social worker] there was very little improvement, little cleaning had been done and there was no food in the fridge or freezer. The mother said there was food in the freezer but the social worker said it was frozen over and inaccessible. The mother was reported as countering the social worker's statements thus rejecting the social worker's construction of the situation. The social worker, however, persisted by saying that the kitchen was particularly unacceptable with three pans with mould in them. This concern was then substantiated by the family support worker who said the kitchen had always been a problem (Minute 12, neglect).

The ability of the parents to provide a suitable home for their new born child was recorded in Minutes 10 and 13, for example the home conditions were described as

> "Exceptional and are adequate for the baby" (Minutes 10, neglect)

and

> "[The mother] has created a warm, homely place to live with this baby" (Minute 13, neglect)

However, in Minutes 1 it was recommended that

> "A housing support worker was involved to ensure the housing conditions were appropriate for when the baby comes home" (Minute 15, neglect)

Once a suitable home environment had been created the mother (in most cases) had to demonstrate that this could be maintained and frequently the child was still made the subject of a child protection plan as it was, "too early to say if she [the mother] could sustain the situation". Despite the mother providing acceptable home conditions, other features also influenced the categorisation processes.

During the observation sessions there were several referrals that included the home conditions and, in some situations, good home conditions were used as a feature to militate against further intervention. The social worker during an IA (session 6) described the family home in favourable terms:

> "Home clean, house immaculate, school suggested that the children were not being fed. I looked in the fridge and cupboards. I asked the boy if he has breakfast" (SW, session 6)

This description, combined with a plausible explanation of events and corroboration from other professionals that they were not concerned about the situation, militated against this referral proceeding to a Conference.

In contrast, another referral involved a single parent with four children who had been supported by a housing support worker for the last 10 months but the housing conditions had now become 'unacceptable' and this triggered a re-referral to Children's Social Care. This example provided some insight into the social workers' decision making process and the decision to proceed to a Conference. Following the birth of the fourth child [now 8 months old], the family had been re-housed and then

> "They were given a clean slate and already things seemed to have deteriorated in the intervening 6 months" (SW, session 9)

The description of the home conditions was very detailed in the referral from the housing support worker. The floors were covered in rubbish and food, other furnishings were "really dirty and threadbare" and the children's beds were lacking quilts and bedding and there was a smell of urine.

The social worker's initial concern was that the children were 'at risk' because of the condition of the house and there was an increased risk of accidental injuries:

> "You will eventually have accidental injuries if the house is chaotic and untidy" (SW, session 9)

It had already been identified that there was a problem with the housing, which had been addressed by trying an "open agreement" but that had not worked.

Secondly, the social worker was concerned about the level of supervision for the baby. She felt that an 8 month old child needed to be supervised at all times and should not be in a position to be able to fall off the bed but the child could not be put on the floor because of the home conditions. The concerns revolved around the fact that although Children's Social Care knew the child had fallen off the bed on one occasion and sustained an injury, nobody knew how many times something similar had happened before.

The third area of concern was to establish if there was anything which explained why the home conditions had deteriorated again, such as mental health issues.

The social worker suggested:

> "If things are as bad now as they were before this is likely to go into the child protection arena"

The reasoning behind taking it to a child protection case conference was to ensure the mother got the help and support needed and the risks to the child, based on the historical information, were fully addressed. In a similar way to the typification of a neglected child, the identification of unsuitable home conditions did not automatically lead to a referral or to the allocation of a child protection category. However, unsuitable home conditions were a feature which could trigger further professional assessment and intervention. Although the child welfare professionals interviewed seemed to share the same typification of unsuitable home conditions, how

professionals responded to the situation was critical to the long term outcome. One interview participant (education professional, interview 7) commented on the necessity of looking beyond the 'dirty house'. If the problem was defined solely as the dirty house, simply going in and cleaning the house without addressing the underlying issue of why it became a dirty house in the first place was unlikely to change the situation and, once cleaned, the improved conditions were unlikely to be maintained (education professional, interview 7).

In summary, the home conditions were a feature in all three data sets, predominantly in the Minutes allocated the category of neglect and only once in the Minutes where other child protection categories were allocated. The child welfare professionals interviewed had a shared typical image of unsuitable home conditions; this image included extreme physical conditions which would have been obvious to anyone entering the home and included objective, observable features and smells. Their descriptions of unsuitable home conditions closely mirror the features included in the housing dimension in the domain of Family and Environmental Factors of the *Framework of the Assessment of Children in Need and their Families* (DH, 2000; see appendix 2). Despite the professional consensus about unsuitable home conditions, not all the referrals received during the observation sessions, involving families living in such conditions, led to a Conference.

6.8 *The Absence of any Visible Impact of Neglect*

The previous sections of this chapter have focused on the typifications associated with visible features of neglect. However, during the interviews child welfare professionals were also concerned about situations where they thought the children were experiencing neglect but there were no visible signs.

One social care professional was concerned that when there was highly visible neglect such as unsuitable home conditions, this would be focused on and other forms of less visible neglect might not be noticed:

> "That sort of thing [issues related to parent-child relationship] is not visible on first contact, and the visible neglect masks other processes that are happening in the family" (social care professional, interview 3)

An example given by the social care professional (interview 3) of less visual neglect was the parents' failure to protect their children from abuse by other adults visiting the family home. This theme has been explored further in the next chapter (section 7.5).

A health professional (interview 10) spoke about visible neglect that was identifiable and contrasted it with other types of neglect that were more challenging to identify - physical neglect in the context of deprivation was contrasted with "other forms of neglect" in affluent areas:

> "In deprived area neglect could be easily identifiable because either the child is not growing, not clean, not kempt …. you know so it would be recognisable, visually it is more recognisable. In affluent area the neglect could be taking a different form not failure to thrive and having scabies or head lice, it's different forms and that will be more challenging and more difficult to be recognised" (health professional, interview 10)

These other forms of neglect experienced by children from middle or upper socio economic groups were spoken about as being less obvious and included different features such as

> "The parents that drop their kids off at seven o'clock in the pre-school provision and then don't pick them up till seven o'clock at night, that is neglect" (education professional, interview 7)

The education professional included examples of emotional neglect, such as parents having very high expectations of their children in terms of educational achievement and the pressure that can be exerted on children. Concern was also expressed about the emotional impact on children of living between two homes when their parents had separated:

> "Parents who are separated and children being in that no-man's-land between the warring parents who are out to meet their own emotional needs and absolutely forget their children's emotional needs" (education professional, interview 7).

The professionals interviewed encountered children in a number of different situations and talked about the lack of visibility making it problematic for professionals to gather evidence of harm.

A health professional (interview 6), using the example the child's growth, demonstrated that, despite the child's growth being within normal limits, the professional sometimes thought the child was still experiencing harm:

> "Those children can erm, their growth can be following their centiles, they can be within age appropriate development and so where's, where do you get your hard and fast evidence to say but these children are not having their, their needs met. And I think those are the cases that we perhaps find more, more difficult from a health perspective to argue about because you know from er, a lot of evidence and research that that, that damage is still being done but it often doesn't manifest itself in the children until the children are at erm, a later age" (health professional, interview 6)

Since professionals found it difficult gather evidence, it was difficult to argue for further intervention even though they believed more damage was being done to the child. Without physical evidence it was hard to justify continuing with the child's child protection plan. The health professional continued by saying

> "I think health staff sometimes er, get a difficult time at reviews when we've, when we've worked in this way and we come to a review and we're saying, you know, they're the ones who've been in the home regularly and we're saying that we don't think things have erm, improved but somebody's then asking the question well what about the growth in the child, what about erm, there's no ev, there's no physical evidence there to say well we're concerned, but it doesn't appear to be showing in the child and you end up with this, sort of feeling pushed then to say oh well if we haven't got that evidence 'cos it's not showing in the child why have we got the child on a plan" (health professional, interview 6)

This interview with the health professional highlighted the difficulties experienced by professionals when trying to articulate their concerns about whether a parent is meeting a child's emotional needs, because "the emotional component of neglect is difficult to unpick" (interview 6). One health professional asked

"How do we evidence what effect [domestic violence] is having on that child at that, that time? It is difficult isn't it? (health professional, interview 6)

During a separate interview a social care professional continued the same theme by saying that neglect was different from other forms of maltreatment since the impact may not be obvious until years later:

"But the, the, the impact on this child may be four, five years down the line and how do we, how do we account for that?" (social care professional, interview 5)

Understanding that the consequences of neglect can take years to become apparent made it difficult to decide about the threshold of significant harm. For the child welfare professionals providing universal services this was particularly problematic as there was uncertainty about what would be accepted as evidence when making referrals to the initial response team. In the absence of any obvious impact which could be interpreted as evidence that the child was experiencing harm, it was also difficult, if not impossible, for professionals to know exactly how serious the impact might be in the future.

The problem of the absence of visible impact on the child has been highlighted in other studies (Parton 2000; Buckley, 2003; Platt, 2005). Parton (2000) stated that child welfare organisational practices tend to focus on visible evidence and

"Priorities have become focused on legalistic criteria where the identification of forensic evidence is essential for case construction. Where cases cannot be so created or where the weight of evidence is insufficient, the case is quickly filtered out of the system" (Parton, 2000, p. 34)

In order to intervene in family life professionals need to be able to justify their actions and provide the evidence for the decision made. Buckley (2003) also emphasised that not all child maltreatment was 'obvious' and unless there was tangible evidence to suggest serious harm or injury to the child, there were limitations on how far an assessment was able to progress.

Platt (2005) identified that 'specificity of harm' was a feature used when making decisions about referrals and said the clarity and the amount of detail in the

information received influenced the decision making process. When there was clear and detailed information about the nature of the harm to the child, there was an increased likelihood that the information would be attributed the status of evidence and the case would progress to a Conference. Forrester (2007) also identified that when referrals of suspected neglect did not include specific incidents or observable evidence, but involved parents not coping or poor standards of care, they were less likely to be categorised as neglect. Referrals for suspected neglect on first referral received less attention from child protection services (Platt 2006b) and consequently, were being referred and re-referred before being categorised as a child protection case.

Despite professionals' awareness about the impact of emotional neglect on children, identifying children who are experiencing emotional neglect is recognised as difficult in practice (Glaser, et al., 2012). Tomison and Tucci (1997) referred to emotional neglect as the hidden form of maltreatment. Daniel, et al. (2012) suggested difficulties in evidencing emotional neglect as one barrier to neglected children being identified. Crittenden (1999) identified parents who provided materially for their children but were emotionally neglectful and a review of child neglect in Scotland (Daniel, et al., 2012) identified a lack of recognition of neglect in middle-class families who were more able to provide materially for their children.

6.9 *Chapter Summary*

From the analysis of the three data sets the term 'neglect' appeared to be used primarily by child welfare professionals to refer to the child protection category as opposed to to children with unmet needs. In the Minutes the term 'neglect' appeared in two places. Firstly, in 'Reasons for the Conference' and secondly, as the institutional protection category allocated during the Conference.

The child welfare professionals appeared to have shared typifications of the neglected child and unsuitable home conditions and talked of the need for visible evidence in order to intervene. The child welfare professionals' shared image of the neglected child involved highly visible features, such as a child who was dirty, poorly clothed and under-nourished. The appearance of the child assisted in the recognition of neglect in its broadest sense but did not appear to lead to specific child protection interventions. Information about the children's appearance was used as one of

several co-existing features during the decision making process. Features relating to the children were usually used in combination with other features relating to the parents or to the home environment.

In this study the child welfare professionals interviewed stated that not meeting the child's emotional needs was an aspect of neglect but they found it difficult to articulate exactly how they would measure if parents were meeting a child's emotional needs, due to a lack of indicators and evidence. They talked about needing some measures for what they described as the "less visible aspects of neglect", since without tangible evidence it was hard to know if events and circumstances were having an impact on the child's wellbeing. Intervening was also problematic when there were no visible signs or evidence that the child was experiencing neglect.

7   Neglect, Children and their Families

7.1 *Introduction*

This chapter presents data on how the child welfare professionals understood and made sense of features related to children and their families when making decisions and categorising cases as neglect. The chapter focuses on children's behaviour and how professional decision making is influenced by the behaviour they observe and the children's expressed views. The chapter also focuses on the interactions and relationships within the family home, particularly the parent-child interactions, which impact on the care received by the children. The influence of the family structures, particularly adult relationships, including the role of the father and other adults in the home, is also explored. Parent-child interactions are discussed in relation to young people, especially those who have become homeless or are no longer living in the family home. Finally, data on the three risk factors which are known to impact on the parents' ability to care for their children, namely substance misuse, domestic violence and mental health issues, are presented and discussed.

7.2 *Children's Behaviour was a Feature of Neglect*

The children's behaviour appeared as a significant feature in all three data sets and included positive examples when children's behaviour was normative and examples where professionals were concerned about the children's behaviour when it was either delayed or understood as deviating from the expected norm for the age of the child. There were also examples of changes in the children's behaviour that the child welfare professionals had to interpret.

7.2.1 Normative behaviour and non-normative behaviour

During the observation sessions there were examples of normative behaviour which were frequently reported in the context of a good relationship between the parents and their children. For example:

> "The interaction between the children and their parents and between each other was felt to be good. The children had toys and books and their behaviour was not "out of order" (SW, session 7)

In the Minutes the behaviour of young children was described in relation to expected developmental milestones. When describing the children's behaviour reference was

frequently made to different areas of development, for example, the children's physical development (such as "unsteady", "walks slowly" and "poor co-ordination"); speech and language skills (such as a two year old saying "mummy", "daddy" and "dirty" and "doggy"); numeracy and reading skills. Many of the examples in the Minutes appeared to indicate that the professionals were concerned that there may be some delay in the children's development.

The way the children's behaviour was recorded in some Minutes suggested that the behaviour described was not behaviour expected. One 7 year old boy was described as

> "Very physical in his play, to the extent this gets him sent inside at play times" (Minute 1, child-in-need)

Another child (5 years) was described as

> "Unable to play with equipment appropriately but throws things" (Minute 12, neglect)

These examples suggested that, while this was not the behaviour expected, these behaviours had become the norm for these children.

Another example where the behaviour was not seen as normative involved two siblings aged three and five who the senior nursery officer described as having "food issues" (Minutes 12, neglect). Both children used to cram food into their mouths, wanted to eat food all the time and it was difficult to get them to move away from the snacks table. The cramming of food in the mouth suggested that the children were used to eating like this at home.

There were several Minutes (12 and 29; neglect) which involved children getting hold of lighters and starting fires. In Minutes 12 the probation officer said that, in his experience,

> "Children started fires because of some experience they have had and this sometimes can be because they have been abused" (Minute 12, neglect)

The children being able "to get hold of lighters" and "play with them" was recorded as putting them at "great risk". In the child protection plan the problem was constructed

as inadequate parental supervision and it was suggested that the parents should provide adequate supervision as a way of reducing the risk of similar incidents in the future.

The child welfare professionals, in the course of their work, came into contact with children and made decisions based on how the children interacted with them. In one case all the professionals expressed the same concerns, thus corroborating each other's perspectives. A social worker, on a home visit to a child aged five years, said she found the child's behaviour "over friendly" (Minutes 12, neglect): the child wanted hugs and kisses even on the social worker's first visit and wanted to sit on the knee of a [male] social worker he didn't know, thus putting himself "at risk", especially if he behaved like this with other male adults. This child put his coat on and stood by the door asking to go home with the social workers. The Children's Guardian also said that

> "This child's reaction was not normal, given that he had never met [the Children's Guardian] before" (Minute 12, neglect)

Although each professional may have only experienced one episode of this particular behaviour, because the same behaviour was experienced by a number of professionals this was used to establish that the child's behaviour followed a pattern which was considered unusual.

As well as assessing how children interacted with professionals, the professionals were concerned about how the children interacted with other children. There were concerns about children who were withdrawn. For example, a 14 year was described as

> "Lonely" and "presenting with relationship issues with other students" and "has difficulties making friends" (Minute 26, neglect)

A 10 year old presented as withdrawn in school and his mother had been concerned about his behaviour since his father's suicide (Minute 30, neglect). However, from the Minutes it was unclear how long ago his father had died and whether this was the likely cause for the child being withdrawn. In these examples it was suggested that the children's behaviour was possibly indicative of harmful past experiences.

Examples of children's behaviour being understood as a deviation from an expected norm were frequently linked to parenting issues. For example:

> "Lots of young children [in the family] are hitting each other and there are parenting issues around that" (SW, session 6)

Parents were seen as responsible for managing their child's behaviour, based on the assumption that children learn to behave in a particular way as a result of how their parents respond to them. In one example, when the child displayed challenging behaviour, the social worker suggested that the parents needed to change the way they responded to the child:

> "[the child's behaviour is] not violent but [he has] intimidating and aggressive outburst which are inconsistent behaviour. This is a learned behaviour which needs to change. If he "sounds off" he thinks he will get what he wants" (SW, session 2)

On a separate occasion another social worker was discussing a child's behaviour (session 3) and suggested that, in order for a six year old to behave in such a way, they must have seen the behaviour they were "acting out" carried out by someone else. The social worker added

> "…. It is the sexualised behaviour we [social workers] are concerned about, as the other things are being addressed by school" (SW, session 3)

Addressing the sexualised behaviour was an area of practice within which the social worker identified a role for herself, while the school staff addressed the other issues. The social worker continued by saying that this type of behaviour in a child of that age was serious.

During the participant observation sessions the social workers were frequently observed asking questions about the children's behaviour as part of their decision making and corroboration process. The question they asked was

> "Is there any behaviour?"

This appeared to be a shorthand way of asking if the person they were talking to was concerned about the child's behaviour or if there had been any changes in the child's behaviour.

The social workers were not simply interested in a change in behaviour but a change which might indicate that the child had experienced harm. If the child's behaviour was considered normative it was reported as "no behaviour" or, in some cases, behaviour was not mentioned; the assumption then appeared to be that the child's behaviour was unproblematic. When the social workers asked other child welfare professionals about a child's behaviour the implication was that they wanted to know about deviant or unusual behaviour. In the participant observation data and the Minutes young children in particular were seen as indicating something was wrong by how they behaved, especially by a change in their behaviour.

Whether there was "any behaviour" or not, this information was used in conjunction with other features when making decisions. However, understanding and talking about children's behaviour as if it was a binary feature appeared to be an over simplification since there were examples in all three data sets of children demonstrating normative behaviour outside the home or in school despite difficult home situations.

7.2.2 Changes in behaviour

During the education professional interviews (interviews 12 and 13) a change in behaviour, such as the children becoming really quiet and withdrawn or "wanting to go home", or their behaviour worsening, could be interpreted as indicating that something had happened at home. While a change in the child's behaviour could be interpreted this way, the education professionals added that they did not always understand the reasons for the change at the time that the changes were observed. It was sometimes only later, when they had more information, that the significance of the change became apparent. Consequently, a child might be 'signalling' by their behaviour that they had experienced harm but the 'signals' were not immediately being understood.

In several Minutes children's behaviour was reported to have changed, usually in a positive way, since they had left their mother's home and gone to live somewhere

else. For example, the behaviour of several of the children in Minutes 26 improved once they were no longer living in the family home. For the eldest child, a 15 year old boy, this meant he was "keeping out of trouble" [no longer offending] and going to school regularly. The second child was now living with his birth father and new partner and, whereas previously his behaviour had been described as "violent", his behaviour was now described as "more settled". A third sibling, who had been living with an aunt for the last 14 months, was also described as "very settled".

There were other examples of positive behaviour changes when living in a different environment. For example, the behaviour of the middle child (Minutes 29, neglect) had improved since moving to live with her maternal grandmother. When living at home her behaviour at school was described as poor and erratic and she had been placed in a behavioural group when in school. Since living with her grandmother both her behaviour and physical appearance had apparently improved. The positive change in the children's behaviour once they were in a new environment appeared to be interpreted as an indicator that their needs were now being met in a way they had not been met before.

7.2.3 Interpreting behaviour

Interpreting children's behaviour was not always straightforward.

In the participant observation data how professionals understood and interpreted children's reactions to the same situation depended on the children's age and maturity. One referral (session 6) involved children who had been removed from the family home; the two eldest children were described as "quite anxious", whereas the two younger children were "lively and chatty". This example demonstrated how children of different ages responded differently to the same situation and how professionals needed to consider their age, maturity and comprehension of the situation, as well as what would be considered a normal response to the situation, if children's behaviour was to be used as a feature of decision making.

Sometimes, accounts of the children's behaviour were contradictory, with some professionals identifying concerns when others had no concerns about a particular child. In Minutes 28 (neglect), when in school the child was described as

> "Well behaved and compliant towards other children" (Minute 28, neglect)

However, the father said his child (aged 4) had stolen money from his new partner. Stealing money was recorded in the Minutes as a new behaviour [as opposed to a long standing pattern of behaviour]. The Minutes stated that the father's new partner had had her own child removed from her care and she was now involved in the care of this child. It was not clear from the Minutes how the child welfare professionals interpreted the child's behaviour but the analysis appeared to suggest that it indicated something about the relationship dynamics within the home.

During a participant observation session two social workers (session 2) were discussing a referral where the child's behaviour had changed and was now interpreted as "too friendly". One social worker spoke about a recent home visit saying

> "There has been a change in the child's demeanour, initially she was very frightened and withdrawn now on last visit she asked for my name, so I [social worker] crouched down and told her. The child came and sat on my knee and would not move away"

> "It was a bit embarrassing really" (SW, session 2)

Apparently, the child asked for a kiss when the social worker was leaving and the social worker commented

> "She insisted and would not take no for an answer"

> "I'm not sure if this is more worrying or not" (SW, session 2)

Both types of behaviour, being frightened and withdrawn followed by being over friendly, caused the social workers to be concerned and unsure about how to interpret the child's behaviour.

There were examples in the Minutes where observations by professionals in different contexts gave rise to contradictory accounts of a child's behaviour. For example, a two year old boy (Minutes 27, neglect) was referred to as

> "A well-developed active child with a positive secure attachment to his mother" (Minutes 27, neglect)

This description was given by a doctor following a section 47 medical examination but this account was based on observations during one planned encounter. The Minutes also included an account from the health visitor who had seen the child at home with his mother on several occasions.

The health visitor reported that on a recent home visit she noticed that the boy was subdued and did not interact with his mother as usual and that there was a male visitor in the house. The significance of the alteration in the parent-child interaction became a concern when it was mentioned that the mother was possibly involved in prostitution. The mother was reported as saying she knew the child was 'too clingy', saying that he slept in the same room as her at the moment and needed to sleep in his own room. There was nothing recorded in the Minutes about how the mother's comments were interpreted. However, the health visitor was concerned about what was happening to the boy when his mother was under the influence of drugs and she recounted an occasion when the mother had left the child in the care of other drug users. Being clingy could be interpreted as a normal response to his mother being periodically unavailable, particularly if he was being left with other people or there was a succession of different visitors to the home.

In this example the views of the doctor and health visitor were different and influenced by several factors, such as the number of encounters they had had with the mother and child and the context within which they observed the mother-child interaction.

In another example from the Minutes the social worker and school nurse provided very different accounts about the same child. The social worker commented that the bond between a five year old girl and her mother

> "Is lovely to watch" (Minute 1, child-in-need)

and

> "there is a positive relationship, and she is a bright happy and chatty little girl" (Minute 1, child in-need)

However, the school nurse reported that the child displayed "rocking behaviour", previously in nursery and now in school, accompanied by the child's hair falling out or being pulled out.

These examples seemed to highlight the value of basing an assessment on observations from a number of occasions and seeking a range of professionals' perspectives to build a more comprehensive picture. The examples showed that observation of interactions between a parent and child in one context can be interpreted as positive while other child welfare professionals may have a completely different perspective about the same parent-child relationship from their observations at a different time.

Professionals having different perspectives could potentially hamper joint working practices. Platt (2006a) emphasised corroboration as important in decision making and practitioners were reassured if other professionals saw the client or situation the way they did. Corroboration could be a straightforward process if additional 'evidence' supported what was already known about the case but, as shown above, this is not always the case. When there is conflicting 'evidence' child welfare professionals may disregard it as unreliable or seek more information for clarification. Focusing on one version of events and discounting other versions has been identified as a limitation of professional practice (Brandon, et al., 2010).

In the Minutes, sometimes, despite the adverse home situation, children were described as managing to maintain "normal behaviour" outside the home and to develop friendships. For example, in one case the social worker described typically unsuitable home conditions (Minutes 20, emotional) where there was "no food in the cupboards" and added that the eldest child was caring for her siblings, one of whom was described by the social worker as "emotionally damaged" and there was also a history of "alcohol related partner violence at home". However, the inclusion administrator from the child's school said

> "She does not have any problems in school and is never in trouble. She is always happy and has a nice group of friends"

In the Minutes, the chair-person's summary included

"[The] child does not present any problems on the surface" (Minute 20, emotional)

However, professionals were concerned that the impact her home life was having on her might currently be invisible and that unless she was offered support now problems would emerge in later life. The child welfare professionals used the child's behaviour as an example of visible evidence but they also recognised the limitations of equating non-normative behaviour as being potentially due to harmful experiences and normative behaviour being equated to no harmful experiences.

In summary, the child's behaviour was a feature of all three data sets. In the participant observation data when concern about the child's behaviour was the only feature, it did not lead to a child protection categorisation. Behaviour which was understood as a deviation from normative behaviour was potentially used as an indicator of a lack of appropriate parenting or problems in the home. White (2003) showed that parents are responded to as being responsible for their children's behaviour, particularly when there is no medical diagnosis that would explain 'the behaviour' having another cause. Platt (2006b) emphasised the importance of identifying the impact of maltreatment on the child and a deviation from the expected age-specific behaviour could be constructed as a concern about parenting skills or capacity and possible maltreatment. Although the child's behaviour has been identified as one way of understanding the impact of abuse or neglect, Broadhurst, et al. (2010a) indicated that, frequently, insufficient attention is paid to how children behave.

7.3 *The Child as a Participant: Making Disclosures and Expressing their Views*

In the examples presented in this section the children either expressed their views spontaneously in the form of a disclosure or their views were specifically sought by the child welfare professionals. Examples of the child's views being sought were particularly evident during the participant observation sessions.

One of the education professionals interviewed stated that any disclosure by a child of particular events or how the child was feeling was taken seriously and could lead to an immediate referral to Children's Social Care. However, a disclosure about

physical and sexual abuse was more likely to lead to an immediate referral than a disclosure about neglect.

The education professionals (interview 13) suggested that some children made unintentional disclosures as younger children might not realise what they have said but for others the disclosures were seen as intentional. For example:

"I think they tell us so we can help them or you know try and help them" (education professional, interview 13)

In the Minutes there were very few recorded examples of the child's expressed views. When the children's views were recorded some accounts indicated potential problems in the child-parent or a child-adult relationship. For example, in one complex step family (Minutes 26, neglect) the two eldest children were no longer living in the family home but a third child was still living in the family home with her mother and stepfather. The third child was attributed as saying that her stepfather was

"Nasty and calls her names like "get back in your cage gerbil" (Minutes 26, neglect)

This statement suggested that the child's relationship with her step father was potentially difficult and she might have unmet emotional needs.

During the participant observation sessions disclosures by children appeared to be taken seriously and seen as an expression of how the children were feeling and what they were experiencing. Two examples from the observation data are included; the first example involved the children's views being sought by the social worker and the second example was a referral triggered by the child making a disclosure in school.

In the first example, during a core assessment, the social worker sought the children's views to establish which parent the children would prefer to live with. The two eldest children in the family had been given diaries and asked to write down how they felt and which parent they would like to live with. The diary entry by one of them, a nine year old boy, highlighted several key features.

Firstly he said he might appear to be acting normally and be unconcerned about the events which were happening but while he was getting on with his school work he wrote that he was feeling scared and thinking all the time about what was happening at home. The boy's main concern was that he did not know what the judge's decision would be and which parent he would be living with after the court hearing. This seemed to suggest that professionals should be cautious about making decisions about how children are coping based on their observable behaviour, since this child was apparently behaving normally but was experiencing a range of feelings. Child welfare professionals, therefore, should be cautious about interpreting their observations of children's behaviour without asking the child how they are feeling.

Secondly, the child expressed himself clearly, demonstrated that he understood the situation and the issues as they had been explained to him and appeared competent to express his opinion regarding which parent he wanted to live with. He said that he understood that he could only live with one parent and he hoped the judge would decide he could live with his father. The child said he had many happy memories of the times he had spent with his father and that he thought if he lived with his mother he would be miserable for the rest of his life.

The social worker included the boy's diary entry and that of his sister with the recommendations to the [funding panel] as these entries were clear statements of the children's preferences. Although both children wrote that they wanted to live with their father, and while the children's preferences may have been considered, the decision taken was somewhat different to their wishes and the social worker's recommendations. The social worker had recommended that the children should be accommodated by the local authority while the mother underwent further assessment, since the children could not be placed with their father. The social worker recommended care proceedings but the decision was made by the [funding panel] that the children should be placed in the care of their mother, with a support worker visiting the home. The social worker felt this level of support was insufficient, saying

> "….but they [the funding panel] have not worked out the level of input needed to keep those children safe" (SW, session 12)

The social worker used the term 'safe' in this situation to mean physically and emotionally safe. The children did not want to live with their mother as they were frightened by her because her behaviour was unpredictable and she had previously self-harmed in front of them. The social worker felt that returning the children to the mother's care would mean that the "abuse would continue" (SW, session 12).

In the second example, a disclosure by a child was particularly significant and impacted on the subsequent events. There were numerous child welfare professionals involved with this child and his family since there had been a number of CAF meetings but the mother was not attending these meetings. This resulted in the child welfare professionals being unclear about the home situation and the child's disclosure provided more information about the situation. The boy (aged 15) disclosed about his mother taking drugs and that his mother asked him to 'collect' drugs for her. He had apparently been lying and covering for her and there was some suggestion that he was being emotionally blackmailed [by his mother] and also had a history of poor school attendance and being physically ill and vomiting when in school.

The social worker described the home situation in the following way:

> "No one comes to the house, so he [the boy] is socially isolated. Mum never cooks, so [he] only eats crisps, sweets and McDonalds. If you ask him about being sick, he says he thinks he has an infection. There is not enough money so if the choice is between school or food, he chooses food"

> "I've never seen such a sad child" (SW, session 15)

The boy's parents were separated and although the father saw his son regularly, he had not intervened in the home situation. Prior to the disclosure the situation seemed to be at a standstill but the disclosure changed everything.

As the IA progressed the possibility of the boy's father having him over the [Christmas] holiday period was discussed and this became the social worker's recommendation. The father had parental responsibility (PR) so there was "no concern that the mother could come and take him back" (session 15). The older the child the more likely a different approach would be used to involve the children in the decision making process, as shown by the IAs involving young people (see section

8.8.2). However, this 15 year old did not appear to be asked about where he wanted to live and the social worker arranged for him to stay with his father at his paternal grandmother's home. Proceeding to a child protection case conference was not mentioned, since identifying an alternative place for the child /young person to stay circumvented the immediate need for a child protection case conference or care proceedings.

In the data sets there were very few examples of the child welfare professionals seeking or recording the views of the child, despite this being recommended in the government guidance (HM Government, 2010). During the interviews the child welfare professionals suggested that their decision making processes were influenced by what young people said and that the children's views were important and were considered alongside other information and organisational considerations. During the participant observation sessions the outcome of the assessment process and the decisions the social workers made on behalf of the children did not necessarily coincide with what the children said they wanted. This was likely to be due to the social workers' mandate to decide what is in the best interest of the child rather than act as an advocate for the child (Barnes, 2012). The social workers' practice was also influenced by the local authority legal department and the funding panel.

7.4   *Family Structures*

In the Minutes information about the adults in the home, including their relationship to the children, was routinely recorded (see appendix 13). Establishing the composition of a family and the nature of the relationships between the adults within the home environment was an important aspect of the assessment process.

In the Minutes there were two strikingly different family forms identified in the cases allocated the category of neglect. The first family form identified involved pregnant women with no other children living in the home. The allocation of the category of neglect was based on the parents', usually the mother's, history of previous children having been removed from their care (see discussion in section 6.5). Having had previous children removed, the professionals were concerned about how the mothers would care for their children once they it were born. Although the unborn children were allocated the category of neglect, this did not pre-determine the

outcome in terms of the new-born children being removed or being allowed to leave hospital with the parents.

The second family form identified involved a number of children usually living with their mother and a partner who was the biological father of some but not all, of the children. These Minutes involved complex, multiple interconnected relationships, making parent-child relationships more complex to understand and, consequently, parent-professional interactions were also more challenging. The accounts associated with this stereotypical family form included descriptions of a chaotic lifestyle, substance misuse and a lack of routines, which corresponded with recognised family forms associated with neglect (Parton, 1991; Howe, 1998) .

The participant observation data showed that the social workers routinely sought to establish the family structure. The complexity of relationships that the child welfare professionals encountered was illustrated by a discussion between two social workers during the observation sessions. There was a discussion (between SW1 and SW2) about the relationship between two people.

> SW1: "Should I put her down as girlfriend or partner?"

> SW2: "I'd put her down as partner, as it covers a multitude of things. Not that I am saying it is simple"

The choice of the term 'girlfriend' or 'partner' suggested different degrees of involvement in the family and commitment, which can have implications for their impact on the children as well as professional expectations about their involvement and role in caring for the children.

Examples in the Minutes where families had complex family structures sometimes involved the families making their own informal arrangements for the care of the children, with both maternal and paternal aunts taking on a parenting role for some children (15, 26 and 29, neglect). In Minutes 26 and 29 (neglect) children had moved from living with their mother to another home living with their father. In Minutes 26 a 15 year boy was living with an unrelated male who was a family friend and had become his unofficial carer. In these situations the Conference chairperson suggested that the new and unofficial carers were assessed for their suitability and the arrangements formalised, if appropriate.

In the Minutes the professionals frequently clarified the type of relationship the mother had with other adults in the family home. In several Minutes adults who were unrelated to the children were referred to as "significant other", "support for mother" and "long term friend". The influence of these other adults could be positive but, even when there were supportive adults around, this was not always sufficient to keep children safe. In Minutes 27 (neglect) the "significant other" was a much older man who appeared to be a stabilising influence on the mother and, although he was a positive influence, when he was taken ill the mother relapsed regarding her substance misuse. The child welfare professionals highlighted "her [the mother] having a limited support network" as a concern. These features - the mother's increased substance misuse and loss of her main support, combined with a limited social network - were used in the construction of this case as one of neglect.

In some Minutes the influence of other adults in the home was not seen as positive. Adults who were not related to the children or other family members coming into the home was a recurring theme in several of the Minutes. For example:

> "People coming and going from the home, in the past and present, are a concern (Minute 9, neglect)

In another case involving a mother with a three year old girl (Minutes 8, emotional), the home situation was assessed by the social worker as a situation the mother "could not manage" since there were people in the home, some of whom were uninvited. The social worker stated that the atmosphere in the home made it "feel like an abusive home" and encouraged the mother to return to her parents' home with her child.

7.4.1 Fathers and other men

Information about the mothers was included in all the Minutes regardless of the category allocated and the identity of the mothers was never in question. However, establishing the identity of the biological father and the relationship between any men in the home and the children was often complicated.

The analysis of the Minutes revealed that sometimes it was unclear whether the man in the home was the biological father and, if the woman claimed that he was the father, these men were referred to as "putative fathers" (Minute 2, emotional; 13 and

15, neglect). This particular group of men were either unsure of their paternal status or denying that they were the father of the unborn children and they were all awaiting the results of DNA paternity tests. One of the putative fathers attended the Conference, saying they "were a couple" (Minutes 2, emotional). The ambiguous status of the other two men (Minutes 13 and 15, neglect) and the fact they were not engaging with the pregnant women, with preparations for fatherhood or with the child protection process was seen as problematic. Their intentions regarding future involvement and their relationship with the women and/or the children, once born, were also unclear.

There was another example of a man denying he was the father of one of three children in the family, despite being recorded on the birth certificate as the father (Minute 12, neglect). The man was living in the home as the 'father' but claimed he was not the biological father of one of the children - a five year old boy. Since he was named on the child's birth certificate as his father he was, according to official records, the child's father. The child's mother claimed he was the father of the child but despite this he treated this child very differently to the other children and was never seen having any physical contact with him. The impact of the 'father' believing he was not the child's father was having a detrimental impact on the child, who disclosed to the social worker he wanted to be "taken away". By declining to have a DNA test to clarify his paternity the 'father' perpetuated the uncertainty of the situation. Addressing the impact of this situation on the child necessitated the child welfare professionals focusing on the 'father's' issues, without losing their focus on the needs of the child.

The ambiguous status of the men, and a lack of clarity about whether they were the biological fathers, not only impacted on their relationships with the children and the mothers but on the extent to which professionals involved them in interventions. In the Minutes where the category of neglect was allocated the fathers, if their identity was known, were invited to attend the Conferences and the majority did attend. However, one consequence of the identity of the father being unknown or uncertain was the professionals tended focus on the mother.

In the Minutes and participant observation data there were examples of past adult behaviour which had led to a particular characterisation. This was most evident in

cases that involved pregnant women who had had previous children removed from their care and adults, particularly men, with convictions for sexual offences involving children. These two aspects of adults' previous history are discussed next.

Past maternal behaviour which had been constructed as a deviation from the expected parenting norm appeared to influence how professionals assessed the mother's ability to care for subsequent children. A previous history of neglect appeared to have a lasting influence on how the parents were responded to in subsequent pregnancies. In an example from the participant observation sessions the social worker described a case involving a woman whose four children had previously been removed from her care for neglect. After a pre-birth assessment the social worker had recommended that the mother, with her new partner [who was not the baby's father], should be allowed to take their new born child home once it was born. A comprehensive support package had been put in place as part of the child protection plan (category neglect). The parents were described as being closely monitored and all the professionals involved were reported to be pleased with how things were going. The social worker said the parents seemed to be doing well and "no cracks had appeared" (session 13). In this example the social worker's perspective was that the woman and her new partner had been able to make changes hence, following a favourable assessment, they were given the opportunity to demonstrate that they were able to sustain the changes. This example also suggests that having previous children removed for neglect might not automatically lead to future children being removed.

The second example where part history seemed to have a lasting impact involved adults who are 'a known risk to children' [previously referred to as Schedule 1 Offenders]. In cases involving men who were 'a known risk to children' professionals expected mothers to prioritise what was best for their children, especially when embarking on a new relationship. Even though it was the new partner who had previous convictions for sexual offences against children, it was the mothers who were the focus of the professionals' gaze. Not all cases involving men who were 'a known risk to children' were categorised as sexual abuse and a history of sexual offences appeared as a feature in cases categorised as neglect and emotional abuse.

In Minute 12 (neglect) the parents' ability to keep their children 'safe' was questioned when they allowed their children to come into contact with adults 'who pose a risk to children'. In Minute 12 the perceived risk to the children involved an adult who had "messed" with the children's father, when he was a child and had been allowed to sleep in the same room as one of the children. Also, the father's brother was identified as "a risk to children" but the father was unable to accept this saying he

> "Had known him [his brother] 31 years and he is not a risk to children and that if he thought he was he would keep him away" (Minute 12, neglect)

The absence of adequate supervision, combined with insufficient awareness of the need for supervision by the parent(s), contributed to them being seen as failing to protect their parental children, especially as the children had regular contact with their uncle.

In the three Minutes allocated the category of sexual abuse the men who were a 'known risk to children' were often unrelated to the children and in relationships with the children's mother. These men were not invited to the Conference, since to be invited to a Conference would imply that there was a role for them in the future of the family unit. In Minutes 22 (sexual), the mother was 22 years old living with a 42 year old partner (not the biological father) who was 'a known risk to children'. The professionals' concerns focused on similar features to those found in cases of neglect:

> "… previous drug and alcohol misuse, mental health and mother's ability to keep the child [10 month old boy] safe from harm" (Minute 22, sexual).

During the participant observation sessions the family structure and particularly the presence of adults with a history of sexual offences living in homes or planning to live in homes where there were children, was a frequently heard topic of conversation. In several cases the children's mothers were portrayed as responsible for protecting their children. For example:

> "The child [15 years old] is not to have contact with him, and if you move in with him we would say you are not fully protecting your child"

> "I know it is a massive thing because you are thinking of moving in together" (session 6)

After ending the telephone call the social worker said to a colleague that she felt like saying to the woman

> 'Wake up woman! There is a family history of several concerning things such as sexualised behaviour in the children, the son's inappropriate touching of his step-sister. And the woman does not seem to think anything is wrong" (SW, session 6)

The mother's ability to protect the child was in doubt due to her apparent lack of awareness or appreciation of the risks posed by her new partner. Scourfield (2003) also highlighted the gendered nature of social work, with social work practice primarily focusing on mothers. However, another IA during the observation sessions (session 4) involved a child who was in the care of his father, as his mother was living with a convicted sex offender. This case illustrated that social workers had a similar expectation that the father should protect the child. The social worker was concerned because the father felt the child needed to see his mother and spend time with her but this was not considered 'safe' because of her new partner's sexual offending history. If the father allowed the child to go to the mother's home, the social worker said the father would be "failing to protect the child".

In summary, the analysis showed that there were differences between the professionals' and parents' perspectives about the risk posed by some relatives, friends and new partners and this clearly impacted on professional-parent interactions. Professionals expected parents to protect their children and keep them safe and co-habiting with someone who was 'a known risk to children' was clearly constructed as putting the children 'at risk'. From the analysis it appeared that, if the man who posed the risk to the children was resident in the home or was the biological father to one or more of the children, the allocation of the category of sexual abuse was more likely. If the man was not resident and could be kept away from the home, or was a more distant relative, the category of neglect was more likely to be allocated.

7.5 *Interactions within the Home*

The Children Act 1989 emphasised that children are best looked after by their parents with support and intervention from child welfare professionals when a need is identified.

There were examples of positive and negative parent-child relationships identified in the data sets. During the participant observation sessions an example of a positive parent-child interaction was identified involving a school-aged child. The social worker spoke about the child's description of her family life:

> "When [the child] came into the office, she spoke very highly of her mum, said she loves her cooking a Sunday lunch, there were plenty of signs of good nurturing" (SW, session 11)

The social worker had done the home visit as part of an IA and described the home conditions and the parent-child interactions:

> "I can tell you when I went out to the family, things were extremely well organised, everything in its place and a place for everything, both parents seemed to be interacting well with the child (SW, session 11)

The house was described as well organised with everything in its place and, while this was interpreted as a positive attribute, it could potentially be interpreted differently. If a home is 'too tidy' it might indicate a parental inability to tolerate any mess and therefore may not be particularly child friendly. This referral was not constructed as a child protection case and did not progress to a Conference.

In contrast to the positive images of parent-child relationships, other relationship dynamics were identified which were associated with neglectful families:

> "The ... other element to it seems to be something about people [professionals], seeing it [neglect] as being a kind of feature of disorganised families who cannot... kind of hold it together and produce routines and so on" (social care professional, interview 3)

While being chaotic or disorganised may be the typical image of the dynamics within some neglectful families, the social care professional was concerned because this

image might mean that professionals did not necessarily notice other processes that were occurring in the family which might be more damaging to the child. The social care professional continued by saying that professionals focused on the chaos in the home

> "rather than looking at some of the other dimensions which are a very kind of ... a level of disassociation from the children and that they are not acknowledging their needs which is a more .. I think is more serious really" (social care professional, interview 3)

In this example the concern seemed to be identifying whether the parents were able to recognise their child's needs and assessing this aspect of parenting could potentially be over-looked by focusing on the more visual features indicative of a disorganised home life.

The social care professional also suggested that any information gathered has to be utilised to understand the impact of the unsuitable home circumstances on the child's development but not to simply focus on and address the immediate, visible problems, such as a dirty house:

> "They [the different intervention models] talk about including child development and again it is about how it affects outcomes and what you are looking at globally rather than just the dirty house syndrome" (social care professional, interview 3)

A similar concern about parenting skills was raised during an interview with a health professional who said:

> "From a health perspective, the families where er, there is neglect perhaps more of the stimulation, the boundaries, the guidance and the emotional warmth, it's mu, it's much more difficult" (health professional, interview 6)

Ofsted (2008) identified observing parent-child interactions as a crucial safeguarding practice, emphasising the need to differentiate between mothers and fathers and to assess their interactions with their children separately, with observations being carried out in different settings over a period of time. Lewin and Herron (2007) emphasised that health visitors assessed parental responsibility in terms of the

parents' social relationships with the child rather than the child's physical state or the home conditions, highlighting the importance this professional group gave to the interactions between the parents and their children.

The relative invisibility of parental emotional care and the absence of standards for measuring how available or responsive parent(s) are to their child, combined with the fact that the impact on the child is not necessarily immediately obvious, means this is a problematic area of professional practice (Glaser, 2011).

7.5.1   Parents' interactions with Young People

Homelessness amongst young people was a theme identified in both the interview and participant observation data. One health professional (interview 15) emphasised that no young person would actively choose to be homeless and the fact that they were homeless indicated that something was wrong at home which had forced them to leave.

Young people were identified in Accident and Emergency (A and E) Departments as having additional needs beyond their presenting condition:

> "We do get older children coming into A and E and they've been kicked out of the house and they've got .... the parents have disowned them and kicked them out and they are staying with friends and things like that and I think that is neglect 'cuz to me you will get them at just 16 and they really ..... their parents have kicked them out and are on the friend's sofa is ... an area of neglect but also for young people it [is] not giving boundaries and they are out till all hours they are out drinking and smoking and doing whatever they do, which I know to some extent that is, I know, part of risk taking behaviour" (health professional, interview 1)

This view of the young people in need, linked to relationship issues between the young person and their parents, was seen as contributing to the young person's vulnerability. When young people were homeless and sofa surfing they were understood to be vulnerable to abuse and exploitation. The perspective of young people being vulnerable was balanced by a competing view that risk taking behaviour was a normal part of young people's behaviour. If there was a "stormy [parent-child] relationship" it was recognised there could be emotional neglect and

when the young person's parent(s) came to collect them, the parents were sometimes described as being at the "end of their tether" and "don't know what to do" (interview 1).

The social workers talked about the family circumstances of other young people, saying that sometimes parents cannot or will not take their children back or the home conditions are difficult. The example given to illustrate this viewpoint was:

> "He cannot go back home [to live with Mum]. His Dad said he would take him in but he has to be out of his house by 7.00am in the morning [as Dad has to go to work]. He was only released on Friday and look what has happened since then. I will carry on with the assessment and see what happens" (SW, session 3)

The majority of cases talked about during the observation sessions were young men but some cases involved young women. The following excerpt was a telephone call about a 17 year old who was 'sofa surfing' at that time. The following excerpt indicated family relationship problems and concerns about her boyfriend:

> "Does she want to be accommodated?"

> "Wants to stay in the area, where there is a support network in place, 'sofa surfing' at mother's home but she is only allowed to stay with brother twice a week. Her mother has taken her passport off her as she wanted to go to Pakistan with her boyfriend" (SW, session 10)

Although there were family problems the mother's action of taking her daughter's passport away from her could be interpreted as trying to protect her daughter.

The assessment process included finding solutions to issues and when it was not possible for young people to re-establish links with their parents, other relatives were considered, such as grandparents. The social worker doing an IA (session 3) was speaking on the telephone to the housing support worker, saying that the young person's tenancy at [sheltered housing] was coming to an end:

> "He is practically living with his grandparents anyway, only sleeps at [sheltered accommodation]. Does his washing and showering at his grandparents. Their main concern is that they cannot financially support him

as they are on pensions. He needs work with budgeting. At the moment he is borrowing from his grandparents. Possibly he needs to be linked into Lifeline about his cannabis. He also wants his other grandparents to be more involved in his life [his paternal grandparents]. He has been doing some plastering with his [paternal] grandfather" (SW, session 3)

These examples, although they focus on young people, also include features which are used to characterise the parents. In the first example the mother's behaviour was not the expected parental behaviour; parents should provide a home for their children.

Another referral to the initial response team involved a young woman (session 1), and the social worker was talking to her after having secured her a place in sheltered accommodation:

"Things are now looking very positive, her attitude is also positive. She is in [sheltered accommodation] now, she's going to have a [contraceptive] implant assessment and go back to school tomorrow. She is now ready to look at past issues around when she was raped etc. and is going to the Women's Centre for counselling"

"Now she is safe and she is going to get the support she needs" (SW, session 11)

In summary, the situations involving homeless young people were very varied and required individual responses which included using a partnership approach where the young people were involved in the decision making process. When the parents were not able to offer appropriate accommodation for their children, the extended family was considered as an alternative.

Smeaton (2009) and Brandon, et al. (2008a) reported that young people were likely to have been known to agencies for a number of years and to have had prior long-term involvement with Children's Social Care and other agencies before becoming homeless. Research by Furman, et al. (2003) highlighted the need to understand the social context of young people's worlds, which was likely to include the influence of significant adults and peers. Young people who are homeless are seen as vulnerable to exploitation from adults (Shelter, 2011). Risky sexual behaviour and

sexual exploitation have been significant concerns in a number of SCRs involving young people (Brandon, et al., 2008b). Darby (2011) also identified that older children can be over-represented in A and E Departments since they were less likely to access universal services, via their GPs.

7.6 *Risk Factors known to Impact on Parenting*

In this section three known risk factors which impact on family life and which feature prominently in SCRs (Brandon et al., 2008c) are discussed. There were numerous references during the interviews to the three parental risk factors which are particularly associated with neglect and abuse, namely substance misuse; partner violence (sometimes referred to as domestic violence or partner abuse); and mental health issues or learning disability. Children who had parent(s) who were experiencing more than one of these three risk factors were understood to be 'at risk' of neglect:

> "Domestic violence, or domestic abuse, alcohol and substance misuse and men, parental mental health are the ke, key factors if you like or drivers in neglect cases particularly and others but particularly in neglect cases. What's accounted for them? erm, … good question, I think er, well the use of erm, of er, illegal drugs, substances has, has, has increased I think over the last 25, 30 years or so. Erm, it's become much more erm, used within the general population" (social care professional, interview 11)

Each of the three risk factors is discussed separately, using data from the analysis of the interviews and participant observation sessions, in the next three sections of this chapter. Section 7.7 then describes and discusses the differences in the co-existence of the three risk factors according to the category allocated in the Minutes.

7.6.1 Substance misuse

A health professional (interview 4) gave examples involving maternal substance misuse which raised concerns about neglect, due to the effect of maternal drug use on the unborn children. The health professional felt that when substance mis-using mothers realised the impact this could have on the unborn child, they would be motivated to change:

"'Cos it's, it's a time of life, if a woman's pregnant she's more receptive to taking on a lot more health, health-type education because she knows it can affect her child. I mean, it's like working with a substance misusers, the, they're mortified when they find out what can happen and, and what they're doing to their babies by carrying on taking the substances. And it's a point in their life where it could change that, that habit that they've got" (health professional, interview 4)

Pregnant women who misused substances were encouraged to access support available from the Substance Misuse Service (SMS) (interview 4). The health professional said that substance misuse and partner violence were known risk factors for the unborn child and would prompt them to consider a referral.

An education professional (interview 13) also identified maternal substance misuse as a feature which impacted on children. Family members abusing drugs and alcohol generally raised professional concerns about the parents being unable to put the needs of the children first (education professional, interview 12).

In the Minutes the degree of misuse and the professional concerns it raised varied considerably from case to case. The Minutes recorded examples of substance misuse which related to men and women and impacted on a child either directly or indirectly, as illustrated by the following two examples of alcohol misuse. In the first example, the mother (Minutes 29, neglect) had a drink problem and often drank large amounts of alcohol which directly impacted on the children as she was "not able to care for the children until late the next day". In the second example, from Minutes 26 (neglect) the father was misusing alcohol and inviting friends into the house, which impacted indirectly, as his drinking was seen as affecting the mother's ability to care for the children.

One pregnant woman (Minutes 3, neglect) who was involved with Substance Misuse Services (SMS) and "had not taken illegal drugs for some time" was described as

"Open and co-operative and acts on advice" (Minute 3, neglect)

and had

"Shown concern that baby will be born withdrawing from drugs" (Minute 3, neglect)

This case was constructed as neglect despite the woman being co-operative and her acknowledgement that the baby would experience drug withdrawal system post-delivery. This decision was influenced by other features, such as her three older children having been removed from her care and the father of the unborn child being seen as a risk to the mother and child due to previous partner violence.

The situation described was different for another mother of a 2 year old child as she had

"Relapsed in relation to her drug use and had [previously] tested positive for heroin, crack and methadone" (Minute 27, neglect)

This mother had stopped engaging with the SMS and had discontinued her methadone programme and was using illegal drugs. There appeared to be a lack of money and basic items in the home as the mother was spending the money on drugs. The child was being left with other drug users and the concern was that

"His needs were no longer a priority for mother" (Minute 27, neglect)

The fact that the mother had disengaged from services and had started using street drugs brought into question her parenting priorities.

Using an over-arching term such as 'substance misuse' disguises the diversity of drug and alcohol misuse and the impact that the misuse has on family life and the parents' ability to care for the children. How parental drug misuse impacted on professionals' perspectives of parenting ability has to be considered as well as a range of other variables, such as how the parent(s) managed their misuse, whether the drugs were on a prescription or 'street drugs' and how they engaged with service providers. The drug misuse recorded in Minutes 27 above and the father who had a history of chronic alcohol consumption (Minutes 26) were at one extreme of a spectrum of seriousness of substance misuse. One professional was recorded as saying they were concerned about the father "killing one of the children" if "he falls asleep while holding them while in a chair or on the sofa or in bed if they co-sleep" (Minutes 26, neglect). At the other end of the spectrum of seriousness was a couple

whose drug use was confined to the long term, low dose use of prescription drugs. Each case required different professional inputs.

7.6.2 Domestic violence

During the interviews a health professional spoke about making a referral involving a pregnant woman and partner violence:

> "The referrals may quite often be, say if it's domestic violence, they [the midwives] will say right we've had two incidents now of domestic violence, erm, I'm concerned because it's escalating, she's pregnant, erm, she says that he's hit her. That will be referral through to social care 'cos you know the impacts of domestic violence on children…
>
> …erm, that's the, the impact straightaway so, it's discussing erm, whether it needs, whether they [midwives] need to CAF the lady, whether they need to do that, [or] take the plunge and make that referral through to social care" (health professional, interview 4)

The phrase "that's the impact straightaway" suggested that the health professional thought that the unborn child was at risk of harm. However, even if the unborn child was thought to be at risk of harm, this might not automatically lead to a referral to Children's Social Care. The child welfare professional [a midwife] had to decide whether to make a referral to Children's Social Care or to the multi-agency team.

In the Minutes the descriptions of partner violence covered a range of different examples of type and duration. In the accounts the partner violence was frequently denied or minimised by the parent(s). In one example (Minute 26, neglect) it was recorded that the mother had been seen with a black eye but she denied violence in the home. In Minutes 28 (neglect) both parents denied partner violence despite the police report stating there had been a number of incidents involving partner violence when the police had been called to the home. There were other occasions in the Minutes where incidents mentioned by the social worker, although they were not denied by the parents were minimised by them saying "the children were in bed when incidents happened" and since "they [he and his partner] were not shouting, the children knew nothing about it" (Minutes 12, neglect).

How the child welfare professionals interpreted the information is not stated in the Minutes, possibly because the parents receive a copy of the Minutes. The way the information was recorded did not mention victims or perpetrators but the implication was that if a woman had a black eye she was the victim and her partner was likely to be the perpetrator. For professionals to refer to one parent as the perpetrator would be seen as apportioning blame and possibly as taking sides.

In these examples, by denying or minimising the situation the parents appear to be doing two things. Firstly they are rejecting the professionals' constructions of them as either a violent partner or a victim of violence, which makes it difficult for professionals to intervene in a situation which they understand to be harmful and puts children 'at risk'. Kelly and Milner (1996) refer to women being in a Catch 22 situation, which might explain why they appear to minimise partner violence; women may want help but are worried about telling professionals about domestic violence because they fear they will lose their children. Secondly, by minimising what had happened and saying the children knew nothing about it, they were challenging the professional construction that the violence that had occurred was serious. In both scenarios they are rejecting the professionals' interpretation of the situation and consequently their behaviour might be constructed as uncooperative.

In comparison, in the next example, categorised as physical abuse, the pregnant woman was seen as beginning to make changes and being co-operative but her partner was referred to more negative terms. There had been earlier concerns that

> "Both adults were minimising the effect of partner violence and they are not acknowledging the risk to mother and the unborn baby" (Minute 4, physical)

The pregnant woman had more recently

> "Shown some awareness of the risks and yesterday agreed to separate from her partner" (SW, Minute 4, physical)

However, the midwife spoke about

> "High levels of partner violence including an incident when the woman was seven weeks pregnant" (Minutes 4; physical)

There were professional [midwifery] concerns about the couple's relationship due to the large age difference between them; he was described as "preying on young women" and controlling them, which is "not a good foundation for a relationship". The woman was seen as being "better off without her partner" and more amenable to working with professionals. The woman was described as "open and honest", had stopped drinking alcohol and reduced her smoking and cannabis misuse. The risks to the woman and her unborn child were reduced when she separated from her partner. The father, however, was characterised as "taking no responsibility"; he was involved with the substance misuse services due to alcohol misuse and "popping painkillers" which added to his characterisation as a risk to his [ex-] partner and unborn child.

The perceived seriousness of the partner violence appeared to influence the categorisation of this case as physical abuse rather than neglect.

7.6.3 Mental health issues and learning difficulties

One of the health professionals (interview 15), worked in adult mental health services and provided a particular perspective on parental mental health issues. Mental health issues are a known risk factor for children and this has led to more awareness training in adult mental health services and a greater emphasis on understanding what their "organisation does to keep children safe" (health professional, interview 15).

> "We know, we know that ch, where children live where, with parental mental illness is a feature there are significant risks" (heath professional, interview 15)

Mental health problems were normalised by the health professional and, since mental health problems were common, she emphasised the need for early interventions to safeguard children:

> "....one in four of us at some point in our life has or may in the future suffer a mental illness. Does that make us bad parents? Of course it doesn't. It need, it like, lots of other parents in lots of other situations may, it may lead us to need some assistance. And that, that's the thing. And it, it's that early

intervention. The sooner we can work with families, sooner we can intervene, support them" (heath professional, interview 15)

She continued by saying parents had not chosen to have a mental illness and a mental illness did not negate the belief that children were best cared for by their family. The focus should be on managing the mental illness and providing support so any impact was minimalised:

"And it's about how we can support them in doing that. You know we've, the view is, is a strong view that children are best looked after in their families but we've got to measure that with what we know the reality, and we know from, from endless amounts of evidence and research that we know, and it's not forever. Mental illness can be managed and cured, not necessarily cured but certainly managed ... well" (health professional, interview 15)

The health professional differentiated between a mental illness, which might be temporary, and learning disabilities:

"I mean, I think where parental mental illness and le, parental learning disability are features we, they, they are very tricky because often it isn't the, th, these are people who on the face of it are doing the very best they can and, and my challenge to our staff when they're recounting, a typical one, a, and I think this was probably more straightforward than a lot of them, was, was a child that was being erm, ostracised in the family. She had siblings who were, were, were on the face of it loved and cared for….

… I think the challenge therefore, while we [in adult mental health services] were collectively in agreement that this was a really harmful thing, was trying to sort of communicate that to our colleagues…" (health professional, interview 15)

The health professional also felt that being ostracised would have an effect on the child in the future but raised questions about how the impact on the child was understood by other professionals. In section 7.4.1, by denying he was the boy's father and how he behaved towards the child, the 'father' was ostracising the child and the other child welfare professionals certainly understood the impact of this on the child.

This scenario also highlighted the importance of assessing each parent-child relationship separately. The health professional added:

> "We could ver, you know, we could see this little girl, she was five, you know, many of our service users now in adult mental health service recount experiences, not dislike the one that this little girl was, was enduring. And, and I think the challenge was that a, that the authority, the, the local authority viewed that they were ple, protective factors, you know, she went to her aunt's at the weekend erm, erm, the school, she was doing okay at school. On the face of it she didn't look to be suffering harm erm, which was very contrary to our view that whilst, at the moment er, she, she was resilient and she was doing okay, [but] it wasn't just about this week or next week. This was about the years to come and how, you know, wha, we know how, what sh, that was real, gonna [to] be really harmful to her, to her health and welfare (health professional, interview 15)

This case was presented as representing a common experience described by adults who were now mental health service clients. In the example, while there were no visible signs that the child was suffering and she was doing alright at school, there were concerns that she was being harmed.

Since the parent was experiencing mental health problems and was constructed as 'ill', the parent was not seen as culpable for her actions but the dilemma about what was in the best interests of the child still remained. The decision making was more difficult because there was no visible detrimental impact on the child.

In five of the Minutes (Minutes 9, 12, 13, 28 and 29) there were references to mental health issues or learning difficulties. Depression was referred to in three Minutes but it was not clear if this was a medically diagnosed depression or whether the term was being used more generically to refer to a 'low mood'. One mother said she suffered from bulimia but, again, it was not clear if this was an established medical diagnosis. In Minutes 9 the parents had the support of a community psychiatric nurse, which suggested that there had been a medical diagnosis. A confirmed medical diagnosis provided clarity about the seriousness of the condition and acted as corroboration of the parents' account and influenced how the professionals responded.

Mental health as a feature of neglect was frequently combined with substance misuse and partner violence or poor home conditions. The interview data suggested that mental health issues were understood as an illness as "no one would choose a mental illness'" which led to a different professional approach. Even though the parents' actions may have been deliberate, because they were seen as ill they were not constructed as culpable for their actions or for the potential harm to the child.

With each of these three risk factors professionals sought to establish the seriousness and the impact on the child and the parents' capability to care for the child prior to deciding on a course of action. Looking at the risk factors separately enabled their individual impact to be understood and how they were used in the construction of cases. The three risk factors co-existed in a number of Minutes, as discussed in the next section.

7.7 *Numerical Analysis of Three Known Risk Factors in the Minutes*

Data relating to the three risk factors known to impact on parenting was identified in the Minutes, as discussed in the previous three sections. Enumerative analysis of each risk factor was initially done separately to identify the frequency with which they occurred, and then additional analysis showed how they co-existed in cases categorised as neglect.

Substance misuse was recorded in 21 Minutes of the sample of 29 Minutes and in all 12 Minutes categorised as neglect. In eight of these Minutes the substance misuse was drug misuse (Minutes 3, 10, 12, 15, 16, 27, 28 and 30) and in three Minutes the misuse involved alcohol (Minutes 9, 26 and 29). Minutes 13 involved both drugs and alcohol misuse. Drug and alcohol misuse also co-existed in the Minutes allocated other child protection categories; for example, Minutes 4 (physical) (discussed in section on partner violence, 7.6.2). Of the 19 Minutes where partner violence was recorded, nine were allocated the category of neglect. Mental health issues or learning difficulties were identified in ten Minutes allocated a child protection category and five of these Minutes were allocated the category of neglect.

The co-existence of the three risk factors, substance misuse, partner violence and mental health issues, are illustrated by the Venn diagrams in Figure 7.1 and Figure 7.2. The data from the sample of Minutes was analysed further in order to

differentiate those Minutes categorised as neglect from the other categories. Figure 7.1 shows the distribution of the three factors from the sample of 29 Minutes, and Figure 7.2 shows the distribution of the three risk factors in the 12 Minutes allocated the category of neglect. The risk factors were counted only once per Minutes, even if recorded several times in relation to one or both parents. Five Minutes, in the initial sample of 29 Minutes, did not mention any of the three risk factors, they were categorised as physical (n= 2), sexual (n=2) and emotional (n= 1) but none were categorised as neglect.
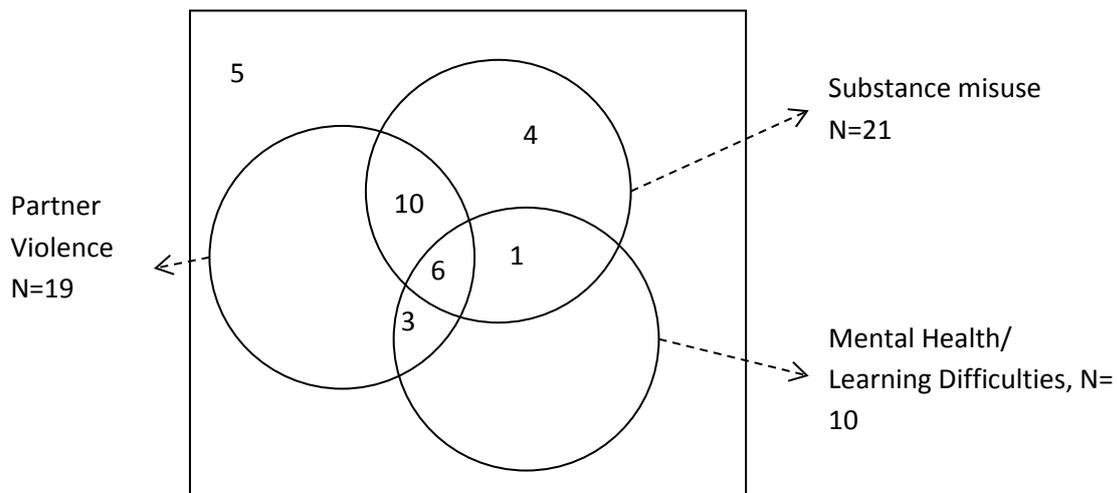
Figure 7.1 : Venn diagram of three parental factors known to impact on child maltreatment, namely partner violence, mental health and substance misuse: analysis of 29 child protection case conference minutes

Figure 7.1 shows that in the full sample of the Minutes, partner violence and mental health issues always co-existed with at least one other risk factor and all three risk factors co-existed in six Minutes.
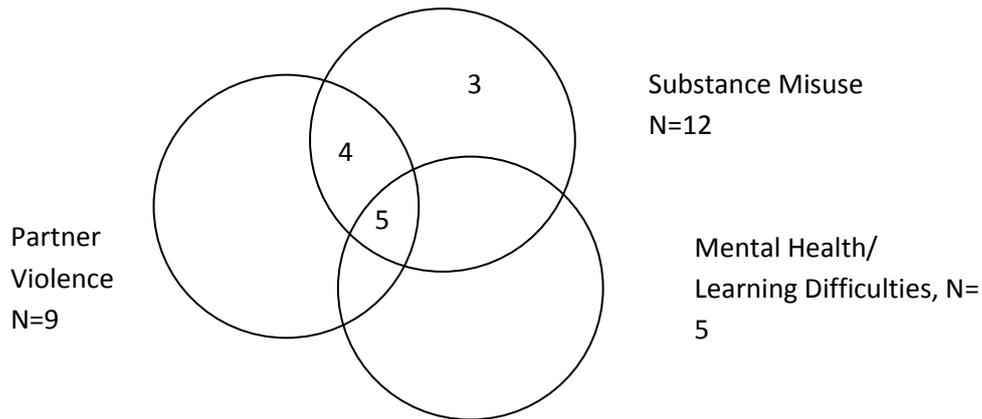
Figure 7.2 : Venn diagram of three parental factors known to impact on child maltreatment, namely partner violence, mental health and substance misuse: analysis of 12 Minutes categorised as neglect

Further analysis of the Minutes data showed that,

- All 12 Minutes with a neglect category included substance misuse as a risk factor.

- In the sample of 29 Minutes, 20% (n=6) recorded all three risk factors, of which five were categorised as neglect. This suggests that if all three risk factors co-exist, the probability of the category of neglect being allocated rises to 80%.

7.8 *Social Workers' Practice involving Substance Misuse, Domestic Violence and Mental Health Issues*

During the participant observation sessions there were a number of referrals that involved substance misuse, domestic violence and mental health issues, in different combinations. These risk factors were taken into consideration when deciding on the most appropriate course of action and the existence of the risk factors did not automatically lead to a child protection case conference and the allocation of a child protection category.

During an Initial Assessment (IA) that involved mental health issues and the home conditions, the social worker was heard talking on the telephone about a nursery aged child:

"This means it is not a child protection issue. It is a home and mother's mental health issue. If things don't work out with all services in place and if the case

comes back to initial response, it may go to a child protection conference then" (SW, session 2)

After corroborating the information received and with services being put in place it was felt that the child's needs were being addressed. In this example the home conditions and maternal mental health issues could have been constructed as neglect. However, other interventions were to be tried first, and the case might eventually become a child protection case if these interventions were unsuccessful.

In another example, during a core assessment, the social worker was talking on the telephone about the father in one family:

> "It is the continuing drug use that stops the children being placed with him. The children are saying they don't want to be with mum"

> "It is the continuing drug use that makes the father's behaviour so variable and children don't know where they are, he is not in control, drugs are" (SW, session 10)

Although the father had been identified as the parent the children would like to live with, his substance misuse and testing positive for illegal drugs prevented the social workers placing the children with their father.

There were two referrals which initially appeared to have similar features [unsuitable home conditions and partner violence]. However, there were some significant differences between them especially relating to the perceived seriousness of the partner violence and the children's father breaching his bail conditions which banned him from going near the home. The social worker said

> "When we went to MARAC before, the concern was her ability to protect [the children]. The question was if there was any way we can stop this man? Because I think he is dangerous" (SW, session 6)

The police were unsure about the father's whereabouts and called at the family house. The mother had been reluctant to allow the police into the house (as the father was there) but on gaining entry they were so concerned about the state of the house they rang the initial response team. The police were involved because the father was breaching his bail conditions and also the children were reported to be

frightened of their father. The police, finding the man in the family home, commented on the mother's inability to protect the children from her partner, which increased the likelihood of further intervention. The mother was arrested by the police and charged with neglect of the children [The term neglect was used by the social workers in connection with the police charges].

The four children, aged between 2 and 9 years, were brought to the social work office, since both parents had been arrested and the mother charged with neglect [child cruelty]. The children were being brought to the office from school, by the police, on a Police Protection Order. The duty social worker met the police at the house and agreed that the conditions were appalling.

One of the social workers in the office commented that [the mother] was a victim of partner violence and raised the possibility that the situation could have been handled differently. She continued by saying that the duty social worker had visited the home at 11.00am and contract cleaners could have gone in during the day and blitzed the place. The social worker could then have seen if the condition of the home was maintained, rather than removing the children. Some of the other social workers in the office also felt it could have been handled differently. They suggested that the mother was not going to be detained she would be charged and released. Another social worker said

> "Neglect is not some flashing blue light, [we] can buy some time which may be less traumatic for the children or less harmful than removing them" (SW, session 15)

In this example there were issues around the mother's ability to protect and care for the children due to the seriousness of the partner violence. The situation appeared to be compounded by her reluctance to let the police into the house and the unsuitable home conditions. As some of the social workers suggested, the mother, who had been subjected to partner violence, could not protect herself either. An alternative approach which involved cleaning up the home and supporting her to make changes may have been better for the children.

7.9 *Chapter Summary*

The data presented in this chapter focuses on the children and their families and how child welfare professionals gathered and interpreted information on three specific topics when making decisions in case of neglect. The three areas were the children's behaviour and expressed views; the parents and especially interactions between parents and children within the home; and the three known risk factors for abuse and neglect. The children's behaviour and/or a disclosure were used as an indicator that something might be amiss with the parent-child interactions which might suggest the child was experiencing neglect. Child welfare professionals acknowledged that there could be problems within the home but the children might not necessarily manifest this in their behaviour outside the home. However, children do not exist in isolation and any assessment of their wellbeing needs to be considered in relation to their immediate and wider family context and environment. In particular, a child's future is influenced by how they are cared for, especially but not exclusively in the early years of life:

> "Children's chances of achieving optimal outcomes will depend on their parent's capacity to respond appropriately, to their needs at different stages of their lives" (DoH, 2000, p. 9)

Neglect is increasingly understood in terms of parent-child interactions. Family structure and the relationships within the family also appeared to influence decision making especially if they were perceived to impact on the interactions between parents and their children. Other features such as substance misuse, domestic violence and mental health issues were all identified as potentially impacting on the relationship between the parents or adults in the home and therefore the children. Parton, et al. (1997) identified that social workers compared parental behaviour against an expected norm and, if the deviation was considered slight, it was less of a concern and understood to be less serious than a large deviation from the expected norm.

All three data sets demonstrated professionals' concern and awareness of the impact parental substance misuse, domestic violence and mental health issues can have on children's wellbeing. How these risk factors functioned in decision making varied. Although substance misuse was identified in the Minutes as a feature of all

the cases categorised as neglect, during the observation sessions not all referrals involving substance misuse were categorised as neglect. The participant observation data suggested that, if the parents were misusing substances, intervention was influenced by the type and degree of misuse. During the assessment process the social workers sought to identify the degree of substance misuse and the impact it had on the children. Substance misuse has been associated with the parent(s) being emotionally "unavailable" and unresponsive to the needs of their children (Calder and Peake, 2003; Murphy and Harbin, 2003).

All three data sets included references to mental health issues; however mental health issues did not appear in all cases categorised as neglect. The participant observation data suggested that mothers with mental health issues were approached as in need of support, rather than the child being understood as being in need of protection. Since many children are cared for by mentally ill parents, any professional intervention would need to include an assessment of the impact on the child (Weir, 2003).

The third known 'risk factor' for neglect is partner violence (HM Government, 2010). In the Minutes and the participant observation data witnessing partner violence as an incident on its own did not appear to automatically lead to a child protection categorisation but it did contribute to the categorisation process when combined with other features.

Which parental conditions are understood by professionals as illnesses has implications for practice, since 'being ill' appeared to militate against parents being seen as responsible for their actions. Also, professionals might construct different conditions as illnesses; for example substance misuse might be seen as an illness by some professionals but as a habit or life-style choice the parents can and should manage by others. From a social constructionist perspective, how conditions are understood depends on them being viewed as being embedded with cultural meaning; this shapes how child welfare professionals and other members of society respond to those experiencing the condition and this in turn influences how individuals experience that illness (Conrad and Barker, 2010).

The next chapter explores how the professionals talked about their practice and how different features influenced their practice.

8   Professional Perspectives, Practice and the Categorisation of Neglect

8.1   *Introduction*

This chapter presents data which explores the child welfare professionals'
perspectives on neglect and how these perspectives potentially influenced their
practice. The data sets were searched to identify whether there were similarities and
differences in the perspectives and practices of the child welfare professionals. The
child welfare professionals' practice was also influenced by their various
organisational contexts and identifying different professional perspectives provides
some insight into the issues involved in multi-agency working. These differences are
discussed in order to understand how they influenced the process of categorising
cases of neglect.

8.2   *Child Welfare Professional Perspectives on Neglect*

A number of perspectives were identified which provided some insight into how the
child welfare professionals constructed and understood neglect. During an interview
with a health professional (interview 2) the view was expressed that neglect could be
used as a 'catch all' category:

> "In my experience if [referrals] get to case conference and go onto a child
> protection plan it is usually for neglect. Usually because neglect covers a
> multitude of issues ...area really ehm... you know it, I suppose it is a parent's
> ability to wholly provide for that child from a physical, you know psychological
> point of view ehm... And if that is not happening on a repeated basis you class
> that as neglect, don't you? And even from the emotional side of it, if they
> aren't engaging with that child emotionally, I know there is a category for
> emotional abuse but it is still neglect, neglecting that child's emotional need.
> So I think when they can't label it under anything else it would be labelled
> under neglect really" (health professional, interview 2)

Conceptualising neglect as a 'catch all category' could potentially contribute to a
greater number of children being allocated the category of neglect.

Several other perspectives on neglect were identified in the interview data. Neglect
was seen by some child welfare professionals as an omission of care but others saw

it as an act of commission or as a consequence of a lack of parental responsibility. In the interview data the omission of care was described as "parents leaving out something that the child needs" or being due to "a lack of something with the parents" and included "deficient aspects of parenting" (social care professional, interview 11). One child welfare professional suggested that the parent might not be aware of what the child's needs were and therefore the parents' actions were understood as unintentional:

"The child isn't going to achieve anything isn't this child, it's not been stimulated, mum obviously doesn't even realise that this is a problem" (health professional, interview 4)

Another example, during an education professional interview, included a reference to neglect being the result of the parent being focused on their own needs and not being able to focus on the child:

"Depending on what the additional layers of need are, 'cos that neglect comes from somewhere. That's never, I've never, I think, I think I can honestly say I've never ever worked with parents who purposely neglect their chi, their children. I think it's about being able to, to see past anybody else's needs but their own, a, at that moment in time because of the multiple complexity of the situation they're living in, whether that's drugs, alcohol, you know, prescribed medication, you know, lack of resources, benefits, you know...... (education professional, interview 7)

This excerpt illustrated the education professional's view that if neglect occurred it was unintentional and that any impact on the child was because of the parent's inability due the situation they found themselves in.

One health professional (interview 2) also differentiated between wilful acts and situations where the parents had a degree of choice and other factors which were beyond the parents' control, such as poverty. The health professional spoke about the choices a pregnant woman might make in relation to feeding herself and nourishing her unborn child properly:

"If she is, if she hasn't got the money to be able to feed herself correctly is that actually neglect? That is not wilful neglect is it? That is because she can't

afford it. However if she has a set amount of money and chooses to go and spend it on heroin rather than food is that neglecting the health need of the baby then? If that is a repeated occurrence, yes it is. So it is weighing up.... those issues" (health professional, interview 2)

In the excerpt above the health professional implies the mother has a choice about whether she spends her money on heroin rather than food; there was also a suggestion that substance misuse is something parents have a choice about, which was in contrast to the perspective involving parents with a mental illness. In cases involving mental illness the mothers were less likely to be understood as culpable and mentally ill parents were not held responsible for any omission of care.

The interview with the police officers (interview 14) provided a different perspective on neglect. Police officers' practice is governed by the criminal law (Children and Young Persons Act 1933, see appendix 12) and the police officers said neglect was an aspect of the criminal offence of child cruelty:

"There is no [criminal] offence of child neglect, the offence is child cruelty and neglect is part of that. A unitary term covering all types of maltreatment- child cruelty" (police officer, interview 14)

The offence of child cruelty had to have a "wilful" aspect to it:

"You've got a wilful act there that they failed to protect that child" (police officer, interview 14).

Since the police officers' understanding of neglect involved a "wilful act" it was more likely to be associated with specific events or actions which were seen as deliberate, such as parents not taking the child for treatment or missing appointments, and therefore they had "failed to act" on behalf of the child. Since the criminal law depends on proving wilful acts, the police focused on situations where the parent(s) could be held responsible for their actions, such as children having been left home alone or neighbours hearing a child crying and the parents apparently not comforting the child.

From the interview data there was no clear consensus amongst the child welfare professionals as to whether neglect was an act of omission or commission. Talking

about neglect as either an act of omission or commission is overly simplistic as parents and children engage daily in multiple interactions some of which might involve omissions of care and others acts of commission regarding the children's care. Understanding neglect as potentially involving both acts of omission and commission adds to the complexity of working with cases of neglect. If the parents are culpable for some of the neglect experienced by the child but not all, deciding how to respond to the situation is more complicated.

A different perspective was expressed by a health professional (interview 1) who spoke about caring for children being a shared parental responsibility:

> "I think parenting is a two way thing and I don't think .... its a 50:50 job and that how it should be. I think with neglect the onus always seems to be on the mother there is a big onus on the mother to provide.. to provide the care but I don't think neglect is not something that is just done by the mother. I think neglect can be done by you know... by the father as well ummm I think, ... to me it should be an equal responsibility and they should both sort of like you take an interest in the children and be caring for the children and that is probably a very idealistic view, I don't know but I do think its ...neglect has to been looked at, if you have got a family and there is both mum and dad neglect has to be looked at from both angles and I don't think you can just concentrate on the mother as parent I think you have to concentrate on both" (heath professional, interview 1)

Although this example refers to neglect as something that can be "done" by parents, the emphasis appeared to be whether both parents accepted their responsibilities and cared for their children. This perspective facilitates a more nuanced and complex way of understanding neglect; even if one parent is providing ideal or adequate care, if the other parent is absent or doing very little the child could still be understood as experiencing neglect. Parenting has been increasingly subjected to professional scrutiny (Parton, 2011), with professionals being concerned about parental accountability. The assessment process includes some evaluation of the degree of responsibility the parents are believed to take regarding any identified harm to the child (Platt, 2005).

One consequence of the changes in family structure and the proliferation of family forms has been an increased emphasis in government policies on 'parental responsibility', which places increased importance on knowing the identity of the biological father (DCSF, 2010). Using the term 'father' for both biological fathers and non-biologically related men suggests there is an expectation that all men will relate to children in a similar way, regardless of their actual relationship, and this limits understanding about the impact that fathers and other men can have on children within the family. Lindley (2011) argued that understanding the rights and responsibilities of fathers is increased if the term father is only used to denote a biological relationship with a child and other men's relationships are referred to in other specific ways, such as step-father or guardian.

8.3 *Professionals Understood Neglect as an Accumulation of Events*

During a health professional interview neglect was summed up as follows:

> "You need a catalogue or series of events and gathering of evidence before it can be classified as neglect" (health professional, interview 10)

This perspective was reiterated by an education professional. Neglect was referred to as

> "…. not a single thing, but as a catalogue of different things" (education professional, interview 13)

A similar view was expressed by a social care professional, (interview 11), who said that it was not possible to call something neglect based on single incidents but that professionals need to look at events holistically:

> "It's taking a erm, the long-view, looking at the big picture. Linking everything up together, rather than just looking at things in isolat, you know, isolated incidents" (social care professional, interview 11)

Another social care professional referred to neglect as a process rather than an incident:

> "The issues of neglect tends to be this cluster of factors rather than the single incidence, if you like ... so other forms of maltreatment might be one off incidents but neglect is a process ... similar to emotional abuse in that sense,

usually it tends to be an accumulation of factors rather than one single dramatic one" (social care professional, interview 3)

The social care professional then appeared to contradict the previous construction of neglect not being a single thing:

"Occasionally there are ... there are neglect cases that I have come across where you know, mothers who have perhaps left the country and left the children on their own or something like that but they are fairly unusual" (social care professional, interview 3)

However, presenting an unusual case of neglect as an exception appeared to reinforce the accepted understanding of neglect as an accumulation of events.

In the interview transcripts the word 'build' was used in various ways, such as 'building a picture' of neglect or 'building a case' for prosecution (police officers only). Although the term 'build' was used by several participants, the data showed that the pictures of neglect that they built utilised the particular features they encountered in their professional roles and within their particular organisational contexts. Two examples, one from the education professionals and another from a health professional, are included as they demonstrate the process these professionals described when building cases of potential neglect.

The education professionals referred to the use of diaries in which the school staff recorded features about the children that appeared to be significant. These features focused on the appearance of the child, the child's behaviour and factors impacting on their education, such as missing school, arriving late and parents not engaging with the school staff. The information recorded was subsequently used when "building a picture" of neglect. One education professional said that once they had started gathering information

"You might think, well, actually this is neglect" (education professional, interview 12)

Each feature recorded in the diaries contributed to the chronology which was used to identify repeating or persistent patterns, such as a lack of change over time, an

increase in the number of features recorded or a change in the child's behaviour. Reviewing the features led to the professionals questioning what was happening:

> "Then it's about the chronology, you know, and it's the bit about, this is the concern, this is what I did, this was the impact, you know, or not as the case may be, so then what next happens, so it's that chronology, you know, and when you get to the point like with neglect, .. and it's rolled for a few, a while, you might say to yourself, 'ang on, what's going on here'? And you can use that chronology to look, to see." (education professional, interview 7)

All the educational professionals used similar terminology to describe the process of gathering information and then, at some point, they realised that the child they were dealing with was potentially experiencing neglect and this had not initially been obvious. For the education professionals it appeared that, if a pattern was identified, this could lead to a shift from the information gathered being understood as something that could be addressed in the school to a situation which needed to be referred to Children's Social Care.

The second example of building a picture of neglect was described during an interview with a health professional working in a hospital setting who described the process of gathering information and assessment which began once a child arrives in the A and E Department. In a process similar to the one described by the education professionals, the health professional interviewed identified features which, when combined, could indicate that the child was experiencing neglect. While the immediate priority would be the child's medical condition, it was suggested that professionals would also be assessing whether it might be a case of neglect or not. Information was initially sought from the paramedics who brought the child to hospital:

> "…you'll get information erm, given to you by paramedics who……might say the state of the home was like this… or, you know, the, the call came from a……neighbour" (health professional, interview 8)

Information was obtained directly from looking at the condition of the child and the reaction of the parents:

> "You visually, the cl, the clues that you get from just looking at the child… …whether they've got dirt under their nails, whether they look thin… …whether their clothes, well you know, are they……appropriately dressed… …what's the, the, the reaction of the parents to the erm… …to the situation that they're in, so there are sort of all those visual clues" (health professional, interview 8)

Once the presenting medical issue had been addressed then other information was sought about the child:

> "you then go on erm, … you'll then be going on and asking about the immunisation status of… …the child, you know, it might even be the teeth……that erm, give you some clues" (health professional, interview 8)

The health professional acknowledged that something like rotten teeth might be an indicator of neglect but "well cared for children could also have rotten teeth". Seeking information from other professionals who knew the child was also seen as important:

> "Then we would try and get information…from primary care, so often our very first port of call… …would be a health visitor erm, to try and get some more information, what, what… …have they picked up about this family… erm, we might know some of the families… …from other siblings" (health professional, interview 8)

The information from other professionals was seen as important since an ill child would not behave as a child normally would:

> "When a child's ill you can't always assess the state…of their development…" (health professional, interview 8)

The credibility of the parents and the believability of the parents' account were crucial when making a decision about neglect. Everything the parents did or said was evaluated and potentially added to the "picture of neglect":

> "I think thresholds… …for neglect … we're, I, I think we're, we're very conscious of it and I think… …that our nursing staff, because it can be the nursing staff on the ward… …we may have no out-and-out erm, idea that there's neglect going on… …in er, that child when we've first seen them but

on the ward round the nurses will say we're a bit worried erm… …these parents didn't stay with their child or… …nobody's rung up about this child or… …you, you know, that, that, that… …so it, it is a team approach" (health professional, interview 8)

This health professional emphasised the need for professionals to look for the features of neglect, such as the parents not staying with the child in hospital, but also they had to listen to the explanations given, which could explain why the parents did not stay. Equally, sharing information and seeking information from other professionals who knew the family was seen as helping professionals to understand why parents had not acted in the way the professionals expected.

The concept of "building a picture" of neglect, and that "neglect was not one single thing" that you can clearly "see" was evident in interviews with the health and education professionals; the data indicated that neglect was only identified if there was an accumulation of events. In the Minutes where the category neglect had been allocated, the analysis of the 'Reasons for the Conference' indicated that more than one reason was always recorded; thus reinforcing the idea that neglect was not understood as the consequence of a single event. Also, during the observation sessions the majority of the contacts which presented as single issues were not accepted as referrals for further assessment (see section 8.4).

Professionals' understanding of neglect appeared to be influenced by the institutional definition of neglect, as the definition of neglect in *Working Together* (HM Government, 2010) states that the child has to have been experiencing persistent neglect to meet the threshold of significant harm:

> Respondent: "So yeah, you know, so you get, you do, you get that really broad spectrum but if you look at the definition of neglect, though I haven't looked at it in the new one, in the new one it's still the same, got that word…
>
> Interviewer: "It's very similar, yes"
>
> Respondent: "…persistent? You know, and it's persistent that it can be the big stumbler as well. 'Cos it isn't a one-off, it should be persistent neglect

but what becomes persistent, when is it persistent and it's those threshold issues isn't it?"(education professional, interview 7)

Understanding neglect as a series of incidents that have existed for a period of time meant that professionals sometimes did not know when to intervene, especially if there were periods when the care of the children improved:

"As we know the ne, neglect cases can go on for years and years and years, up and down in terms of erm, standards of parenting for children and also the outcomes for children as well, and it, and professionals find it very difficult, not surprisingly to, you know, to know when to intervene" (social care professional, interview 11)

In the interview data and analysis of the Minutes there were similar examples of the features professionals used to recognise that children's needs were not being met. However, each individual feature on its own appeared insufficient for the child to be understood as experiencing neglect. Parents keeping or not keeping appointments was a feature in the interview and Minutes data. However, missing a single appointment was not normally seen as reaching the threshold of neglect; an occasional missed appointment was interpreted as less serious than not attending any appointments. Platt (2005) also identified the frequency of recurring incidents as a feature of social workers' decision making. The frequency of the absence of parental actions or of the degree of deviation of parental behaviour from expected norms can be a critical feature in decision making and involves professional judgement about the seriousness of particular events (Parton, et al., 1997).

The data showed that professional practice was influenced by government policies since the features identified in the data sets were similar to those included in the *Working Together* definition of neglect (HM Government, 2010). While the *Working Together* definition of neglect includes "the persistent failure to meet the child's basic needs" (HM Government, 2010, p. 39) no guidance is provided on how to decide when a particular action should be considered persistent nor does the definition allow for the possibility that an acute episode of neglect can have a detrimental impact on a child's health and development and cause 'significant harm'. Therefore, in practice, deciding whether a situation is persistent is a matter of professional judgement (Education Select Committee, 2012).

In summary, child welfare professionals "built a picture" of neglect using the features they encountered. For example, professionals working in education services used issues around school attendance, the appearance of the child and their behaviour. Health professionals used medical features related to parents' care of the child, such as delays in seeking health or dental care; missing appointments for the child or antenatal appointments when pregnant; parents minimising or denying children's illnesses and health needs.

Understanding neglect as a persistent condition has consequences for the child since they are exposed to the cumulative impact of these events over a period of time (Ayre, 1998), but also for child welfare professionals knowing when intervention and/or referral is necessary. Deciding when to refer a case based on the number and frequency of incidents is recognised as an increasingly problematic area of practice as there is a growing awareness that the impact of long term neglect can be particularly harmful to children (Erickson and Egeland, 2002).

8.4 *Professional Practice and Referrals for Neglect*

Child welfare professionals working in education and health referred cases of neglect to Children's Social Care. One education professional interviewed spoke about having to "build a strong case" prior to making a referral and referrals were only made "after everything else is in place" or else the referral would not be accepted:

> "A disincentive to referring is, 'do we think we have enough evidence for them [Social Care] to pick it up'?" (education professional, interview 12)

Another education professional expressed frustration at the way the social workers responded to referrals, describing the social workers as "always dragging out a positive somewhere" (interview 13); the example given was a referral involving unsuitable home conditions and the social workers reportedly had responded by saying "well at least they have a home".

The participant observation part of the research provided some insights into how referrals were received and responded to by the initial response team. There were posters on the office walls of the initial response team offices which outlined the various referral pathways included in *Working Together* (see appendices 15-18); at each stage of the process cases can be filtered out of the child protection system.

During the participant observation the first point where cases were filtered out of the system was in the front office. The administrative staff in the office received a large number of telephone calls each day and, depending on their experience, were able to "bat away" some cases (SW, session 9). Some calls were dealt with by the social workers as 'a contact' and filtered out of the system prior to being accepted as a referral. These contact calls had some features associated with neglect such as children's behaviour, interactions within families, mental health issues; however if they were presented as single issues which another agency was addressing, they were not accepted as referrals.

One example of a contact call was from a child's father who was concerned about his child's behaviour. After the social worker had made several phone calls to other professionals the situation was assessed as a single issue, with the father needing support. The duty social worker (DSW) said

> "...the family support worker could do a piece of work. Dad wants support around his [child's] behaviour. Fine at school, doesn't show any behaviour"

> "No need for "a CAF" [common assessment framework] or a referral to the initial response team" (DSW, session 1)

Another contact call with concerns about a child's behaviour was also responded to as a single issue to be addressed by another agency:

> "Another case with YOP [youth offending project], a child expelled from [school] for carrying a knife. If that is the only concern it is a EWO's [Education Welfare Officer] case, not us [initial response]" (DSW, session 11)

A police incident report portrayed family relationship problems between a child and the step-father. The social worker said

> "The mother called the police because the argument between the boy and stepfather was escalating. The child locked his stepfather out of the house, because he took his bicycle parts to the tip because the child did not tidy them up when asked" (DSW, session 1)

The information from this contact was entered on a database in case there were other notifications in the future but, at this point, no further action was taken by the initial response team.

A mother of two girls had telephoned Children's Social Care and made allegations that the girls' father, her husband, was sexually abusing their daughters. This was identified as a repeat of a similar allegation made by her earlier in the year and, on that occasion, it was identified that the mother had mental health issues. The duty social worker felt that the referral was a likely to be a recurrence of the mother's mental health problems and she made some telephone calls to other professionals who had contact with the two girls. The first inquiry was made at the girls' school asking about their behaviour in school. The response was

"No signs at school, no change in behaviour" (DSW, session 4)

This information, combined with the historical information, meant that the social worker

"Would look at the mother first and not the children" (DSW, session 4)

The duty social worker liaised with the mother's medical practitioner as this was understood to be a maternal mental health problem requiring medical intervention. This was also an example of a situation where the children were not showing any changes in their behaviour and were therefore assumed to be unaffected by the situation.

The data from the participant observation sessions suggested that the social workers' practice included a number of decision making strategies. The first strategy involved making rapid decisions at the 'contact' stage. The duty social workers had to make a decision within one working day about whether to accept a contact as a referral, based on the information received. Some cases were closed at the contact stage and it has been noted in other studies that rapid decision making is a potential source of latent error and appears to be a strategy for managing the workload (Broadhurst, et al., 2010b).

The social workers were also observed using a strategy called 'referring back'. This was more likely to happen with neglect cases than those involving allegations of

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physical or sexual abuse, since for cases of potential physical and sexual abuse there were established procedures the social workers followed with these referrals. When 'referring a case back' there were two reasons that the social workers were observed to use to justify this practice. The first reason was for "more information", when the information in the referral was considered incomplete or did not sufficiently emphasise the seriousness of the situation or focused on a single event. The second reason for referring back was when the social workers decided that there was 'no additional role' for them and justified this by saying other professionals were involved providing services to the family. A recurring theme during the participant observation sessions was that if other professionals were already involved with a family the initial response team was less likely to identify a role for themselves. This practice was only identified as a feature of decision making during the participant observation sessions and the police officers' interview.

The strategies of 'referring back' and the social workers' decision that there was 'no additional role' for them had the effect of creating a threshold for accessing social care services. These practices created tension between the social workers and other child welfare professionals. Although child welfare professionals were involved and providing services, they had made a referral based on the features to which they had attributed significant meaning.

When referrals were accepted by the initial response team and an Initial Assessment (IA) was carried out, the priority appeared to be to respond to the information provided and corroborate the 'facts' with other professionals. During the participant observation sessions social workers spent a considerable amount of time contacting other child welfare professionals to seek their views about the families that had been referred. The exchanges between the professionals appeared to be aimed at establishing whether the professionals viewed the situation in a similar way or not and establishing the degree of seriousness with which the situation was viewed. Referrals initially accepted for an IA were sometimes closed if the social worker following their assessment understood the events to have been a single occurrence, for example a referral involving a child who had not been collected from school by her parents. The social worker was heard informing the school of her decision to close the case but then said

"You said it was a one off incident" (SW, session 6)

As part of their practice the child welfare professionals recorded events which, if experienced singly, would not be recognised as harmful but were used to build a case of neglect when repeated or combined with other features. At some point in this process of recording events, the professionals recognised they might be dealing with a case of neglect. Constructing cases as a series of incidents presents a problem for practice since it is less clear when the action taken should change from a supportive welfare model to a child protection approach. Being able to recognise the individual episodes and events that are used to "build a picture" of neglect does not assist professionals with knowing how to respond. Dubowitz (2007) highlighted the difficulties professionals experienced when identifying the point when care becomes inadequate and necessitates a shift from the support they are giving families to making a referral to child protection services.

8.5 Professionals Understood Neglect as Complex

The child welfare professionals talking about neglect being complex was a theme identified in the interview data. When speaking about neglect the child welfare professionals contrasted it with physical and sexual abuse; neglect was referred to as complex and physical and sexual abuse were referred to as straightforward. The child welfare professionals implied that it was hard to know when neglect had occurred, whereas with physical or sexual abuse, it was easier to know what acceptable and unacceptable parental actions were:

> "No, I mean your, your physical abuse, you know, you've got a mark, you've been hit, obviously with physicals [and] as soon as there's been sexual abuse there… I think that's not acceptable is it? but the neglect is much more… broader and much more hard to define as what's acceptable and what isn't acceptable" (education professional, interview 12)

The theme of how neglect was different to physical abuse was repeated during an interview with a health professional:

> "Do all of them go to case conference? I think it depends on the extent and the assessment of the extent of that …because you see with neglect it's different from physical abuse or maltreatment because with physical, if you

have got a single injury you could be registered [a reference to the previous child protection register], with neglect it is an area difficult to prove, yes, difficult to prove" (health professional, interview 10)

Also, neglect was harder to understand in terms of the impact on the child, whereas physical abuse was more straightforward:

"…whereas with something like physical abuse, you know, erm, a black eye or broken bone in a baby … it's a no-brainer, you go straight to the [laughs] er, child protection erm, option. Erm, and, and, and if, if necessary er, removal of the child. You know, because there's something tangible there. Something, you can measure that, you know, a, a, a, a, a, a doctor can say with some degree of certainty what er, what the impact has been on the child and erm, what the, what the degree of risk is to the child from the parent in the future" (social care professional, interview 11)

The social care professional's account suggested it was possible to construct physical abuse after single events involving visible features such as a black eye or a broken bone and the use of the term "no brainer" implied that this was easy. This social care professional indirectly suggested that physical and sexual abuse were 'obvious' and that whilst the visible features of physical and sexual abuse would meet the threshold of 'significant harm' this was less likely for neglect. Another social care professional (interview 9) said that "professionals have no choice" with physical and sexual abuse and "don't have to make judgements as much"; the implication being they do have to make professional judgements with cases of neglect.

The participant observation data showed that referrals involving allegations of physical and sexual abuse usually met the threshold for further assessment. The physical and sexual abuse referrals were responded to in a particular way by the social workers; they had procedures for verifying the allegations which included arranging for a medical examination to be carried out. This was in contrast to the way the social workers responded to referrals with features of neglect. The referrals for physical and sexual abuse included information about specific incidents; the consequences of the incidents were sometimes visible, for example physical injuries, or could involve a disclosure about abuse. This socio-legal approach to referrals emphasises investigation, assessing and weighing up forensic evidence. Buckley

(2003) identified that practice approaches to potential physical or sexual abuse cases were driven by the need to collect forensic evidence, while neglect cases were based on a history of a series of incidents or events.

In practice, making decisions about all types of child maltreatment can be complicated and involve some uncertainty and professional judgement. During the participant observation sessions there were referrals which were accepted as potential physical or sexual abuse cases but, as more details emerged, it became less clear about how to proceed and whether a child protection category could and/or would be allocated. This uncertainty about how to proceed arose in situations when the perpetrator of the abuse was unknown. Conversely, there was one referral during the observation period with features of neglect which presented as straightforward and elicited an immediate response.

The respective definitions of neglect, physical and sexual abuse could partly explain the different responses. The *Working Together* definitions of physical and sexual abuse (HM Government, 2010) include features which are rarely, if ever, associated with normative parenting in Western culture. For example, actions included in the definition of physical abuse are hitting, drowning and scalding or, in the definition of sexual abuse, enticing children to be involved in sexual activity. The features in the definition of neglect (HM Government, 2010) include actions such as missing medical appointments, being late for school, having head lice. These are all events that could be seen as 'normal life events' and, if experienced singly, would not be considered as a feature of neglect or lead to the child being referred.

Contrasting or comparing one thing to another is a categorisation strategy used to make sense of situations (Makitalo, 2003); during the interviews the child welfare professionals expressed their understanding of neglect by contrasting it with physical and sexual abuse. Contrasting concerns about neglect with allegations of physical and sexual abuse appeared to be potentially useful in making sense of some cases, but not all, in order to know how to respond to them. A key difference between neglect and physical or sexual abuse cases appeared to be that the features used to recognise cases of neglect were individually not necessarily seen as harmful or serious. This contributes to understanding why cases of neglect are more complex

and less straightforward, as there is rarely one individual feature which elicits a child protection response.

8.6 *Professional Practice*

The child welfare professionals encountered children in different contexts and this appeared to impact on how they recognised, understood and responded to neglect. The education professionals interviewed had regular contact with children on a daily basis while the children were in school, while other professionals such as the police officers came into contact with children when particular incidents were reported to them.

8.6.1 Professional boundaries

A social care professional (interview 3) indicated that it was to be expected and normal for professionals to concentrate on their own areas of professional practice. However, this was understood as limiting information sharing; for example, health professionals were seen as confining themselves to only sharing medical information and no other information they might have about the family:

> "I think they concentrate on the medical aspect of .. this child has met the milestones and its weight, for example the weight is acceptable. I think GPs don't see houses and the whole picture so often and the issues that you come across when they ask for .. the information that you request when a case comes to a child protection conference is much more about those issues … [it is] as if they are keeping within the boundaries, the medical boundaries that's all they are saying about it" (social care professional, interview 3)

A concern was also raised that child welfare professionals focused on their specific client groups and did not take into account the larger picture (interview 3) and this concern was illustrated by saying that professionals working in adult services concentrate on their adult client and overlook the needs of the child. A similar concern was raised by another social care professional:

> "They're working with the adult. But there needs to be an understanding from adult services that this, this is a family that they're working with actually, it's not just an individual adult, but this adult is a parent and the erm, … you

know, clearly the parent is very important for the child… (social care professional, interview 11)

The excerpt above illustrates how professionals working with an adult client group were criticised for not considering the impact their client's condition or illness may have on their children. This perception of providers of adult service was challenged during an interview with a health professional working in adult services. This health professional was aware that their client group was likely to be in contact with children and this was reflected in their organisational protocols:

"Every single assessment that an adult is, undertakes will include a, a, a significant part about their children. We routinely ask, we <u>routinely</u>, if an adult or a, an adult with a child under five is referred into services we contact the health visitor of that child and we do that without consent. We tell people we're doing it but we don't seek consent. We don't say do you mi, we say this is what we're doing and these are the reasons we're doing it. Again, simply because we know that this is about the whole family and the very nature of being in our services indicates some additional support might be required and hea, of course health visiting's targeted and you can only target a family if you know they need targeting" (health professional, interview 15)

Similarly, when children are the clients, professionals cannot only focus on the child but need to assess the influence of the parent:

"A children's worker whose undertaken a risk assessment they won't factor in for all sorts of reasons erm, the risk assessment from the adults services, in terms of the affect of a per, er, a parent's drug abuse or alcohol abuse or mental health on the child. That won't be factored in. Erm, and it needs to be" (social care professional, interview 11)

Other professionals also indicated that their services no longer focused exclusively on their particular client group, for example the role of the midwife has extended beyond the care of the pregnant woman to focus more on the future care of the child:

"Your [the midwife's] priority is to get a live birth. A healthy mother and a healthy child. And now you're trying to embed into practice, right we've got a healthy mother and a healthy child but we want that child to remain healthy

and, and so now we've got to embed [that] into practice and take it one step further" (health professional, interview 4)

Midwifery was seen as encompassing a broader more holistic approach, with midwives' interventions during the antenatal period impacting on the early years of the child's life.

Professionals' particular areas of expertise and practice were seen as influencing their understanding of neglect. One of the social care professionals talked about how they thought this impacted on inter-agency working:

"I suppose the other thing to say is that the, you know, different pers, different professional groups have different understandings and perceptions of what constitutes neglect, which just adds to the erm, the difficulties of, you know, effective inter-agency, intervention to address neglect i, on an individual level" (social care professional, interview 11)

This view of inter-agency differences was expanded on by saying how professional perspectives differed:

"I think er, each professional er, perception of neglect will be er, influenced by er, professional practice and policy really so, I'm, I'm assuming here that er, from a, erm, a nursing or health visitors perspective erm, there'll be a, an emphasis on development, er, child development, on erm, health indicators really, which is quite right. Erm, from an educational perspective there'll be, you know, an emphasis on educational outcomes and achievements, school attendance, behaviour in school, exclusions, et cetera" (social care professional, interview 11)

The social care professional's view suggested that other professional groups had a rather limited perspective and focused exclusively on their areas of professional expertise. The social care professional also suggested that the police perspective would include parenting standards and care-giving but also included older children:

"The police, I think will take the perspective of the involvement of criminal behaviour of the adolescent [as an indication of neglect]" (social care professional, interview 11).

However, the assumption that the police role would include involvement with adolescents involved in criminal behaviour was not supported by the data from the interview with the police officers (interview 14); this highlighted how assumptions about roles can be erroneous.

The police officers identified their role as investigating and gathering evidence for criminal prosecutions. One police officer said

> "We're looking towards building a case to decide whether or not there's evidence to actually take criminal proceedings against the people that have per, perpetrated this neglect" (police officer, interview 14).

The social care professional suggested (interview 11) that child welfare professionals worked within a narrow professional remit rather than a more holistic way. The ethos behind *Working Together* is for professionals working in one discipline to understand and consider how professionals in other disciplines work with children and where their roles support and complement each other. Zannettino and McLaren (2012) examined professional practice in cases of domestic violence and child protection and identified that if the child welfare professionals worked individually and solely within their own speciality, services failed to meet the children's needs satisfactorily; this deficit was primarily due to organisational approaches and ways of working. Zannettino and McLaren (2012) proposed that joint practice focusing on strengthening the parent-child relationship had the dual effect of reducing the negative impact of domestic violence on the child but also improved the parent-child interactions and created more effective parenting conditions.

8.6.2 Professionals' practice in cases of neglect

Child welfare professionals' roles and areas of practice influenced the amount of contact they had with children experiencing or likely to experience neglect and this influenced and impacted on their approach and interventions.

In this study child welfare professionals, such as health professionals working in an acute hospital setting and the police, appeared to have transient contact with children. The health professional (interview 1) spoke about having to consider the child and listen to what the parents said and then decide if what the parents said was credible and fitted with what they observed:

"Looking at the types of injury that children present with and looking at you know, is the explanation to sort of .... and explaining the injury" (health professional, interview 1).

The health professional continued by saying that there has been a shift in practice from focusing exclusively on the presenting condition of the child to being more questioning about the parents and how they had acted in relation to the child's needs. For example, hospital based professionals were identifying families who were not registered with GPs and not routinely accessing health care, identifying cases where long term medical condition were not being managed. All these scenarios included features of potential neglect.

Concerns were raised by another hospital based health professional about parents waiting three or four days before they brought their child for treatment as this could lead to their condition worsening and medical complications:

" .... and the child, you know, will suffer significant harm not from the original injury but from the delay in bringing the children to the attentions" (health professional, interview 10)

The hospital based staff saw a role for themselves in identifying neglect (section 8.3) but did not necessarily see an on-going role for themselves in cases of neglect:

"The solutions are not in hospitals .. the solutions are out there and they have to be around supporting women and families" (health professional, interview 8)

Similarly, the police officers did not identify an on-going role for themselves in cases of neglect. The police emphasised their role was the "immediate response" and when they encounter a child in a particular situation they have to make an initial decision about the course of action they are going to take. They asked themselves

"Is this child in need of immediate protection?" (police officer, interview 14)

Deciding about the immediate situation was further illustrated by the following quote which reinforced the idea that the priority was to remove the child from a situation where it was seen as being 'at risk':

"There's been an in, police protection order taken out on a small child or it might be that we've got a kid that's been found home alone and that they've whisked him off from that situation of, of, his been in, and placed him with a family member, like a grandma or something while we investigate, it might be that they've been into the house and found that the living conditions are well below standard and that, you know, that that child's, has, has to be removed for, for that purpose. Erm, whilst that assessment process [by social care] is taking place we need to secure the welfare of that child, and this is where the child protection unit steps in, to make sure that we're doing two-fold; we're protecting the child on-going, but we're also investigating what we've come across" (police officer, interview 14)

Dealing with immediate safety issues for the child and criminal investigations were the responsibility of the police officers and long term involvement was the responsibility of social care:

"The police would investigate and social care would be involved as they are responsible, they're the agency that would deal with the care of the child" (police officer, interview 14).

The police officers differentiated between cases where there was a need for immediate action to protect and ensure the safety of the child and "low level stuff" that they would not be involved with. Examples of "low level neglect issues" included situations where the police were called to the same house over a two to three month period.

"Sometimes you get really low level stuff, erm, that's brought through and that would go to social care on a, a referral basis for them [Children's Social Care] to have a look at it with a view to a child in need in, er, investigation for them, so they can put appropriate family support in, and get them [the family] back up where they need to be, but there's sometimes when it's, well if it's come to us it's usually, that's serious isn't it [to colleague]? where is, i, it's, it's, it's got to a point where we have to have a child protection investigation…" (police officer, interview 14)

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Information about these incidents was forwarded to Children's Social Care where it is entered into a database in case there were further incidents. The police officers' understanding of their role as an immediate response might mean their perspective of what was best for the children may not be shared by other professionals. During the observation sessions the social workers were heard discussing a case of partner violence combined with unsuitable home conditions where police involvement led to the children being removed from the family home and placed in temporary foster care. The social workers questioned whether the police officers' approach to the case was best for the children as the social workers said the mother, who had been arrested, would be charged and released quite quickly. The social workers talked about an alternative response which would have been less traumatic for the children and involved arranging for the house to be cleaned and getting other service providers involved so the children could have stayed at home with the mother.

In contrast to the police officers' time limited involvement in cases, the education and some health professionals have longer term involvement with children and their families. Education professionals have daily contact when the children are in school and community based or primary health care professionals have regular contact based on their assessment of the child's needs or when the families access services. The initial response team social workers would only be involved when other professionals' concerns about neglect had escalated to the point where they made a referral.

8.6.3 The professionals who were invited to and attended Conferences where the category of neglect was allocated

Working Together (HM Government 2010) states that child welfare professionals who have a significant contribution to make should attend the child protection case conferences. Each of the Minutes produced following a child protection case conference included a list of the child welfare professionals who were invited to and those who attended, the Conferences. From the analysis of who was invited and who attended the Conferences each professional group was counted once, even if two or more professionals from the same professional group attended. Figure 8.1 shows the professional groups who were invited and those who attended Conferences where the category of neglect was allocated. Data from the Minutes where the

categories of physical, sexual or emotional abuse were allocated is included in Appendix 21.

The level of attendance varied across the professional groups; four distinct patterns were identified in the Minutes. The first pattern identified across all cases allocated a child protection category was that a Chair, a minute taker and a social worker attended all the Conferences. This was in accordance with their statutory responsibilities for managing and co-ordinating the child protection process (HM Government, 2010).
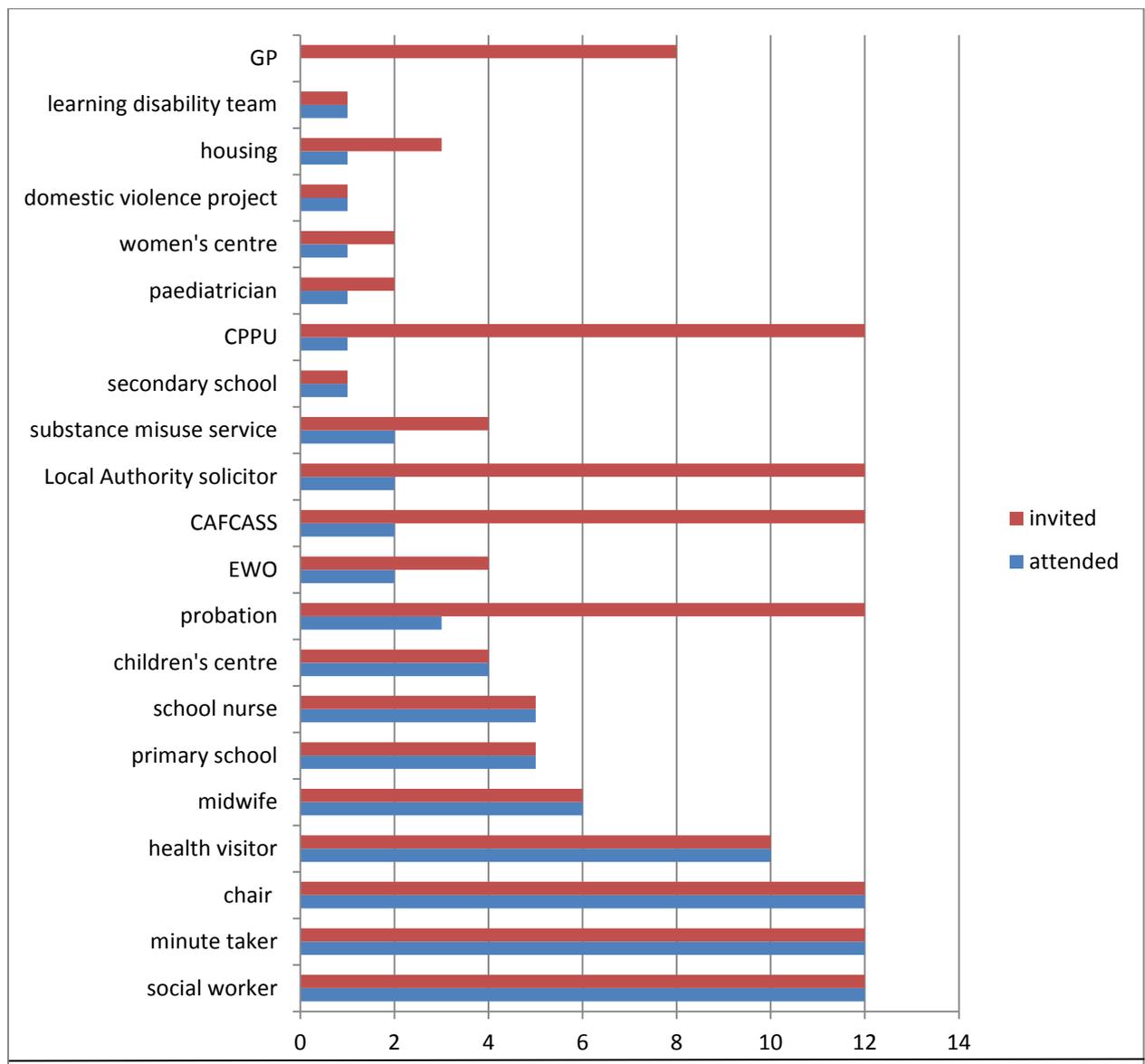
Figure 8.1: Chart showing the child welfare professionals who were invited to Conferences and those who attended, for children allocated the category of neglect (12 Minutes)

The second pattern identified was that six professional groups were routinely invited to all Conferences; they were the Police (Child and Public Protection Unit, CPPU); Local Authority Senior Solicitor; Senior Probation Officer in the Probation Service (Probation); Children and Family Court Advisory and Support Service (CAFCASS); NSPCC Manager and the Nurse Consultant for Safeguarding and Child Protection. The analysis revealed that these groups were rarely represented at the Conferences. The latter two groups, the NSPCC Manager and the Nurse Consultant for Safeguarding and Child Protection, are not included in Figure 8.1 since they did not attend any Conferences.

The third pattern identified was that many of the professional groups that attended Conferences where the category neglect was allocated also attended the Conferences where other categories were allocated. Of the 21 professional groups who attended the Conferences where the category of neglect was allocated, 18 of them also attended the Conferences where the other three child protection categories were allocated. Professionals providing universal services, such as midwives, health visitors, early years staff and school staff, including school nurses, attended because they had a professional role and knew the child and family.

There were three professional groups that only attended Conferences where the category neglect was allocated; they were members of the substance misuse team, learning disabilities team and CAFCASS. Parental substance misuse and learning disabilities are known to impact on parenting capacity and the attendance of professionals working in these specialisms appeared significant in light of the analysis of the risk factors for neglect in section 7.6. Although these professionals were providing adult services, their attendance at the Conferences would suggest that they were aware of the need to consider the impact of their client's condition on the children in the home.

The fourth pattern identified related to the attendance of General Practitioners (GPs) and police officers at the Conferences. All children should ideally be registered with a GP and the GPs have the opportunity to recognise the early signs of neglect. However, the GPs were only invited to eight of the 12 Conferences where the category of neglect was allocated and attended none. This might suggest that the GPs did not see a role for themselves in cases of neglect. The GPs only attended

two Conferences and at both of these Conferences the category of physical abuse was allocated (Appendix 21). Similarly, the police officers (CPPU) attended very few Conferences; they attended three conferences (one for neglect, two for sexual abuse). The analysis suggested that the police officers attended the Conference where the category of neglect was allocated because the father of the unborn child was a convicted sex offender. The police officers appeared to identify an ongoing role for themselves in cases involving sexual abuse more than in cases involving other types of maltreatment.

8.6.4 Professional perspectives regarding referrals

The analysis of the interview data suggested that health and education professionals experienced particular issues associated with referrals for cases involving neglect. Moreover, in the interview and participant observation data, referrals that involved allegations of physical or sexual abuse and which had clear physical injuries were not refuted in the same way, possibly because visible 'evidence' of injuries is irrefutable.

The analysis of the interview and observation data showed that professionals who made referrals involving potential neglect talked about particular features which they considered when making a referral.

Health and Education Professionals Features considered prior to making a referral	Social Workers and Police Officers Features considered when accepting referrals
'Built a picture' over time On-going concerns (children coming to school hungry, inappropriately dressed) No progress being made Implemented interventions- within the scope of their practice Situation getting worse Parents not co-operating/resistant to professional advice	Is there are role for us? Is an immediate response required? Is the child safe? Is this serious? A level of neglect that we would be involved with? Corroboration of information Other agencies involved providing services Homeless young person Unsuitable home conditions

Figure 8.2: A summary of the features talked about by the child welfare professionals making referrals and those receiving referrals, showing the difference between them

These features were different to the features the social workers talked about when they were considering whether to accept a referral or the police officers used when deciding whether to be involved with a case (see Figure 8.2).

Forrester (2007) identified that referrals which were presented as potential neglect were less likely to meet the Children's Social Care threshold for assessment and intervention than other types of referrals. Referrals of potential neglect were often re-referred several times before they did meet the threshold for an initial assessment. How the information is presented in the referral and the features emphasised is crucial to how a case proceeds (Day, 2005).

Concerns over the threshold for referrals is not a new issue - the Department of Health (2002) highlighted that professionals working in universal services have expressed concern about the child protection threshold as a barrier to children accessing services. When there was a discrepancy between the professionals' perspectives or between a professional and parents' perspective, Platt (2006a) identified that social workers placed more emphasis on the seriousness and severity of harm when making decisions.

Inter-professional differences can stem from differences in roles and practice ideologies and can make analysing and understanding how they work together more complex (Fish, et al., 2012). Gough (1996) stated that professionals working with a child welfare model of intervention will have a different perspective to professionals working in an environment which is dominated by a child protection model of intervention. There appeared to be a tension between social work practice, which focused more on the immediate situation, and the on-going concerns of the professionals making the referral. Daniel, et al. (2012) suggested that perceived problems with thresholds could be overcome "if there was clarity about the severity of the neglect and associated harm to the child" (p. 10), combined with an assessment of the likelihood of parents' capacity to change. Recognition of professionals' different understandings regarding features and their seriousness is an important issue for inter-professional working.

This finding was also identified in a recent review of the *Recommendations from Serious Case Reviews* (Brandon, et al., 2011) which stated:

"It was particularly in neglect cases that thresholds for referral to children's social care appeared not to be met, and referrals were less likely to be accepted or did not progress" (Brandon, et al., 2011, p. 20)

The next section of this chapter considers the role of professionals' personal values when making decisions about neglect.

8.7 *Personal Values*

Horwath (2007b) proposed that an individual's personal values, which impact on their professional practice, are often not apparent and has described personal values as the missing domain in the assessment process.

In the interview data one health professional said it was not right to impose unrealistic or personal standards on families:

"I think also being realistic in what you expect the families to achieve because I think we have to be careful as professionals that we are not putting .... you have to have a basic acceptable level but realistic. We shouldn't be ... I shouldn't be trying to get a family to adopt all my parenting skills" (health professional, interview 1)

The need to make judgements about situations was mentioned by a social care professional (interview 3), who emphasised that it was important for professionals to be aware of their professional and personal values in cases of neglect:

"It is also getting people to think about their own .... constructs if you like and how they look at neglect and getting them to think a bit more openly about that and how their own values impact on how they look at it [neglect], in a way that they wouldn't in other forms of maltreatment" (social care professional, interview 3)

The social care professional suggested that child welfare professionals' personal values were relied on more when working with cases of neglect than when working with other types of maltreatment. Additionally their personal values might impact on professional practice in cases of neglect in a way that they would not in cases of physical and sexual abuse.

The perception that there was no clear standard or measure of neglect led one education professional to say

> "How are you meant to live? Who sets the law of what we class [as] ..family living and not neglect and who decides when it is neglect? ... I think you've just got to go with your professional mind and your own beliefs and decide when you think it actually becomes neglect" (education professional, interview 12)

Individual professional and personal values were identified as playing a role in recognising and responding to situations of potential neglect. This is illustrated by the following two examples from the interview and participant observation data.

In the first example a health professional (interview 1) described how professionals had to use their own personal values when making decisions about thresholds for referrals for neglect, particularly when deciding when to make a referral:

> "We work through the tiers of intervention and that gives you a rough idea of like thresholds but I do think a lot of is personal opinion and some of it about your own experiences and about what your own expectations are ummm and probably ... and probably in health I would say that is the bigger driver .. you know... your expectations and what you think is acceptable and what is not acceptable. We do work on the tiers of intervention but we don't have anything concrete. You know what I mean by concrete? nothing written down everything is open to what individuals feel, what their involvement with the family is and what is known about families and also what about the extended family as well and not just that one particular thing but I would say mainly it is about your own expectations and what you think is acceptable and not acceptable" (health professional, interview 1)

Knowing when to make a referral appeared to be a difficult and perhaps challenging area of professional practice. The health professional (interview 1) continued by saying professionals had to depend on their own values about what was acceptable or what impact a particular situation or event might have had on a child, especially when any impact might not be immediately obvious. Horwath (2007b) also identified

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that decisions about when to make a referral are influenced by personal values and attitudes and that this influence on decision making has been largely ignored.

In the second example, from the participant observation sessions, a social worker spoke about a case involving a family with three children who had been "on the radar for a long time" (SW, session 2). The social worker described the intervention as being influenced by personal values. The social worker talked about being "solution focused" and said

> "I am interested in getting services in place so that it doesn't happen again" (SW, session 2)

The referral had been triggered because the children had not been in school for five days without an explanation from the parents and a number of other issues had been identified during a home visit by the EWO. The social worker spoke about not wanting "to go down the child protection route" as "it can seem a bit negative" so "went for long term team and providing services to see if the situation can be improved without going to conference" (SW, session 2).

The social worker's account of the process appeared to demonstrate how they chose to work in a particular way, which suggests that another social worker might have approached the situation differently. This case had features which could have led to the allocation of the category of neglect, based on such features as educational neglect, poor home conditions, maternal mental health issues and covert non – compliance since the mother was "not doing what she said she was doing". However, there were other features, such as the family making changes and working with services, which demonstrated their ability to change and a willingness to co-operate with professionals; this meant the case did not progress to a Conference and the allocation of a category.

There were other examples during the participant observation sessions where the approach taken by the social worker meant that the assessment and intervention proceeded in one way when other social workers in the office indicated that they would have approached the situation differently.

8.8 *Professionals' Interactions with Parents and Young People*

This section focuses on how the child welfare professionals responded to and intervened in cases of potential neglect. Their practice was shaped by their specific understanding of the most appropriate way to interact with parents and with young people who were seen as "in transition to adulthood" and were therefore responded to more like adults (see discussion in section 6.6). Child welfare professionals need to interact with family members and develop relationships in order to gather information and plan interventions. The type of relationship formed influences the professional's practice and involvement with family members.

8.8.1 The nature of professional-parent interactions

One social care professional (interview 3) talked about the types of interactions professionals had with families as either doing things 'for' or 'to' families, or 'with' them. Doing things 'for' or 'to' families was portrayed as being less desirable than doing things 'with' families, which suggested a more supportive role to assist parents to make sustainable changes for themselves. There was a concern that by doing things 'for' or 'to' parents, the parents would not be committed to making changes and they might become dependent on professional intervention. The data from child welfare professional interviews and the participant observation of the social work practice indicated that professionals were doing things 'for' parents as well as doing things 'with' them.

During the participant observation sessions an example of doing something 'for' families was the social workers arranging for someone to "go in and clean up the home" when the conditions had deteriorated to the point they were considered "unsafe" for the children. Some of the social workers queried the value of cleaning up homes for families, as sometimes the home conditions were the same four to six months later. There were other cases where the family were able to maintain the improved home conditions, as other issues had also been successfully addressed. The impression gained during the participant observation sessions was that cleaning up homes was an intervention that was tried initially with a new referral and was not necessarily repeated if the same case was re-referred and the improved home conditions had not been maintained. Cleaning up the home was seen as a

measurable, time limited action which immediately reduced the risks to the children, especially from accidents.

Another example from the interview data of professionals doing things 'for' clients was providing food for children in school (because the children were coming to school hungry) and providing toiletries and clothing. From the education professionals' perspective feeding the child was the "right thing to do" and was likely to have a positive impact on the child's learning experience and long term outcomes. However, by providing food, toiletries or clothing for the child the school staff assumed a role that would usually be seen as part of the 'parenting role' and the parents' responsibility. For some children this type of intervention might be on an occasional basis but for others it might be daily. The education professionals interviewed said that they also tried to engage 'with' the parents by getting them to come into school and talk to them about their parenting in these situations.

Doing these things 'for' children can have an immediate impact on their well-being by meeting their needs and supporting them in a way that builds their resilience, potentially enabling them to cope with their home situation. The interview data showed that social care professionals were concerned that these interventions might mask the seriousness of the situation and possibly prolong the period of time before concerns escalate. The education professionals in particular appeared to adopt a two pronged approach, by addressing the immediate needs of the children coupled with engaging with the parent(s) to address the reasons for the children's needs not being met.

Working to address neglect was identified as challenging for child welfare professionals, since although they might identify children who were experiencing neglect, change could only be achieved if the parents were willing or able to make changes. Professionals cannot deliver child welfare services without the active involvement of the parents, as Chapman (2002) identified:

> "Child welfare services simply fail if the intended recipients are unwilling or unable to engage in a constructive way; the outcomes are co-produced by citizens" (Chapman, 2002, p. 11)

Parental co-operation is crucial as it influences how effectively social workers and other professionals are able to work with the parents and implement interventions (Platt, 2005). Menahem and Halasz (2000) stated that differences may arise between the parents' and health professionals' understandings about what is the best interests of the child, particularly with young children who are unable to participate in the decision making process.

When there was a perceived lack of shared understanding between the child welfare professionals and the parents about the needs of the children, professional concerns were likely to escalate. In the interview data this was talked about in cases where the parents were not engaging with services during the CAF process. Health professionals reported escalating their concerns, particularly when the children with long term medical conditions were not being managed well.

8.8.2 Professionals' approach to working with Young People

The health and education professionals interviewed spoke about adopting a different approach to engaging with young people. In cases perceived as potential neglect one education professional said that young people were encouraged to participate in decision making and "make the right choices":

> "Our high schools deal a lot with young people at their pace. What do you want me to do? I think this, you know, can we do this, you know. So taking it very much at the young person's pace but again if it was a clear disclosure, sexual abuse, physical abuse, whatever, then they [teachers] will take that action" (education professional, interview 7)

Working with young people experiencing neglect focused on the choices that they make:

> "It's about choices. It's young people making the right choices against the backdrop of what, you know, their backgrounds" (education professional, interview 7)

The education professional continued by emphasising that the young people were encouraged to make their own decisions:

> " ... it's your opportunity to make decisions, it's your opportunity to make positive choices" (education professional, interview 7)

With young people, several child welfare professionals working in health and education felt that they could not impose what they thought was best on the young person.

Similarly, during the participant observation when assessing referrals involving young people, if the young people appeared to be making the "right choices" there was less professional concern. However, the level of professional concern rose when the young people appeared to be making what the social workers considered the "wrong choices".

The data from one health professional (interview 8) and one social care professional interview suggested that some families appeared to have stepped outside the social structures, since they were not accessing services and the professional could not make contact with these parents or the young people; in effect they were impossible to reach. The child welfare professionals were aware that the needs of the young people in that particular home were not being met - the young people had a medical condition which the parents were not managing and the young people were not being seen by health professionals.

The health and social care professionals both expressed the wish to work with the young people directly but access to the home was impossible and the young people were not attending school. This situation was made more complex due to the age of the children; if the children had been younger it would have been possible for social workers to physically remove them from the family home. However, the social care professional said if the decision was taken, during a Conference, to remove the young people from the home and they did not want this, they would "migrate back home".

> "…erm, but actually a child protection plan wasn't the way of trying to manage it, and, and wasn't gonna be successful and these children were clearly gonna stay at home and [there were] huge problems en, engaging with the family on any level and missing, school because of it … but a child protection plan wasn't the right way. The other side of that is actually a child protection plan [wa]'s not the right way, it needs to go into Court" (social care professional, interview 5)

A situation where neither the parents nor the young people were co-operating with service providers could lead to court proceedings. The family's total disengagement appeared to leave the professionals unable to intervene collaboratively and legal measures might be used instead.

Unwillingness to co-operate or a lack of engagement on the part of young people was also apparent during the participant observation sessions. One social worker described a case involving a young person who had missed three court appointments and who would now be remanded in custody:

> "I asked him if he wanted to be a 'looked after child' and he said he wasn't bothered. I tried talking to him about choices and that things could go this way or that way and again he said he wasn't bothered" (SW, session 3)

The child welfare professionals interviewed said young people were approached in a way that promoted their participation. Education, health and social care professionals spoke about young people as in transition to adulthood and encouraged young people to make their own decisions. A collaborative approach was presented by the social workers as a more positive way of interacting with young people and the observation of the social workers' practice suggested that young people were approached in a more participatory way but it was not always successful. Young people were seen as having choices and, while the young people were encouraged to make their own decisions, social workers sometimes made decisions and acted in what they thought was the best interest of the child/young person. Participatory practice only extended so far and ceased if the young people made decisions that the social workers considered not to be the "right choice".

Although Hicks and Stein (2010) and Brandon, et al. (2008b) suggested that there has been agency neglect of young people and that service providers are not addressing their needs, the data from the interviews and observation sessions appeared to contradict this suggestion. This possibly indicates a change in social work practice since the Southwark Judgement (National Care Advisory Services, 2009) which placed a duty of care on local authorities to carry out a needs assessment for the young person rather than simply providing accommodation. Since this ruling all local authorities and, in particular, initial response teams, have

had an increased role in assessment and intervention with young people (Rees, et al., 2010).

8.9 *Professionals' Perceptions of Parental Behaviour and Accountability*

The way the professionals interpreted situations influenced professional-parental interactions. One social care professional suggested that, over the years, child welfare professionals had become increasingly aware of the implications of certain lifestyles on children and this led them to become more involved with particular families:

> "…I think over the years as we've got more erm, understanding around the impact of, of family lifestyles on children and the issue of child protection then I think we, organisations have wanted to get much more involved in erm, sorting out these families, resolving these problems" (social care professional, interview 9)

Research was thought to have extended professional understanding of the impact of certain parental lifestyles on children and this increased knowledge has been used to justify professional intervention in family life.

During another interview with a social care professional they said that their understanding of features of neglect could be different to that of family members:

> "I think there is also the assessment of need and there is not always congruence between the need as identified by the professional and the need as identified by the family and you know it is, ummm, you get parents in child protection conferences saying 'that isn't the main problem' the main problem is A and then we find professionals saying no, no, the main problem is B" (social care professional, interview 3)

The idea that the professionals' understanding of neglect was different to families' understanding of neglect was a recurring theme. When one health professional spoke about the lack of shared understanding between professionals and parents the terminology used tended to be paternalistic, such as "getting them to realise", "for their benefit" and "educating those parents". One health professional stated that

"…. bringing in some support workers if you need to, so that you can start educating those parents on what, what they need to do just to improve their children's lives" (health professional, interview 4)

The underlying assumption seemed to be that if parents were informed about how they could improve their children's lives they would make changes to meet the child's needs. The data appeared to suggest that professionals were identifying the need for change rather than the family members. This did not indicate a partnership approach to working with parents.

A lack of shared understanding between parents and professionals could potentially lead to parental resistance to any intervention by professionals:

"The biggest challenges … are getting them [parents] to understand what neglect is because if they've been, they were brought up like that therefore 'what's your problem?', type of thing. I think it's getting the parents to realise what neglect is and how they can improve their childcare to improve their children's outcomes. Erm, it's working with the parents. It is. And it's getting them to realise it, and that you're not just interfering, you're doing it for their benefit. It's hard. It's hard because they don't want anybody interfering. They're quite happy in their little lives" (health professional, interview 4)

There appeared to be two assumptions in this excerpt. Firstly, that there was a professional understanding of neglect and that this understanding was the 'right one' and their role involved getting parents to understand neglect the same way they did. Secondly, that the parents had to change and promoting change was justified as it would improve children's lives. There was an assumption that all parents should want to follow professionals' suggestions, otherwise questions were raised about how concerned the parents were about their children.

One social care professional suggested that the image most parents had of neglect was of physical neglect, this was contrasted with the professional perspective of neglect which was broader and included other features:

"I think parents struggle with it [category of neglect] a lot because they, they've, they've, the basic, their basic position 'I love my children' for them

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means 'I can't neglect them' erm, and … that, sorts of, getting past that's quite difficult, they struggle to, to take, take a step beyond that, and they struggle sort of take a, a step beyond a … a, a sort of a 'basic physical care needs not being met neglect', and other needs, 'emotional, health ar, needs, not being met' erm, … and, and I, you know, that, that, that they, they can, as I say, they have a, they have a fixed picture of what neglect is and it's somewhat Dickensian in it's, sort of, imagery, if you like erm …" (social care professional, interview 5)

The parents' view of neglect was described as fixed and Dickensian, suggesting professionals had expanded their view of neglect but parents had not. In this context the *Working Together* definition of neglect used by child welfare professionals has expanded since it was first introduced (see appendix 20) and includes physical care as well as encompassing emotional and other health needs.

To summarise, the parents' understanding being different to the professionals' understanding was identified in both the interview and participant observation data. In the social care interviews the professionals said they thought that the parents constructed neglect as a lack of physical care, whereas professionals conceptualised neglect in broader terms that included other aspects, in particular the child's emotional well-being. The consequence of the absence of a shared understanding about neglect demonstrated the asymmetrical nature of the relationship between professionals and parents. While recognising that family members understood neglect differently from professionals, it was the professional's role to decide if a child was experiencing neglect or not, which meant the child welfare professionals were able to privilege their constructions of neglect.

8.9.1 Parents accessing and using services

During several health professional interviews the view was expressed that parents were expected to access health services not only for themselves but also to ensure children were brought for their appointments. Parents or parents-to-be were expected to routinely access community health services via their GPs, midwives and health visitors.

During the interviews the midwives spoke about pregnant women who missed appointments being actively followed up and "dragged to appointments" (interview

4). There were other examples which included pregnant women missing antenatal appointments or being unavailable to professionals and providing explanations which could not be corroborated. In the Minute 26 (neglect) one of the Reasons for the Conference included premature twins not being taken for their routine follow up appointments. In situations where children need health care the professionals' assumption is likely to be that parents will act in the best interest of their children (O'Donovan, 2006). However, professionals and parents might have different perspectives about what is the best interest of the child.

As well as routinely accessing services, parents were expected to seek treatment in good time and some children were seen as experiencing 'significant harm', not from the original condition but because of their parents delaying in seeking medical services (health professional, interview 8). The example given on several occasions was about severe nappy rash, with the suggestion the child could experience significant harm due to a delay in seeking medical treatment.

The health professionals emphasised that establishing the events which had led to the current situation was important. For example, the first impression might be that a child has been brought late for treatment but further assessment might not support this as there might be an alternative explanation:

> "Sometimes you see a child who's ill who's presented in your opinion… …a bit late, but when you ask, the parents have been ringing……NHS Direct or they have… …been to see their GP or they have… …asked their health visitor… …erm… …about something and then others you just think, gosh, and when you say well… …well they'll say no I just, well I didn't think or I……didn't……and again, it doesn't always mean that they're neglecting… …their children" (health professional, interview 8)

Presenting late for treatment could be understood as being "neglectful", with parents having other priorities in their life, leading a chaotic lifestyle, relationship problems, financial issues or not doing well with parenting, but this was not always the case (health professional, interview 8).

When parents did not access and use services identified as important or necessary by the professionals, the case was more likely to progress to the next referral level when combined with other features.

8.9.2 Parents ensuring their children accessed education

From the analysis of the education professionals' interviews there appeared to be a normative expectation that parents would ensure their children were in school and that the parents would support the children's learning. The features recorded in the children's diaries which challenged this assumption included the children's 'attendance being poor'; often 'late arriving at school'; parents not engaging with the school staff, which was interpreted by the education professionals as a 'lack of parental interest in what the child is doing'; the parents 'not encouraging their children with their education' (interview 12).

Children with recognised educational needs are likely to need additional support at home and increased parenting input at home. In three examples (Minutes 12, 26 and 28), the children's under-achievement and problems were exacerbated by parents not undertaking what the education professionals portrayed as their responsibilities. The 12 year old girl (Minute 26) was under achieving at school and already attending the Learning Development Unit and concerns about her under achievement were combined with lateness and [poor] attendance. The lateness and poor school attendance were in turn linked to a lack of parental support and supervision of the child.

In Minutes 12 the children had been identified as having additional educational needs in relation to their behaviour and their emotional and social development. The education professionals had identified a need for intensive reading and writing input, which required some input from parents at home but, since this was not being done, this role had been taken on by the teachers. This had led to a situation where there was a high level of support for the child when in school. The education professional's view of the support was that

> "[It] is well beyond [that] which would be expected to be provided by staff" (Minute 12, neglect)

Another child's school attendance was also a concern and a learning mentor had been brought in to support the child who was on the Special Needs Register (Minute 28, neglect). This child's main carer was his father and they were living in temporary accommodation. Their uncertain and transient lifestyle was described as impacting

on the child's education but was also constructed as impacting on other aspects of his development such as his sense of security and his need for a space of his own [own bedroom] and the opportunity to make friends.

Children with additional needs also need additional parental input which parents might struggle to provide. In some situations the child welfare professionals, especially the education professionals, appeared to provide services to meet the children's needs and although the support they provided went beyond their official role, it was justified in order to compensate for a perceived lack of parental input.

8.9.3 Parental engagement with professionals

The type of relationship parents and professionals were able to establish appeared to influence the outcome of situations. In the data sets parents' engagement with child welfare professionals varied considerably. For professionals working with a consensual child welfare model, developing a working relationship with parents was crucial. In the participant observation data it appeared that cases were more likely to be constructed as potential neglect if the interactions between the professionals and parents were difficult and the parents did not conform to the construction of a 'good client' (Juhila, 2003). If the parents responded as expected they were likely to be constructed as 'good clients'. However, if the parents did not accept the client identity they may be constructed as 'bad clients' and referred to as uncooperative or resistant.

 The analysis of whether the parents were co-operative or un-cooperative appeared to be a potential feature in cases of neglect but as a feature co-operative/un-cooperative functioned differently depending on the available information and co-existing features. The child welfare professionals initially had to establish if the parents were able to make changes and, in the participant observation data, some parents demonstrated their capacity and amenability to change. These parents engaged with service providers and the professionals encouraged and supported the parents.

However, in the Minutes there were examples where, despite parent(s) engaging with professionals and having made some changes, a child protection category was still allocated. The parents were constructed as 'good clients' but because the changes made had not been of a sufficient duration for the professionals to be sure

they would be sustained, they still progressed to a Conference. This was a typical scenario in the Minutes involving unborn children. The parents may have made changes during the antenatal period but before the birth it was impossible for the parents to demonstrate they could maintain the changes once the baby was born. In these scenarios great significance was placed on past events when making decisions about possible future parental behaviour. There can be very legitimate reasons for basing decisions on past history but this can lead to recent events and changes in circumstances being overlooked or minimised (Beckett, et al., 2007b).

The social care and health professionals interviewed said they needed to establish that if the parents made changes they were able to maintain them. The child welfare professionals talked about cases where the parents had made changes but when support services were withdrawn the situation had subsequently deteriorated. These cases were referred to as being like a 'yo-yo', improving but then deteriorating again, and were given as examples of parents being unable to sustain change, which became a feature when categorising cases. The participant observation data highlighted that when a family was referred the first time, the social workers offered support but, if the situation was not sustained, then their approach was likely to shift from support towards child protection. For example, there were situations which had deteriorated so much that the social workers decided that the parents could "no longer be left to their own devices" and the case was likely to proceed to a Conference.

There appeared to be an assumption on the part of child welfare professionals that parents would follow professional advice. However, in some cases where parents initially appeared co-operative, this was later questioned and child welfare professionals might become more involved. One education professional interviewed reported that parents might initially cooperate with professionals but if a problem persisted and professionals continued with their involvement in the family, the parents sometimes disengaged from the process.

During the participant observation sessions, parental non-engagement with the CAF process was spoken about as a concern:

"Mum was really angry and walked out. We gave her every opportunity to engage. The concerns were predominately around her accessing and using services" (MAS co-ordinator, session 2)

A referral was made to the social workers due to "a lack of involvement and change on the part of the parents". In another example, the members of the multi-agency team were concerned about the family situation deteriorating further, leading to a greater impact on the child:

"Issues remain and the child's difficulties have escalated despite the allocation of a parent support worker the family have continued not engaging and are increasingly resistant to engaging with services. While they usually attend meetings, they report carrying out strategies despite professionals knowing that this is not the case" (MAS Co-ordinator, session 8)

Although there was a CAF in place, parental non-engagement meant that the professionals involved in the process ceased to see the consensual model as an effective approach for ensuring the children's needs were being met. Parental non-compliance appears to disrupt the notion of the good or caring parent and can shift professional concerns so that children are more likely to be understood as being 'at risk' of harm (Menahem and Halasz, 2000). Providing parents maintain some degree of co-operation with professionals they are less likely to become involved in compulsory actions (Dingwall, et al., 1983; Brandon, et al., 2009) . However, Brandon, et al. (2009) suggested that parental co-operation can be problematic since "good parental engagement can sometimes mask the risks of harm to the child" (p. 2).

The analysis of the Minutes and participant observation data both showed that when parents did not follow professional advice the professionals said they were left with no choice but to proceed to a Conference:

"If she ignores local authority advice, she will leave the local authority with no choice but to go down a child protection route." (DSW, session 1)

The way the social workers suggested that the advice was from the "local authority" emphasised the unequal nature of the relationship between the woman and the social worker, with the power being with the social workers. However, parental

resistance might be either disguised compliance or overt non-compliance and either way this was likely to lead to an escalation in intervention. Platt (2006a) identified that a referral was more likely to proceed to a child protection case conference if there was little or no parental co-operation with professionals. In contrast, Buckley (2003) stated that the social workers, rather than being more likely to intervene in cases where the parents were uncooperative, were less likely to intervene. Buckley (2003) interpreted the lack of formal intervention as being influenced by the social workers' pessimism about the likelihood of a positive outcome of any intervention and a concern that more intervention would further undermine the existing poor parenting.

In the Minutes categorised as neglect and the participant observation data there were examples where the mothers were characterised as uncooperative and, in these cases, the father was identified as an alternative main carer. A similar scenario was reported by Scourfield (2003), who identified professionals describing fathers as being 'better than mother' but only when it had been decided that the mother was 'a bad mother. This appeared to justify making the father the main carer, providing he had 'parental responsibility'. A CAFCASS report (Children and Family Court Advisory Service (Cafcass), 2012) criticised local authorities for not fully exploring and supporting alternative family members sufficiently as alternative carers for children. However, the participant observation and Minutes data suggested that family members were frequently identified as alternative carers.

Parental resistance can be a combination of intrinsic parental attitudes and values which influence how they respond to professionals, a response which is influenced by how child welfare professionals interact with the parents (Forrester, et al., 2012). When parents are perceived to be uncooperative this is problematic for child welfare professionals and highly developed interpersonal skills are needed to work with parents who are resistant to professional intervention. Platt (2012) argues that there is a need for more research into the factors influencing parental resistance, warning that there is a danger of focusing on parental resistance without taking into account the skills of the social workers to engage effectively with the parents; the impact of the professional as well as of the parents on the interaction should be considered.

The child welfare professionals appeared to have normative expectations about parenting, childrearing practices and how parents should respond in given situations. The professionals' understanding of parents was influenced by parental behaviour especially when it was interpreted as a deviation from the expected norm. How parental behaviour was reported in files and other documents and talked about during their interactions with families revealed the 'definitions of normality' that social workers were drawing on in their practice, since when the expected parental behaviours were not evident, the parents were held accountable.

8.10 *Chapter summary*

In this chapter the different themes related to the child welfare professionals' understandings of neglect have been discussed. One understanding of neglect was that it was due to omissions of care by parents and this perspective reflects the dominant perspective in the literature on neglect (Stone, 1998a; Stevenson, 2007). This view contrasted with the police officers' perspective that there had to be a wilful act on the part of the parents, which was interpreted as an act of commission; this perspective was influenced by the definition of neglect in the criminal law. The child welfare professionals' practice about neglect was influenced by their professional training and knowledge of policies, guidance and research. The government definition of neglect also influenced their practice regarding neglect (HM Government, 2010).

An awareness that personal values and attitudes are likely to impact on professional practice requires professionals to be reflective which, when working with complex cases, can be facilitated during supervision (Bolton, 2010). This area of work is made more complex since the analysis showed that professional perspectives varied, which introduced another layer of complexity that could impact on their interactions with each other and family members. Child welfare professionals sometimes interpreted the same actions or events in different ways, which could have been due to professional roles or personal values. There were a number of professional expectations about their interactions with parents which appeared to be influenced by lack of a shared understanding of neglect, as well as parents not always accessing services or engaging with professionals and acting in their children's best interest. The education, health and social care professionals all

identified that parents might not understand situations the same way they did, partly because professional practice was influenced by changes in government policies and guidance and research. This difference in understanding had implications and presented challenges when they were trying to engage with parents.

While four professional groups were the focus of this study, a larger number of child welfare professionals attended the Conferences. The analysis of the Minutes showed that some professional groups routinely attended conferences but other professionals had different attendance patterns, which appeared to reflect whether or not they identified a role for themselves in cases of neglect. The participant observation research in the offices of the initial response social work team focused on their conversations with other child welfare professionals and it was possible to identify different professional perspectives and how this impacted on their practice.

The next chapter discusses the themes presented in Chapters 6, 7, and 8 in relation to the research questions which guided this study.

9 Towards a Greater Understanding of Child Neglect and How Child Welfare Professionals Categorise Cases of Neglect

9.1 *Introduction*

In this final chapter the themes which were discussed in the previous three chapters are revisited in order to address the research questions, which were:

1. *What are child welfare professionals' understandings of child neglect?*
2. *What, if any, are the inter-professional differences in how child welfare professionals understand and categorise cases as child neglect?*
3. *What are the features of cases categorised as child neglect?*
4. *How do child welfare professionals categorise cases as child neglect?*

The research questions have been addressed by drawing on the analysis of the three data sets, each of which contributed different data. The data from child welfare professional interviews was predominantly used to explore the child welfare professionals' understanding of neglect. The analysis of the Minutes was mainly used to identify the features specific to cases where the category of neglect was allocated. The participant observation analysis provided an insight into how social workers received and processed referrals and the decision making process. The research questions have been addressed and discussed in relation to the existing literature. The key research findings, reflections on the research process and suggestions for future research are also presented.

9.2 *What are Child Welfare Professionals' Understandings of Child Neglect? And what, if any, are the inter-professional differences in how child welfare professionals understand cases as child neglect?*

Despite their different training, experience and organisational context, the child welfare professionals described very similar typical images of a neglected child and the home conditions associated with neglect. Despite the child welfare professionals freely using the term 'neglect' during the interviews, the term was rarely used in practice (see section 6.2). When the term was used in the Minutes it appeared to be used primarily to refer to the child protection category. Arguably, the absence of child protection terms and categories from most of the child welfare professionals' conversations indicated a need to talk about the features of cases, since referring to

a situation as potentially one of neglect communicated little and gave no indication of what type of intervention might be needed. Parton, et al. (1997) argued that the absence of child abuse terms in their data (case files) reflected the child protection workers' concerns about the "material and emotional circumstances of the child rather than whether particular events had taken place" (p. 82) and concluded that their analysis reflected the way child protection work was socially organised rather than focusing on child abuse itself.

Neglect was referred to as an act of omission and commission during the interviews and this possibly reflects the different professional roles and priorities, particular in relation to the criminal law and the role of the police. Although neglect is widely understood to be an act of omission (Horwath, 2007a; Hicks and Stein, 2010), this perspective has been challenged by Hicks and Stein (2010) who identified young people experiencing neglect as the consequence of parental acts of commission. Lewin and Herron (2007) also identified that health visitors defined neglect based on acts of omission and commission, rather than being one or the other. Understanding neglect as including acts of omission and commission may reflect the complexity of parent-child relationships.

The parent-child relationship consists of a myriad of daily interactions, some of which may be considered omissions of care and others acts of commission where care has purposely been withheld. Since relationships involve multiple interactions in a range of contexts the parent-child relationship and other interactions which are part of family life cannot readily be reduced to an either/or scenario. Understanding neglect as an omission or commission focuses professionals' practice on making a judgement about whether the parents did or did not intend to do something. However, focusing on parental motivation is not considered particularly child-focused practice, since the impact on the child might be the same whether intended or not (House of Commons, 2012).

An awareness of whether child welfare professionals are constructing neglect as an act of omission or commission can help in understanding professional practice since an individual's constructs of neglect can have implications for their interactions with parents and subsequent actions. Understanding neglect as an act of omission is more likely to lead to a professional approaching a situation in a supportive and non-judgemental way and parental actions being understood as a lack of parental

knowledge, awareness or skills. In this scenario parents are more likely to be constructed as in need of help and support in order to improve their parenting skills.

In contrast, understanding neglect as an act of commission constructs the parents as responsible and culpable for their actions and therefore responsible for any harm to the child. This approach is less likely to be conducive to developing a supportive or partnership style relationship with the parents. The police officers' understanding of neglect was strikingly different from that of the other child welfare professionals interviewed. The police officers said there had to be a 'wilful act' for them to be able to prosecute for child cruelty, of which neglect was a part (see appendix 12; section one of the Children and Young Persons Act 1933). Action for Children (2012) campaigned to have the 1933 Act updated, arguing that understanding and attitudes to child abuse and neglect have changed in the intervening 80 years and the Act does not support civil law or the current national child protection system. Since the Act focuses on physical neglect but not emotional or psychological harm (Action for Children, 2013) it is no longer considered to be appropriate as it does not support police and prosecutors taking action against neglectful parents (Gibb, 2013).

However, even when parents are understood to be responsible for potential harm to the child, child protection or court proceedings might not always be seen as the most appropriate course of action. In the interview data a scenario was described where the parent was seen as being responsible for ostracising the child within the family but the parent's actions were understood to be due to their mental illness. Consequently, even though the parent's actions were considered to be deliberate, the parent was not usually seen as culpable because of their illness. A similar scenario was identified in the Minutes, where the father was denying paternity and not interacting with the child. The man was named officially as the child's father, refused to undergo tests to clarify his paternal status and was seen as responsible for the harm to the child. Whether a particular condition is understood to be illness or not is therefore likely to influence professional practice (Barnard, 2005).

The Action for Children (2012) campaign claimed that understanding of neglect has expanded and changed over the years and this appeared to be consistent with the child welfare professionals' understanding of neglect. The health, education and social care professionals interviewed claimed their understanding of neglect was broader than that of parents, since their understanding included the physical and emotional care of the child while parents were thought to focus mainly on the

physical care of the child. The implication was that parents who did not embrace the broader conceptualisation were failing to meet the children's needs. Since the professional understanding of neglect included emotional aspects of care, it is likely to encompass a wide range of parenting situations and interactions.

The child welfare professionals' understandings of neglect were clearly influenced by the institutional definition of neglect in *Working Together* (HM Government, 2010), as they referred to the particular wording in the definition. This definition of neglect focuses on an absence of parental care and the failure to meet children's needs and therefore requires child welfare professionals to make judgements about the standard of parental care provided to children (Turney, 2000). In practice such a definition is problematic since there are no agreed standards of adequate child rearing practices (Gardner, 2008). In the absence of agreed standards the child welfare professionals drew on their particular professional knowledge and personal values. However, Atkinson (1978) identified that an established definition alone is insufficient for decision making and the process is influenced by the myriad of other features which surround and impact on cases.

Despite the existence and use of the institutional child protection definition of neglect there were inter-professional differences, since the features the child welfare professionals encountered in their individual context influenced their understanding of neglect. Child welfare professionals, in the course of their practice, must continually shift between non-contextual 'facts' (such as the definition of neglect, policies, guidance and research findings) and contextual 'facts' pertaining to individual cases. They also have to synthesise objective and subjective knowledge and predictive and explanatory information (Mantzoukas and Watkinson, 2008). This requires the child welfare professionals to be critically reflective and to be aware of the type of knowledge they are using and why in order to make sense of the cases of neglect they encounter.

The child welfare professionals' understanding of neglect included children's emotional well-being, since being "unresponsive to a child's basic emotional needs" (HM Government, 2010, p.39) is part of the *Working Together* definition of neglect. Recent, but still contested, neuroscience research has highlighted the critical nature of early parent-child interactions on healthy brain development and reinforced the

importance of the emotional aspect of child care on children's development and long term outcomes (Field, 2010). Buckley (2003) also noted that, in some situations where parents and child welfare professionals did not have a shared understanding of what the issues were, this could be interpreted by the professionals as the parents minimising the seriousness and severity of harm. However, what a professional perceives as minimising might be a consequence of a parental lack of awareness of the needs of their children, particularly in terms of emotional needs (Dent and Cocker, 2005).

One consequence of professionals and parents having different understandings of what constitutes neglect is that they are likely to have different perspectives about what constitutes harm to children. These different perspectives are likely to influence inter-professional relationships and professional-parent interactions especially where there are different professional-parent perspectives. Despite different understandings about the impact of parental actions on the child it might be possible to convince the parents of the need to change the way they interact with the child by highlighting the impact on the child. However, the analysis showed that the child welfare professionals were also concerned when they identified situations which were considered harmful for children but they were not showing any adverse responses. This was particularly relevant in cases where there was thought to be emotional neglect, when the impact on the child might not present until years later. In these situations it is likely to be more difficult to persuade parents of the need to make changes and, if parents did not see the need to change, this was likely to result in difficult and problematic interactions between them and professionals.

The interview data showed that most of the child welfare professionals, particularly those providing health and education services, initially approached parents by "trying to get the parents on-board". However, when these child welfare professionals spoke about their relationship with the parents, the terminology appeared paternalistic and suggested an absence of partnership and shared objectives. During the assessment process professionals and parents are engaged in an inter-personal construction process (Iversen, et al., 2005), which has been initiated by the professionals and has an inherent unequal power balance. When professionals' expectations about what will happen in a particular situation do not occur, the working consensus may be lost

(Juhila, 2003). In the context of neglect, the loss of the working consensus occurs when the parents no longer act as professionals expect parents to act.

Understanding and exploring the parents' perspective and identifying the reasons for a lack of shared understanding might be the key to more successful interactions:

> "At the heart of the issue of resistance was the family members' belief that the social worker had not understood their problems in the way that they themselves understood them. There seemed to be some fundamental differences in the analysis of the key issues for family members which needed to be understood in the context both of assessments and of services" (Office of the Children's Commissioner, 2010, p.47)

Parton, et al. (1997) suggested that the relationship between parents and child welfare professionals was negotiated, implying some degree of control on both sides. Magnuson, et al. (2012) supported this perspective and added that being able to adopt a way of working that is negotiated gives the parents some degree of control and involvement in what happens. This approach is vital, since although professionals can identify and construct cases of neglect, they cannot intervene and address the neglect directly since they depend on the parents to make the changes needed to address their professional concerns. Recognising that the child welfare professionals need time to engage with parents and explore their understanding of the situation has implications for practice, especially when managing large caseloads or large numbers of referrals. Child welfare professionals also need the appropriate skills to work effectively with families; the Munro Review (Munro, 2011) placed great emphasis on having an appropriately skilled work force.

9.3   *What are the Features of Cases Categorised as Neglect?*

In order to understand what type of case they were dealing with the child welfare professionals needed information about the features of the case prior to beginning to make sense of the situation and to make a decision about categorisation. Child protection case conference minutes provide an official record of the child protection category allocated and the institutionally important features utilised during the process of categorisation. The Minutes where the category of neglect had already been allocated were used in conjunction with the Minutes allocated other categories

to identify any specific differences. A wide range of features were identified in the data and these features contributed to the construction of a case of neglect when they co-existed, although some features appeared to influence practice independently.

An understanding of neglect as only being recognised once a "picture had been built" over time means that no individual feature signifies the presence or absence of child neglect. Stone (1998b) identified that child welfare professionals included a wide range of features when identifying neglect. This understanding is also reflected in the diverse features included in the typology of neglect (Stevenson, 2007) discussed in Chapter 2. Having a wide range of features which potentially contribute to building a picture of neglect might lead to inter-professional differences as each professional group attaches greater significance to the features with which they are more familiar and has a greater professional understanding of the impact on the child (Giovannoni and Beccara, 1979).

The next sections focus on the features related to the children, to the parents and other adults in the home and to the condition of the home, which were identified in the data as being used by the child welfare professional when constructing and categorising cases of neglect.

9.3.1 Children

The significant features which related to the children were their appearance, their age, their behaviour and their expressed views and these features are addressed separately in this section. In the interview data the child welfare professionals had a shared image of the neglected child, involving highly visible features such as a child who was dirty, poorly clothed and often under-nourished. The child's appearance was a significant visible feature of neglect in the interview data but a less prominent feature in the other data sets. The typical visual image of a neglected child was of a young child and in the Minutes young children were the largest number of children allocated a category for neglect (see table 6.3).

The age of the child appeared to be important and the analysis enhanced understanding of neglect by differentiating between three broad age groups of children; the unborn child, young children and young people. The analysis of the

Minutes indicated that unborn children were a particular age group categorised as neglected and young people aged between 16-18 years were an age group who were absent from the Minutes data. Young people were the focus of considerable professional concern during the interviews and also featured in participant observation data. The age of the child appeared to influence whether they were allocated a category or not. The process of deciding about allocating a category for unborn children and young people is discussed separately.

During the interviews the child welfare professionals working with pregnant women said that the inclusion of the unborn child in the definition of neglect made it more likely that referrals involving unborn children would be accepted for assessment by the initial response team. The analysis of the Minutes appeared to support this perspective since unborn children featured prominently in the sample (see table 6.3). The unborn child was first included in the *Working Together* definition of neglect in 2006 (HM Government, 2006; see appendix 20) and this is the only child protection category where any reference is made to the child's age in the definition. Daniel, et al. (2011) suggested that the growing number of pregnant women misusing substances was likely to have influenced the inclusion of the unborn child in the institutional definition. The definition of neglect, combined with a growing awareness of the impact the *in utero* environment has on a child's future development (Field, 2010), is likely to have contributed to an increase in professionals identifying neglect involving unborn children. However, in the Minutes data the cases involving unborn children categorised as cases of neglect appeared to be influenced by the parents' past history (see section 7.5.2) in combination with substance misuse and developmental concerns.

In the interview data age was identified as a complex feature. Issues were identified around age as a criterion used for providing services, since paediatric services are only provided up to 16 years of age although the Children Act 1989, includes 16 and 17 year olds. Also, how young people were perceived and responded to was dependent on the terminology used: For example, the term 'homeless teenager' was contrasted with 'homeless child' and it was suggested that the different images produced by the terms were likely to lead to different responses.

If the Minutes had been the sole data source available the assumption might have been made that there were no young people in receipt of services from Children's Social Care (see table 6.3). However, the analysis of interview data showed that the child welfare professionals recognised young people as an age group experiencing neglect. Equally, the participant observation data showed that referrals to Children's Social Care included young people (section 8.8.2) and, while the social workers engaged with young people, these referrals did not proceed to a Conference and the allocation of a category. Brandon, et al. (2008b) and Hicks and Stein (2010), based on their earlier research, concluded that young people were being 'institutionally neglected' but, since their research was possibly carried out prior to the Southwark Judgement in 2009 (National Care Advisory Services, 2009), the timing of their data collection is likely to have contributed to them drawing different conclusions to those drawn in this study.

Although the Minutes sample was comparatively small, the data has been compared with the national data (Department for Education, 2010; see table 9.1). While the national and study percentages for three age groups (0-5, 6-10 and 11-15 years) are comparable, the percentages for unborn children and children over 15 years are markedly different. Unborn children are over–represented in the study data and young people are under-represented. However, not all local authorities include unborn children when compiling local statistics (Burgess, et al., 2012), which could partly explain the different figures for this age group.

Table 9:1: To show the number and percentages of children by age group in the national and study statistics of children who were made the subject of a child protection plan

	National data 2010*	Study data Dec 2009- May 2010
	Number of children (%)	Number of Children (%)
Unborn children	660 (1.6)	10 (17.8)
0-5 years old	16,700 (42.7)	19 (33.9)
6-10 years old	10,900 (27.8)	17 (30.4)
11-15 years old	10,000 (25.6)	10 (17.8)
16-18 years old	780 (1.9)	0
Total	39,100	56

(* Source: Department for Education, 2010)

A report by The Children's Society (Rees, et al., 2010) recognised that young people were less likely to receive a child protection response than children in other age groups and a similar finding was reported by Brandon, et al. (2009).

Hicks and Stein (2010), following their study involving young people and neglect, proposed that there needed to be some provision in the definition of neglect which reflected the needs of and issues faced by young people. However, as part of the oral Evidence to the Select Committee (Education Select Committee, 2012) it was suggested that a single definition of neglect was appropriate but there should be a recognition that there are differential issues according to the age and development of children. Whether including a specific reference to young people in the institutional definition would influence child welfare professionals' practice with young people in the study area is debatable because of the prevailing organisational culture. The organisational culture in 'Rivervalley' meant that young people were viewed as being in transition to adulthood and requiring a different interactional approach than that of a child protection response. The child welfare professionals' practice with young people was discussed in section 8.8.2.

Children's behaviour was a key feature in recognising and categorising cases as neglect and was referred to by all the child welfare professionals in all three data sets (section 7.2). The children's behaviour as a categorisation feature was most prominent in the education, health and social care professionals' interviews. In the participant observation data, when concerns focused on the child's behaviour as the only feature, the cases were less likely to be accepted for assessment and were therefore unlikely to be allocated a child protection categorisation (see section 8.4). However, when concerns about a child's behaviour co-existed with other features it did contribute to the categorisation process. Studies such as Dingwall, et al. (1983), Parton, et al. (1997) and Paavileinen, et al. (2002) identified that child welfare professionals particularly used the child's behaviour, in conjunction with the child's appearance, when making decisions about potential maltreatment.

The data analysis highlighted the child welfare professionals' concerns about changes in behaviour but especially any behaviour which was a deviation from normative behaviour. Since decision making depends on the expected behaviour appropriate to the child's age and stage of development, comprehensive knowledge of the developmentally appropriate behaviour for the age of a child is essential.

Drury-Hudson (1999) and Taylor (2004a) both emphasised the importance of child development training for all child welfare professionals. The child welfare professionals also had to interpret the children's behaviour they observed (see section 7.3.2) and because the children were observed in different contexts, this highlighted professional differences when interpreting children's behaviour.

During the participant observation sessions the social workers sought the views of young people and children, including one as young as nine years old (see section 7.3). Sometimes the children's expressed views appeared to influence the social workers' recommendations but the young people were not directly involved in the decision making process. This lack of involvement might reflect the social workers' mandate to make decisions regarding what they understand to be the child's best interest (Barnes, 2012) or whether the child was deemed competent to make decisions (James and James, 2012). In the Minutes the children's views were rarely recorded, the obvious exception was Minutes 26 (see section 7.3).

Listening to what children say is increasingly understood as part of children's rights (United Nations, 1989). The Children Act 1989 stated that the "wishes and feelings of the child subject to the child's age and understanding should be sought" (HM Government, 2010, p. 37). This is a stance reinforced by Munro (2011) who emphasised the need for services to focus on identifying and meeting the needs of children and young people. However, Tanner and Turney (2003) found that "social workers often reported very little direct or meaningful contact with children" (p. 32). Children's wishes are ideally taken into account when decisions are made but the child's wishes are one of several perspectives and need to be considered alongside the views of professionals, parents and other family members (Riddell-Heaney, 2003). Broadhurst, et al. (2010a) identified that insufficient attention is paid to what children say and listening to them is one way of demonstrating respect and empowering children. Working with children and young people in this way requires time, skill and a different approach to interacting, with more emphasis on partnership (Calder and Talbot, 2006).

9.3.2   The home environment

The home conditions were a feature in all three data sets. However, details about the home conditions were generally only recorded in the Minutes allocated the category

of neglect. The child welfare professionals interviewed had a shared typical image of unsuitable home conditions, this image included extreme physical conditions which would have been obvious to anyone entering the home and included objective, observable features and smells. Their descriptions of unsuitable home conditions closely mirror the features included in the housing domain of the *Framework of the Assessment of Children in Need and their Families* (DH, 2000; see appendix 2). Despite the professional consensus about unsuitable home conditions, not all the referrals involving families living in such conditions progressed to a Conference.

The child welfare professionals interviewed talked about parents "keeping children safe" in the home. This included protecting the children from physical harm due to accidents and requiring parents to recognise hazards in the home. In the participant observation data when a home was untidy "accidents were more likely to happen". Brandon, et al. (2008a) identified accidents as a common feature of child death reviews and serious injury in cases of neglect, with most incidents happening in the home (Brandon, et al., 2010).

The home conditions and safety in the home included tangible, observable features which could be used to build a picture of neglect and, when they co-existed with other features, they contributed to the categorisation process (see section 6.7)

9.3.3 The parents and other adults in the home

The features related to the parents included other aspects of "keeping children safe" and focussed on children being safe in relation to adults with a previous history involving convictions or allegations of sexual abuse. This section also includes the interactions within the home, features which impacted on parent-child interactions such as domestic violence, substance misuse and mental health issues, and a previous history of parental neglect.

The child welfare professionals all appeared to expect parents, particularly mothers, to protect children from harm as a consequence of other people coming into the home (see section 7.5). Adults who were a 'known risk to children' and had access to the children in the home were evident in the Minutes and participant observation data. The range of adults who were seen as posing an immediate a risk to children included male family members such as uncles, as well as unrelated men and women. If the parents did not accept the professional perspective of the risks and

follow the social workers' advice, this contributed to the construction of a child protection case. In the Minutes, if the adult who posed the risk was either living in the home with the children or was a father to one or more of the children, the category allocated was likely to be sexual abuse whereas if it was a visitor or more distant relative, the category allocated was more likely to be neglect.

Professional guidance (Regional Consortium, 2011) stated that an assessment should be carried out when a person 'known to pose a risk to children' resides in the household or is known to be a regular visitor; the guidance therefore permits little professional discretion regarding their course of action. Calder and Talbot (2006) acknowledged that, while past history was important, it was equally important not to overlook more recent events and the capacity to change.

There are three known risk factors which impact on the interactions between parents and their children, namely domestic violence, substance misuse and mental health issues. The analysis of the Minutes data showed that, in the sample, substance misuse was a feature of all of the cases categorised as neglect and five of the six cases where all three risk factors were identified were categorised as neglect (see section 7.7). The Minutes data also included several examples where the parents were reported as minimising the impact of any domestic violence in the home on their children (section 7.6.2). However, domestic violence has been identified as impacting on children's development as well as their physical and emotional health (Kelly, 1994; Humphreys and Stanley, 2006; Zannettino and McLaren, 2012). Recognition of the potential harm to children of domestic violence was reinforced when "seeing or hearing the ill-treatment of another" was included in the definition of significant harm (HM Government, 2010, p. 36); in 'Rivervalley' a local threshold agreement between Children's Social Care and the police included witnessing partner violence or abuse as a feature of emotional abuse not neglect (see appendix 19), which is likely to influence the categorisation process.

A previous history of neglect was identified as a feature of cases involving unborn children allocated the category of neglect. In cases involving unborn children pregnant women who had previously had a child removed from their care were likely to be referred to Children's Social Care. The Minutes data indicated that some of the unborn children were made the subject of a child protection plan and this practice

contributed to a number of the children with child protection plans for neglect. However, the data does not indicate the proportion of women who had previously had children removed from their care and also had subsequent children removed. The data from the interviews and the Minutes suggested that pregnancy was seen as a time when women were motivated to make changes but it was uncertainty about whether the changes would be sustained post- delivery that influenced the allocation of a child protection plan.

9.4 *How do Child Welfare Professional Categorise Cases as Child Neglect? And what, if any, are the inter-professional differences in how child welfare professionals categorise cases as child neglect?*

Categorisation is an everyday essential process used to make sense of the world and help people to know how to act (Makitalo, 2003). However, this study has focused on the child welfare professionals' practices when allocating child protection categories, which are defined by government and reflect institutional priorities and concerns. During the categorisation process a variety of features are used and, when individuals are making decisions about category membership, the features used are dynamic and fluid. However, once a category has been allocated the features may appear fixed, since in order to establish a category individuals need to be able to justify why they have allocated the category. Once a child protection category has been allocated during a Conference, the features are recorded in the child protection case conference minutes and become fixed.

The analysis of the three data sets has been drawn upon to explore child welfare professionals' practices in relation to how cases are categorised as cases of neglect. There was a general consensus amongst the child welfare professionals interviewed of a typical image of a neglected child which appeared to represent an extreme situation which would be potentially easy to identify. However, there were cases identified during the analysis which included these typical neglect features but were not categorised as neglect. Equally, the child welfare professionals encountered children who did not fit the typical image of the neglected child who were categorised as cases of neglect.

Cases which had been referred to Children's Social Care were subjected to a filtering process (see appendices 15-18). A number of factors were identified which influenced the categorisation process, such as the age of the child or young person (see section 9.3.1). The categorisation process was also influenced by the social

workers' understanding of the detail in the initial referral and whether they assessed that the child's needs could be met by the professional already providing services (see section 8.4). Cases which the social workers decided could be addressed by other services were "referred back" to the initial referrer. This stage of the process appeared to be influenced by features which were interpreted as not constituting neglect according to the institutional definition.

Once a referral had progressed to an Initial Assessment (IA) the categorisation process was influenced by the presenting features and which features co-existed. The data suggested that the child welfare professionals categorised cases as neglect using the home conditions (discussed in section 6.7) in combination with parental features such as partner violence and mental health issues. The features functioned differently depending on the particular combination and circumstances. For example, poor home conditions combined with a "dangerous, violent partner" led to the children being removed from the home whereas poor home conditions combined with parents who were seen as ill led to the children remaining in the home but with the possibility of progressing to a Conference in the future if the situation did not improve.

The child welfare professionals were aware that domestic violence, substance misuse and mental health issues could individually impinge on parent-child interactions. During the participant observation sessions maternal mental health problems without substance misuse and domestic violence were unlikely to initially proceed to a Conference (section 7.6.3). However, substance misuse was a feature of all 12 Minutes where the category of neglect was allocated (section 7.7) and when substance misuse, domestic violence and mental health co-existed, the case was more likely to be categorised as neglect. Arguably, the practice of categorising some cases as neglect where substance misuse was a feature was influenced by the inclusion of maternal substance misuse in the institutional definition of neglect (HM Government, 2010).

Child welfare professionals compared and contrasted neglect with physical and sexual abuse as a strategy for differentiating between categories. Neglect was referred to as not being immediately obvious (as discussed in section 8.3) and frequently lacked physical signs (section 6.8), whereas physical and sexual abuse were spoken about as being obvious due to physical signs or reports of incidents.

This process of comparing and contrasting was likely to be influenced by the respective child protection definitions (HM Government, 2010). The definition of neglect includes the term 'persistent' whereas the definitions of physical and sexual abuse refer to incidents. The health and education professionals interviewed spoke about having to build a picture of neglect with the implication that recognising neglect involved a process. Therefore, neglect was rarely understood to be the consequence of a single incident whereas physical and sexual abuse could be.

Although child welfare professionals are required to work in partnership with parents they also have to assess and make judgements about parenting as part of their role in safeguarding children. Many child welfare professional roles have two aspects to them; support and surveillance. Beckett, et al. (2007b) identified this dual role in relation to social work practice but a similar dual role has been described for other child welfare professionals, for example health visitors (Bidmead and Cowley, 2005). As discussed earlier, there can be differences between parental and professionals' understanding of neglect (section 8.9) and these differences can impact on how parental actions are interpreted. The child welfare professionals appeared to make judgements regarding the parents' behaviour by comparing them to an ideal type of a good parent and 'what parents usually do', without necessarily being explicit about their expectations.

This research highlighted that the child welfare professionals who provided safeguarding and child protection services were involved in a myriad of interactions with other professionals, children and family members. During the interviews child welfare professionals talked about their interactions with other professionals, the Minutes provided a record of the different professional groups that participated in the Conferences and their views and the observation sessions recorded social workers' interactions with other professionals and family members. Munro (2011) emphasised the importance of strengthening inter-professional working, especially between Children's Social Care and the Police Child Protection Unit (CPU) and other local public protection organisations (Department for Education, 2011b). The data suggested that, in the absence of concrete guidance, child welfare professionals were likely to draw on their personal values when making sense of situations. Their personal values therefore influenced their interactions and relationships with family members and other professionals (section 8.7). The impact of personal values has

been referred to as the "missing domain of professional practice" (Horwath, 2007b, p. 1285). Calder (2003) proposed a reformulation of the *Assessment Framework* as the current version does not include the child welfare professionals and their central role in terms of engaging with the parents, as well as managing resistance, motivation and co-operation.

Understanding how parental resistance to professional advice can arise is important when child welfare professionals are intervening in family life. In situations where children are experiencing neglect it is necessary to understand the parents' perspective of why they are acting the way they are and to enable them to change in a way that strengthens their sense of self rather than undermines or challenges it. Charter (1999), explored what non-compliance meant to older people and identified two keys issues with some relevance to understanding parental resistance. Firstly, rather than seeing themselves as ignoring advice, the older people said they were doing what they had always done and what had worked for them in the past. Secondly, to follow the advice given would "disrupt their 'sense of self' which had been developed over many years" (Charter, 1999, p. 134), thus eroding the image they had of themselves.

Buckley (2003) demonstrated that the outcome of any intervention was more likely to be favourable when the parents and child welfare professionals had a shared perspective and a high level of agreement about the care of the child and who was culpable for any deviation from the expected norm. Buckley (2003) stated that there was a prevailing unspoken assumption, on the part of professionals, that

> "Parents would accommodate the child protection discourse to the extent of accepting the version or measure of adequate parenting that is presented to them, and willingly conform to the required standard" (Buckley, 2003, p. 190)

Previously Parton, et al., (1997) suggested that, since all referrals to Children's Social Care involve an allegation of some kind, this is likely to create tensions in the relationship between social workers and parents. Parental resistance and perceived non-co-operation can escalate professional concerns and lead to categorisation and sometimes to court proceedings.

Child protection services are provided by complex multi-layered organisations each with their own norms, individual purpose and internal logic which allow them to act in particular ways (Warmington, et al., 2004). While it is important to maintain the focus on the child in cases of neglect (Fauth, et al., 2010) it is also important for child welfare professionals to be aware of the influence of other individuals, since how they understand the world impacts on the child's world. It is the interactions between individuals that shape and sustain various versions of knowledge and understandings of the world.

9.5 *The Key Research Findings*

These key research findings, drawn from the analysis of the three data sets, add to the existing literature on child welfare professionals' understanding, knowledge and practices regarding neglect. These key findings are discussed separately but are interconnected and inter-dependent.

9.5.1 The child welfare professionals had a shared typical image of a neglected child but unborn and emotionally neglected children were exceptions to this image

The typical image of a neglected child, identified from the analysis of the interview data, was of a young child who was unkempt, poorly dressed and undernourished. Unborn children and emotionally neglected children do not fit this image.

The analysis of the Minutes data identified cases involving unborn children that were categorised as neglect which all had a history of previous children being removed from the care of the parents. A history of a previous child being removed from their care appears to lead to an automatic referral to Children's Social Care for a pre-birth assessment when the mother becomes pregnant again. If the national trend is to remove more children from situations of actual or likely significant harm, this has implications for a subsequent future increase in pre-birth assessments.

The analysis of the interview data suggested that emotionally neglected children can be physically well cared for and therefore do not fit the typical image of a neglected child. The child welfare professionals interviewed thought that parents' understanding of neglect focused more on the physical care of the child and did not necessarily include emotional neglect. Since the child welfare professionals identified

this as a difficult area of practice it would suggest this is an area of practice which would benefit from professional debate and agreement about what constitutes emotional neglect and how it can be evidenced.

The existence of a typical image of neglect has implication for members of the public, many of whom will be parents, when it comes to them recognising and responding to children who may be experiencing neglect. This difference in understanding could possibly be addressed by raising awareness of children's emotional needs and how parents can meet them.

9.5.2 Categorisation was influenced by the age of the child

Young children under 10 years of age constituted the majority of children categorised as cases of child neglect. The analysis of the interview and participant observation data suggested that child welfare professionals recognised young people as having unmet needs, but due to the prevailing institutional culture they were rarely categorised as cases of neglect. The young people are legally children but, because they were seen as in transition to adulthood, they were not categorised as cases of neglect. The social workers approached some young people in a way similar to how they approached adults - they were expected to be involved in the process of making the 'right choices' from the alternatives which were available to them. However, during the participant observation sessions the young people were not entirely treated as adults, since the social workers' professional mandate meant they had responsibilities which necessitated them intervening in the lives of young people in a way they would not intervene if they were adults.

There appeared to be organisational support for the initial response social workers in 'Rivervalley', to work differently with young people. Young people who may have experienced chronic neglect can be a challenging group to engage with, making this a potentially complex area of practice which, arguably, requires specialist skills. Professionals need to be able to assess the maturity and capacity of the young person, what their needs are and how best to ensure they are met.

9.5.3 During the categorisation processes, features functioned in different ways depending on which features co-existed.

Professionals' responses were dependent on the context within which the features occurred. The way features functioned varied, for example some features militated

against the categorisation of neglect, such as age in older children. Sometimes features appeared to pre-determine categorisation as cases of neglect, such as a previous child being removed from the mother's care. Many features functioned in combination with other features, such as when mental health issues, partner violence and substance misuse co-existed there was an increased likelihood of a case being categorised as neglect. As well as functioning when combined with other features, they functioned differently depending on the combination with different features: for example, when mental health issues co-existed with unsuitable home conditions and school non-attendance this did not necessarily lead to a category being allocated but when mental health issues combined with substance misuse and partner violence, the likelihood increased. The particular combination of features influenced how they functioned, as did the different contexts.

Non-contextual knowledge about the risk factors can inform professional practice but cannot provide a set of rules or procedures that, when followed, will guarantee children are safe and protected. In cases where the impact of co-existing features is apparent, there may be more certainty regarding intervention and issues over access to specialist services may not be relevant. However, in cases where the impact is less apparent, professionals in universal services need to be able to negotiate access to specialist services to reduce the impact on children of what has been referred to as 'less serious, low level neglect'.

9.5.4 The child welfare professionals working in universal services thought social workers' level of neglect was different to their level

The child welfare professionals interviewed were aware of professional differences regarding neglect and this was primarily manifested during the interviews with health and education professionals when they talked about making referrals to Children's Social Care. The threshold to access child protection services appeared to be a problematic area of practice and created tensions between professional groups. The way the health and education professionals spoke about this threshold indicated that they perceived it as a barrier and there was no sense from the data that they felt they were working together with the initial response team but rather that they had to convince the social workers "to take them seriously". If the threshold barriers could not be overcome the health professionals, in particular, spoke about escalating their concerns within their own organisations.

The implication of a delay or difficulties in referrals being accepted by the initial response team is that children will be exposed to conditions which have been identified by the professionals making the referral as having a harmful impact on their well-being, for a prolonged period. The development of systems and ways of working which enhance professionals working together as part of a safeguarding network, to promote the well-being of the children, could potentially reduce these threshold issues and any barriers to children and families being offered additional services.

9.5.5 The range and complexity of family forms meant that the identity of the fathers was often uncertain and as a result the focus of professional practice was more on the mothers.

The analysis of the Minutes highlighted the diversity of family forms in the cases categorised as neglect and this was observed to impact on every-day practice. Great importance appeared to be placed on establishing relationships and, particularly, the identity of the biological fathers. There were expectations around the responsibilities of fathers and steps were taken to confirm paternity and parental responsibility. When the identity of the biological father was unknown, professionals focused their attention on the mother whose identity was unquestioned.

Emphasising the biological parental relationship can privilege that relationship over other types of relationship which may be very positive for the child. Professionals placing emphasis on knowing the identity of the biological father could impact detrimentally on the professionals' working relationships with the mother. There may be reasons why the mother does not want to reveal the identity of the biological father, for example if their relationship is acrimonious and there is a history of violence (Wuest, et al., 2003). However, the United Nations Convention on the Rights of the Child (United Nations, 1989) states that a child has the right to know both their parents, so professionals establishing the identity of the father is important, so the information can be available should the child want to know when they are older. This has policy implications for where the information is held and who has access to it and when.

9.5.6 Professionals and parents understand neglect differently

A theme that emerged from the interview data was that the child welfare professionals considered their understanding of neglect to be different to the parents' understanding. The child welfare professionals' understanding was broader since they included emotional neglect. This appeared to influence professionals' attitudes towards parents and possibly impacted on professional-parent interactions, leading to subsequent parental resistance to interventions. This finding contributes to understanding parental resistance to professional intervention.

A mismatch between professionals' and parents' perceptions of needs and problems can result in parental resistance (The Children's Commissioner for England, 2010). Therefore, establishing good relationships and shared understandings with parents have been identified as being paramount in order to ensure the child's needs are met (Platt and Turney, 2012). If there are differences in understanding between professionals and parent(s), working together is likely to be difficult and mistrust has been identified as barrier to successful intervention (The Children's Commissioner for England, 2010).

Time and sufficient supervisory support from managers are required for professionals to recognise their reactions to parents and the impact this has on interactions and outcomes. Time is also needed to understand and explore the parents' perspective of the situation and identify ways of developing a shared understanding. Highly developed interpersonal skills are required for managing potentially difficult discussions and negotiations with parents about their parenting and to be able to work with the parents.

9.6 *Reflections on the Research*

Having a child welfare professional background was one of the application criteria for the research studentship and my professional background potentially influenced my approach to the study. Another applicant would have brought their own values and experiences to the study. During the research process I was aware of several sources of potential research bias and, although some researcher bias might be unavoidable, I attempted to minimise it as much as possible (Bolton, 2010). These potential biases are explored and the strategies used to minimise any researcher

biases are discussed. Although I have been able to question some of my potential biases, there may be others of which I am unaware.

Prior to commencing the data collection I had been concerned that the views expressed by the child welfare professionals would be very similar since they all had specific safeguarding and child protection roles and followed the same government guidance. The analysis showed that there were some similarities but also differences in their understanding of neglect. When presenting the data I was conscious about including examples from all the child welfare professional groups and ensuring that all professional groups were represented. A review of the thesis confirmed that quotes were included from each of the child welfare professionals interviewed, data from all the Minutes allocated the category of neglect and a selection of examples from the participant observation sessions involving cases which included features of potential neglect.

The social constructionist approach chosen for the study had the effect of promoting reflective practice. Using this approach for the research also made me reflect on my previous practice as a health visitor and question my personal assumptions and values which had underpinned my professional practice. While I have questioned the pre-conceptions and feelings that I am aware of, there might be others that remained hidden. Using a social constructionist approach also challenged me to abandon the search for an answer or to reach a definitive conclusion about child welfare professionals' practice in relation to child neglect in favour of embracing multiple perspectives and seeking to identify professionals' assumptions and taken for granted practices in order to make them more explicit.

9.7 *Areas for Further Research*

This research focused on addressing the specific research questions formulated prior to the commencement of the studentship but, unfortunately, some aspects of the original proposal were not completed and additional questions and issues which arose during the study have not been addressed. Several of these warrant further investigation.

- **Further study of professional perspectives of neglect**

In this study the interview data collection process involved four professional groups: namely police officers and professionals working in education, the National Health Service and Children's Social Care. The child welfare professionals within these groups all worked in safeguarding and child protection roles. Despite inviting designated professionals in secondary schools to participate, no interviews with this group were secured. The perspective of professionals working with young people in school would be particularly interesting given the local organisational culture of not categorising young people as cases of neglect within the initial response team and the impact this has on inter-agency working.

One limitation of the study design was the small number of child welfare professional groups identified for the interviews. This limitation became apparent during the analysis of the professionals groups who were invited and who attended the child protection case conferences but were not included amongst the child welfare professionals interviewed. Maybe because of my own professional background, I particularly concerned about how few GPs attended Conferences and none attended for cases categorised as neglect. By not including any GPs in the interview sample their understanding of neglect is missing and this is important since they are a professional group who come into contact with children as they provide a universal health service. Further research involving professionals working in adult services, such as substance misuse and probation services whose clients are the children's parents, would reveal their understanding of the situation and facilitate understanding about how approaches to the integration of working practices can facilitate their involvement in safeguarding children.

- **Women who have had children removed from their care**

In the study data the sample of women who had previously had a child removed from their care were all pregnant but may possibly be an unrepresentative sample of mothers who have had children removed. Although there is research on 'women living apart from their children', most of the literature focuses on mothers who have separated from the child's father or chosen to leave the family home (Fischer, 1983; Boyd, 2010). Women who have had a child compulsorily removed appear to be an under-researched group. Ward, et al, (2010), in a longitudinal study of infants suffering or likely to suffer significant harm, identified that "about a third of the mothers and an unknown number of fathers had already been separated from at

least one older child" (p. 1). Many of the separations Ward, et al. (2010) referred to were recent and an on-going source of grief and many of the mothers were trying to get their children returned to them. The Adoption Act 2002 made provision for women in this situation to receive support and counselling after their child had been removed (Neil, et al., 2010) but little information is available about the proportion of women who access these services and the outcome of interventions. Little is known about where the women find support that enables them come to terms with what has happened to them. Equally little is known about how a history of previous children being removed impacts on professional practice and professionals' interactions with parents or how it impacts on the women's lives, relationships with partners and decisions about having more children.

9.8 *Thesis Conclusion*

This study was designed to understand and critically analyse the knowledge and practices of child welfare professionals who play an important role in recognising, responding to and intervening in cases of neglect. A social constructionist approach was used as the theoretical framework of this research. This approach emphasises that all forms of knowledge are created as the result of historically and culturally specific social processes (Burr, 2003) and, therefore, this study needs to be understood within the wider social context at the time the research was carried out.

The proposal for this study was developed at a critical time for child welfare services when there was a shift towards a broader preoccupation with safeguarding children, with an increased emphasis on early intervention and professionals working together. However, the data collection was conducted during 2010, in the aftermath of the death of Peter Connelly which had had a profound impact on child welfare and child protection services and precipitated a shift in focus back towards child protection. This was a challenging and critical time for all child welfare professionals in England, including those in 'Rivervalley' Local Authority.

The research was carried out within a single local authority in England, at a time when child neglect was the most frequently allocated of the four child protection categories. The number of children allocated a child protection plan for neglect was rising year-on-year, both nationally in England and in 'Rivervalley' Local Authority.

The research design was unusual as it included four different child welfare professional groups, while many studies focus on one professional group or on the interaction between two groups. The research design facilitated the gathering of multiple perspectives and contributes to understanding how child welfare professionals make-sense of the complexities when working with cases of neglect.

Three complementary but separate data sources were used to explore the child welfare professionals' understandings and practices involving cases of neglect. Through combining the complementary data and identifying themes across the three data sets an in-depth and nuanced view of professional understanding and practice was possible.

The dynamic nature of and the range of influences on interactions highlighted the importance of seeking information from different groups of professionals and for assessments to take place at different times and in different places. The nature of the interaction between professionals and family members and between professionals in the same and different organisations were two key influences on practice. These interactions, combined with professional knowledge and the features the child welfare professionals identified, impacted on how cases of neglect are "built".

Whether a child was allocated a child protection plan for neglect depended on whether the features associated with neglect were noticed and then used to build a picture of neglect which then had to be corroborated by other professionals. This process was influenced by individual professional's understanding of neglect, the national, local and family context and the parents' response and interaction with the child welfare professionals. In conclusion, I return to Parton, et al. (1997), who argued that the child protection workers in their study were concerned about the "material and emotional circumstances of the child rather than whether particular events had taken place" (p. 82). The analysis in this study similarly reflects the way child protection work was socially organised rather than only focusing on child neglect itself.

Child protection categories, which are allocated during child protection case conferences, are a consequence of complex institutional processes involving a

number of inter-related features (Parton, et al, 1997; Buckley, 2003; Scourfield, 2000; Platt, 2006a;). These institutional processes are influenced by a wide range of contextual and societal influences, such as political ideology and Government policies, national inquiries into child deaths (such as Laming, 2003; Laming, 2009) and the analysis of Serious Case Reviews (such as Brandon, et al., 2009). Societal influences also include media campaigns about neglect (such as Action for Children, 2012) and the media coverage of child deaths (Ayre, 2001).

While the national context has changed since this research was conducted, neglect has taken on a greater significance in the light of the Munro Review's emphasis on a child –centred service (Munro, 2011) and the latest version of *Working Together* (HM Government, 2013) which places an increased emphasis on child neglect.

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Children on a child protection plan, previously child protection register

Year	Emotional Abuse (Alone)		Multiple categories		Neglect (Alone)		Physical Injury (Alone)		Sexual Abuse (Alone)		TOTAL
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	
1990	1	0.4%	157	55.3%	20	7.0%	71	25.0%	35	12.3%	284
1991	4	1.0%	264	67.0%	13	3.3%	81	20.6%	32	8.1%	394
1992	7	1.6%	313	70.0%	17	3.8%	82	18.3%	28	6.3%	447
1993	19	4.7%	244	60.4%	32	7.9%	81	20.0%	28	6.9%	404
1994	17	4.9%	130	37.2%	57	16.3%	93	26.6%	52	14.9%	349
1995	13	3.2%	98	24.4%	69	17.2%	137	34.2%	84	20.9%	401
1996	25	5.8%	107	24.8%	72	16.7%	152	35.2%	76	17.6%	432
1997	31	8.6%	89	24.7%	65	18.1%	106	29.4%	69	19.2%	360
1998	22	6.6%	80	24.1%	69	20.8%	89	26.8%	72	21.7%	332
1999	13	4.9%	72	27.0%	73	27.3%	60	22.5%	49	18.4%	267
2000	22	10.1%	35	16.1%	70	32.3%	47	21.7%	43	19.8%	217
2001	17	8.4%	40	19.8%	83	41.1%	30	14.9%	32	15.8%	202
2002	17	8.5%	55	27.6%	78	39.2%	26	13.1%	23	11.6%	199
2003	21	9.3%	84	37.3%	84	37.3%	12	5.3%	24	10.7%	225
2004	23	9.2%	79	31.5%	96	38.2%	27	10.8%	26	10.4%	251
2005	26	11.1%	66	28.1%	87	37.0%	34	14.5%	22	9.4%	235
2006	32	15.2%	31	14.7%	86	40.8%	47	22.3%	15	7.1%	211
2007	21	10.1%	23	11.1%	108	51.9%	44	21.2%	12	5.8%	208
2008	36	15.1%	35	14.7%	118	49.6%	31	13.0%	18	7.6%	238
2009	53	17.8%	61	20.5%	135	45.5%	29	9.8%	19	6.4%	297
2010	57	22.5%	61	22.5%	114	44.5%	20	6.8%	10	3.8%	262

The Framework for the Assessment of Children in Need and their Families
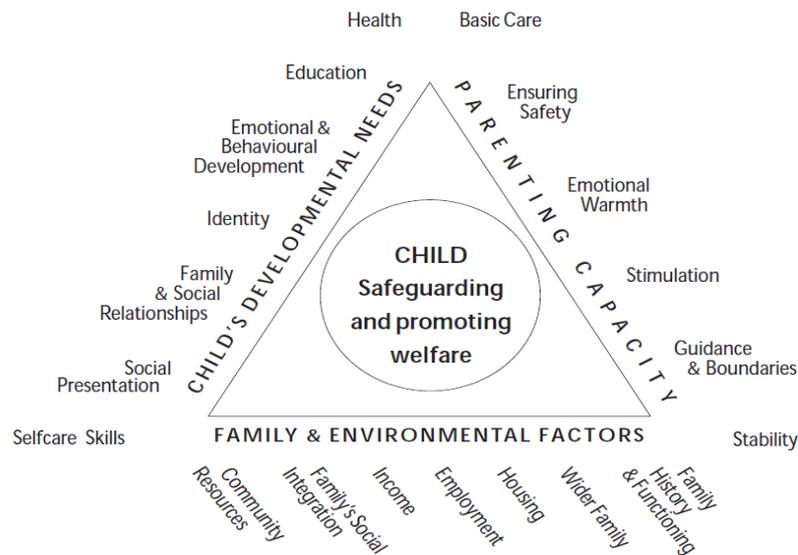
Framework for the Assessment of Children in Need and their Families (DoH, 2000)

The *Assessment Framework* takes into account the child's developmental needs, the parenting capacity and the wider family and environmental factors which could impact on the child and the parents (Department of Health, 2000). The *Assessment Framework* provides a holistic approach to assessments (Parton, 2006), focussing on the needs of children and seeing the child in the context of their family and wider community. By taking into account the inter-connectedness of the three dimensions, the assessment process enables the identification of the strengths within the family that could be built on to improve the outcomes for children (Parton, 2006). Stevenson (2005) suggested that it is a particularly valuable framework for the assessment of cases of neglect, since children experiencing neglect often live in families which exhibit a number of problems in several areas of family life.

Stevens and Cox (2008) criticised the *Assessment Framework* as it uses linear thinking and assumes the family is a stable closed system, rather than an open system influenced by unforeseen events that can impact on the family. Stevenson (2005) countered this by proposing that the *Assessment Framework* needs to be used as a dynamic tool for on-going assessment which can incorporate changes in family circumstances, rather than a mechanical tool for information gathering.

The *Assessment Framework* has been criticised for focussing on the technical-rational aspects of practice, which are dominant in policies and practice guidance (Horwath, 2007b) but represent only one aspect of professional practice. A technical-rational approach attempts to provide ready-made knowledge (Taylor and White, 2006) which, since it is 'acontextual', does not easily incorporate uncertainty and ambiguity, both of which are found in every-day child protection practice. White and Featherstone (2005) also noted that the *Assessment Framework* does not address the question of professional identity, at either the individual or group level. In addition, they suggested that professional identity is often invisible to or 'taken for granted' by the members of professional groups. Since professional identities have a moral and emotional component they can influence interactions between professionals and their subsequent actions (Horwath, 2007).

A Case Study of one Local Authority looking at Child welfare Professionals Perspectives of Child Neglect

Interview Guide for Child Welfare Professionals

The purpose of the interview is:

To understand the knowledge and practices of professionals who play various roles in the areas of recognising, responding to and intervening in cases of child neglect.

Aims of the interview:

1. Explore their understanding of child neglect
2. Explore their profession's practice when categorising cases as child neglect
3.

Introduction before the start of the interview

Before starting the interview it is necessary for me to be sure that:-

- You have received written information about the study.
- If you have any questions you would like to ask about the study, please ask me
- Are you still willing to take part?
- If yes, please sign a consent form (one copy for child welfare professional and one for the PhD student to keep securely)

If you need to stop the interview at any time please let me know, we can either pause for a while or complete it another time.

Interview

Can you tell me about your present post in relation to child protection and safeguarding?

What is your present post?

Can you tell me about how you come into contact with child protection cases?

I would like to talk specifically about child neglect

How would you describe child neglect?

In your view what are the specific features of cases of child neglect, what distinguishes it from other forms of child maltreatment?

Can you say more about how professionals might recognise child neglect?

In your experience how can cases of child neglect present?

Are there any other ways?

Child Features

Are there specific features relating to the **child** that might raise your concerns about possible child neglect?

Adult features

Are there specific features relating to the **parents/carers/other adults in the home** that might raise your concerns about possible child neglect?

What particular attributes of parents do you think are important to consider when assessing cases of child neglect?

Family features

Are there specific features relating to the **wider family or environment** that might raise your concerns about child neglect?

What are the challenges faced when working with child neglect?

What particular challenges do professionals face with child neglect that they might not with other forms of child maltreatment?

What is it about child neglect that makes it challenging?

Is there anything you can mention that would make working with child neglect less challenging?

How do you decide if a case might be child neglect or not?

What helps you decide about cases being child neglect or not?

What do you need to do, if anything, to assist your decision making?

What would you like to know, if anything, to assist your decision making?

What, if anything, makes deciding more difficult or challenging?

What do you think are the best ways of tackling/intervening in child neglect?

What options are available?

What makes intervention challenging or problematic?

What do you think are the best ways of reducing the impact of neglect on the child?

Do you think all child welfare professionals **think** about child neglect in the same way?

Do you think all child welfare professionals **respond to** child neglect in the same way?

Do any differences impact on the way you or your organisation can respond to child neglect?

How effective do you feel your organisation is in responding to child neglect?

      Can you identify anything which limits or constrains your organisation?

      Can you think of any way these limits or constraints can be overcome?

A Case Study of one Local Authority looking at Child Welfare Professionals Perspectives of Child Neglect.

Briefing Information

My name is Christine Piper and I am a PhD student at the Centre for Applied Childhood Studies, University of Huddersfield. My supervisors for this study are Dr. Sue Peckover and Prof. Nigel Parton. The study I am undertaking is in partnership with ▮▮▮▮▮▮ Safeguarding Children Board. ▮▮▮▮▮▮ was selected as the research site because of an existing partnership between the Safeguarding Children Board and the University of Huddersfield.

The purpose of the study is: To explore, examine and analyse the knowledge and practices of professionals who play an important role in recognising, responding to and intervening in cases of child neglect within ▮▮▮▮▮ Local Authority.

Background: In contemporary child welfare practice, child neglect is a complex difficult to identify and manage category of child maltreatment. A process of information gathering and decision making takes place from the point of referral to the initial case conference. The case conference is the multi-professional setting where the formal decision about categorisation is taken. There are few research studies focused on this process, the professional's perspectives, or the features of cases categorised as child neglect.

Neglect is now the most common category for a child or young person having a Child Protection Plan. Nationally child neglect accounts for 45% of all plans and is increasing, and in ▮▮▮▮▮▮ child neglect can account for up to 66% of all plans. The research is to explore the processes and decision making to improve our understanding about how cases are categorised as child neglect.

The Research Questions

The research will explore the process of categorisation of cases of child neglect from the point of referral to the initial response teams, up until the initial case conference, when a case is formally categorised.

1. What are child welfare professionals' understandings of child neglect?
2. How do child welfare professionals categorise cases as child neglect?
3. What, if any, are the inter-professional differences in how child welfare professionals' understand and categorise cases as child neglect?
4. What are the features of cases categorised as child neglect?

Research Approach

This study is based on an approach which requires the researcher to be in close contact with the research participants in their normal working environment, in order to understand the process they follow, also to listen to and record the professional discourse related to this work. As the researcher, I wish to observe the key decision making points of the categorisation process and explore the understanding of the professionals involved.

Methods

The research design involves a variety of qualitative data collection methods, and will be carried out in four stages. Permission to carry out data collection will be sought from a range of professionals within the appropriate organisations before data is collected.

- **Observation of Children's Social Care within the Local Authority:** I will have a period of observation in the offices where cases are being assessed and investigated to gain first impressions. The aim is to understand and describe the work environment, organisational issues, constraints and pressures that the social worker's experience and the various interactions that take place relevant to the understanding of cases and categorisation. While doing the observation cases will be selected for more detailed study.

- **Detailed study of cases of Child Neglect:** I will follow three or four cases from initial referral to Initial Case Conference in order to study inter-professional practices at the points of decision making about child neglect categorisation. Cases will be selected that are likely to increase understanding of the process. Having identified a child neglect case for detailed study, I will collect data from various sources on that case.

- **Retrospective review of initial cases conferences records:** I plan to retrospectively review all the minutes of cases for which a case conference was held within a six month period The aim is to see if the features of those that are categorised as child neglect are the same or different to other categories. The features recorded in a sample of professional's written reports and case conference minutes will be identified and describe.

- **Semi structured interviews with Child Welfare Professionals:** I plan to interview between 12-15 child welfare professionals with a specialist role within child neglect. I aim to interview child welfare professionals such as Named Nurses and Doctors in the NHS (hospital and community), Independent Reviewing Officers, Educational Child Protection Specialists, Social Work Team managers and practitioners, Police Officers in the Child and Public Protection Unit.

Ethical Approval: Ethical approval has been given for this study from the University of Huddersfield Ethics Panel, the NHS Research Ethics Committee, NHS Research and Development Office and ██████████ Local Authority.

Confidentiality and storage of data collected: When collecting data from Child Welfare Professionals, they will be asked to sign an informed consent form prior to data collection. This is to confirm that the study has been explained to them and that they are aware they do not have to answer any questions they do not want to and they are free to withdraw from the study during the data collection period. No personal details will be recorded in the research findings. The data collected will be stored in a locked cabinet at the University and all identifying personal data will be confidentially destroyed after the study is complete. Anonymous data may be kept longer for further analysis and publication.

Timescale of the data collection: The data collection is planned to run from September 2009 until January 2011.

Dissemination: Disseminations of the finding will be both local and national. A report of the research will be produced for the Safeguarding Children Board and those who participated in the study. Open dissemination sessions for professionals and others interested in the research are also planned. The findings will be presented at conferences and published in academic and professional journals. A copy of the completed PhD thesis will be stored in the University of Huddersfield Repository.

For further information please contact myself, Christine Piper, PhD Student, Room HHR 01/04 University of Huddersfield, Queensgate, HD1 3DH, Tel:01484 47 1063 or by email: c.piper@hud.ac.uk. Information can also be obtained about the researcher from my main supervisor, sue.peckover@hud.ac.uk

A Case Study of one Local Authority looking at Child Welfare Professionals Perspectives of Child Neglect.

Information Sheet for Child Welfare Professional Interviews

You are being invited to take part in the research study. Before you decide it is important you understand why the study is being done and what it involves. Please take time to read this information sheet and ask any questions before you decide if you want to take part or not. Thank you for taking the time to read this.

What is the purpose of the study? The purpose is to explore, examine and analyse the knowledge and practices of professionals who play an important role in recognising, responding to and intervening in cases of child neglect.

What is the schedule for data collection? The data collection is planned to start in September 2009 until January 2011. The data collection will be done using four different methods and will be done in phases during this period.

Why have I been chosen? In order to understand the knowledge and practices of professionals who play various roles in the areas of recognising, responding to and intervening in cases of child neglect I plan to carry out between 12 and 15 interviews with child welfare professionals. You have been identified as a key child welfare professional, because of your specific professional role within your organisation. I am interested in your professional perspectives, your expert professional knowledge on child neglect and the process of categorising cases of child neglect.

Do I have to take part? It is up to you to decide if you want to take part or not. You will be asked to sign an informed consent form prior to starting the interview. This confirms that the study has been explained to you and that you are aware you do not have to answer any questions you do not want to and you are free to withdraw from the study without giving a reason. No personal details will be recorded in the research finding and everything possible will be done to ensure anonymity and confidentiality of the data collected. All data collected will be stored in a locked cabinet and identifying personal information will be confidentially destroyed after the study is completed.

What will happen if I do take part? If you decide to take part I would arrange a convenient time and place to interview you. Each interview will last a maximum of one hour and be audio taped, and later transcribed for analysis. The names of individual participants, colleagues, families or places, if mentioned, will not be recorded in the transcript but replaced with pseudonyms. Your professional background will be recorded in the transcripts as this will be important for the analysis when looking at professional perspectives.

Support available for you if you take part: Internal support If you experience any issues or concerns around practice issues or anything else relating to your work, during the research or after this research is completed you are advised to discuss them with your line manager. If you feel it is not an appropriate matter to discuss with them, support is available separately from line management from your Principal Officer (for social workers) or Human Resources personnel.

External support Advice and support are also available from external organisations such as Professional Bodies and Unions, for example from the General Social Care Council (www.gscc.org.uk) or the Nursing and Midwifery Council (www.nmc.co.uk).

For further information about the research study: Contact Christine Piper, PhD Student, Room HHR 01/04 University of Huddersfield, Queensgate, HD1 3DH, Tel:01484 47 1063 or by email: c.piper@hud.ac.uk Information can also be obtained from my main supervisor, sue.peckover@hud.ac.uk

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Information Sheet for Observing and Recording Social Work Practice

You are being invited to take part in the research study. Before you decide it is important you understand why the study is being done and what it involves. Please take time to read this information sheet and ask any questions before you decide if you want to take part or not. Thank you for taking the time to read this.

What is the purpose of the study? The purpose is to explore, examine and analyse the knowledge and practices of professionals who play an important role in recognising, responding to and intervening in cases of child neglect.

What is the schedule for data collection? The data collection is planned to start in September 2009 until January 2011. The data collection will be done using different methods and will be done in phases during this period of time.

Why have I been chosen? In order to understand the knowledge and practices of professionals in the areas of recognising, responding to and intervening in cases of child neglect I plan to have a period of observation in the offices of the Initial Response Teams in ▮▮▮▮▮▮▮, to observe every day practices. I have been given permission to observe the work practices generally but I am now seeking specific permission to attend routine meetings and discussions, make research notes and record some of the 'everyday talk' that happens in the offices. I am interested in your professional perspectives and your expert professional knowledge on the process that take place in these offices.

Do I have to take part? It is up to you to decide if you want to take part or not. You will be asked to sign an informed consent form prior to starting the observation and recording of any meetings. This confirms that the study has been explained to you and that you are aware you do not have to answer any questions you do not want to and you are free to withdraw from the study if you wish without giving a reason. No personal details will be recorded in the research findings and everything possible will be done to ensure anonymity and confidentiality of the data collected. All data collected will be stored in a locked cabinet at the University and personal identifying data will be confidentially destroyed after the study is complete.

What will happen if I do take part? If you decide to take part I will attend routine meetings and discussions to observe and audio record your 'everyday' conversation, make research notes and later transcribe everything for analysis. I will be there as an observer and will not say anything during the meetings or discussions. After the meetings or discussion I may ask about certain things if I have not understood them. The names of individual participants, colleagues, families or places, if mentioned, will not be recorded in the transcript but will be replaced with pseudonyms. Your professional background will be recorded in the transcripts as this will be important to the analysis when looking at professional perspectives.

Support available for you if you take part: Internal support: If you experience any issues or concerns around practice issues or anything else relating to your work, during the research or after this research is completed you are advised to discuss them with your line manager. If you feel it is not an appropriate matter to discuss with them, support is available separately from line management from your Principal Officer (for social workers) or Human Resources personnel.

External support: Advice and support are also available from external organisations such as the General Social Care Council www.gscc.org.uk). **For further information about the research study:** Contact Christine Piper, PhD Student, Room HHR 01/04 University of Huddersfield, Queensgate, HD1 3DH, Tel:01484 47 1063 or by email: c.piper@hud.ac.uk Information can also be obtained from my main supervisor, sue.peckover@hud.ac.uk

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Consent Form (Child Welfare Professional Interview)

Please answer the following questions to the best of your knowledge. Have you:

- Been given information explaining the study? ☐ yes ☐ no

- Had the opportunity to ask questions and discuss the study? ☐ yes ☐ no

- Received satisfactory answers to your questions? ☐ yes ☐ no

- Received enough information about the study for you to be able to make a decision about your participation? ☐ yes ☐ no

- Received information saying that the interviews will be audio recorded and excerpt may be used in the thesis and in publications? ☐ yes ☐ no

- Do you understand that you are free to withdraw from the study and free to withdraw your data without having to give a reason ☐ yes ☐ no

I hereby fully and freely consent to my participation in this study:

I understand the nature and purpose of the study as this have been communicated to me in the briefing information. I agree to participate and for my participation to be audio-taped.

I understand that the data will be anonymous and that my name will not be used

I understand and acknowledge that the data collected is part of a PhD study and will be used for publication and that direct quotes by me may be used.

I understand that my participation is voluntary, and I can choose to participate or not and withdraw at any time during the data collection period

I understand the data will be kept confidential but will be seen by the student's supervisors. Data will be kept in a locked cabinet and all identifying personal data will be confidentially destroyed once the study is complete

Child Welfare Professional's signature--Date: -------

Name in BLOCK letters: --

Professional Background --

Organisation you represent --

PhD student's signature --Date: --------

If you would like to receive a copy of the final report please write the address you would like it sent to below:

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Consent form for data collection at social workers routine practice, meetings and discussions

Please answer the following questions to the best of your knowledge

- Have you been given information explaining the study? ☐ yes ☐ no

- Have you had the opportunity to ask questions and discuss the study? (you may ring or email the researcher) ☐ yes ☐ no

- Have you received satisfactory answers to your questions? ☐ yes ☐ no

- Have you received enough information about the study for you to be able to make a decision about your participation? ☐ yes ☐ no

- Do you understand that you are free to withdraw your data without having to give a reason ☐ yes ☐ no

- Are you in agreement with the researcher attending your meetings and discussions as an **observer**? ☐ yes ☐ no

- Are you in agreement with the researcher attending your meetings and discussions and **recording** ? ☐ yes ☐ no

---

I hereby fully and freely consent to the PhD student, Christine Piper attending meetings and discussions for data collection

I understand the nature and purpose of the study as this has been communicated to me in the briefing information. I understand that the data will be anonymous and that no real names will be used. I understand and acknowledge that the data collected from the professional report is part of a PhD study and will be used for publication and that direct quotes from the report may be used. I understand that my participation is voluntary, and I can choose to participate or not and withdraw without having to give a reason. I understand the data will be kept confidential but will be seen by the student's supervisors. Data will be kept in a locked cabinet and all identifying personal data will be confidentially destroyed once the study is complete

Professional's signature-- Date: -------

Name in BLOCK letters: --

PhD student's signature --

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Documentation Consent Form

Consent to Access Anonymised Child Welfare Professional Documents

Study Code Number (for education reports only):

> **I hereby fully and freely consent to Christine Piper, PhD Student, having access to confidential child welfare professional documents**
>
> Documents to be accessed:
> _____
>
> I understand the nature and purpose of the study, as this have been communicated to me in the briefing information.
>
> I understand and acknowledge that the data collected from the professional documents is part of a PhD study and will be used for publication and that direct quotes from the documents may be used.
>
> I understand that the data will be anonymous and that no real names will be used
>
> I understand the data will be kept confidential but the reports will be seen by the student's supervisors. Data will be kept in a locked cabinet and all identifying personal data will be confidentially destroyed once the study is complete
>
> Signature-- Date: --------
>
> Name in BLOCK letters: ---
>
> Organisation you represent --
>
> PhD student's signature: --- Date --------

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Dear DCI ▮▮▮▮▮

My Name is Christine Piper and I am a PhD student at the Centre for Applied Childhood Studies, University of Huddersfield. I have a professional background child welfare and it is because of my interest in the welfare of children that I decided to undertake this study looking at professional knowledge and practices in the area of child neglect. The research focuses on the process of how cases are categorised as neglect by child welfare professionals, and the specific features of cases of child neglect. The study, which is funded by the University of Huddersfield, is in partnership with the ▮▮▮▮▮▮ Safeguarding Children Board, which has given permission for the data collection to be carried out in ▮▮▮▮▮▮.

I am writing to you to seek your assistance with two aspects of the study, firstly the review of a sample of professional reports attached to case conference minutes. Secondly, I would like permission to interview two or three police officers within the CPPU. I have enclosed the briefing information, which provides detailed information about the research.

The first part of the study that I am requesting your assistance with is a retrospective review of the initial case conference minutes and sample of associated professional reports. I am writing to ask you for permission for the administrative staff within the Safeguarding Unit, to give me an anonymised copy of the police officer reports attached to a sample of case conference minutes. In the anonymised copies the names and address of the family members and the names of all police officers will have be removed, ensuring that the researcher receives no personal details. If you are in agreement with the police officer's professional reports being included in the study please sign the consent form.

The second part of the study involves interviewing child welfare professionals whose role involves child protection and safeguarding. I would like to invite two or three police officers within the CPPU to participate in individual interviews because of their specific role within your organisation relating to child protection. In the event of a member of staff from the CPPU requiring additional professional support as a result of the interview, would you, or someone within your organisation, be able and willing to provide such support?

If you have any further questions which you would like answering at this stage please contact myself, Christine Piper, PhD student, at the University of Huddersfield telephone number 01484 47 1063 or alternatively email me at c.piper@hud.ac.uk. If you would like to contact my supervisor about the study please email her at s.peckover@hud.ac.uk. Thank you for taking the time to read the briefing information.

Christine Piper (PhD student)

Enclosed: briefing information and documentation consent form

A Case Study of one Local Authority looking at Child Welfare Professionals Perspectives of Child Neglect.

University of HUDDERSFIELD
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Letter of Invitation to Child Welfare Professionals for Interviews

Dear

My Name is Christine Piper and I am a PhD student at the Centre for Applied Childhood Studies, University of Huddersfield. I have a professional background in child welfare and it is because of my professional interest in the welfare of young children that I decided to undertake this study looking at professional knowledge and practices in the area of child neglect. The research focuses on the process of how cases are categorised as neglect by child welfare professionals, and the specific features of cases of child neglect. The study, which is funded by the University of Huddersfield, is in partnership with the ███████ Safeguarding Children Board, which has given permission for the data collection to be carried out in ███████.

In order to understand the perspectives of child welfare professionals I plan to interview those professionals in key child protection and safeguarding roles. You are being invited to participate in an interview because of your specific role within you organisation relating to child protection and safeguarding. I have enclosed some briefing information and an information sheet, which provide detailed information about the research, to help you decide if you would like to be interviewed.

If you have any further questions which you would like answering at this stage please contact myself, Christine Piper, PhD student, at the University of Huddersfield telephone number 01484 47 1063 or alternatively email me at c.piper@hud.ac.uk. If you would like to contact my supervisor about the study please email her at s.peckover@hud.ac.uk.

Thank you for taking the time to read the information sheet.

Christine Piper

PhD Student

Enclosed: briefing information, information sheet, consent form

--Reply slip: I have received and read your briefing information and the information sheet and would/ would not be interested in being interviewed as part of the study (delete one option)

Name: (please print)

Place of work:

Would you prefer to be interviewed at work/ away from work place (please ring the option you would prefer) Contact telephone number/ email

The Children and Young Person's Act 1933

Section 1: Prevention of cruelty and exposure to moral and physical danger

This section includes the crime of child cruelty; section 1.1

> If any person who has attained the age of sixteen and has the custody, charge or care of any child or young person under that age, wilfully assaults, neglects, abandons or exposed him or causes or procures him to be assaulted, ill-treated, neglected, abandoned, or exposed, in a manner likely to cause him unnecessary suffering or injury to health... that person shall be guilty of a misdemeanour, and shall be liable....

This section of the Act defines the criminal threshold for child neglect. During interview 14 the police officers said that they had very few successful prosecutions for child neglect. Garner (2008) stated that the existence of a "crime of neglect" seemed to make it harder in some cases to satisfy the courts of evidence to meet the non-criminal threshold for neglectful maltreatment under the Children Act 1989.

Standardised format for child protection case conference minutes

FRONT PAGE	NEXT PAGE(S)
TIME, DATE OF THE CONFERENCE	PRESENT
SUBJECT (S) , DOB or EDD	APOLOGIES
OTHER SIBLINGS (if applicable)	OTHERS INVITED TO ATTEND
ADDRESS	REPORTS TO CONFERENCE
CURRENT CP PLAN	REASONS FOR CONFERENCE
PREVIOUS CP PLAN	BACKGROUND INFORMATION/INCIDENT OR CURRENT CONCERNS
LEGAL STATUS	
FAMILY DETAILS	Information from key worker, social worker
MOTHER DOB	Information from other professionals
ADDRESS	Information from mother, father and other relatives attending
FATHER DOB	CHAIR'S SUMMARY
ADDRESS	VIEWS ON NEED FOR A CHILD PROTECTION PLAN/ASSESSMENT OF RISK
OTHER RELATIVE	
(NAMES and DOB and ADDRESS)	Views from each professional noted
	DECISION
	RECOMMENDATIONS
	Including: date and place of first core group meeting and who will comprise the group

Table showing the number of first and subsequent child protection categories allocated to children, at the Child Protection Case Conference, and including the number and ages of the children involved

Minutes	1st category	2nd category	3rd category	4th category	No. of children involved (age or status)
1 (CIN)					4 (11, 7, 5 and 3 years)
2	Emotional				1 unborn
3	**Neglect**	Emotional	Physical		1 unborn
4	Physical				1 unborn
5	Physical	*Neglect*			4 (9 and 8 years) and (18 months and 1 month)
6	Physical-a Physical-b,c	emotional-b,c			3 (1.5 year, 6 months and unborn)
7	Physical				1 (9 months)
8	Emotional				1(3)
9	**Neglect**				1 unborn
10	**Neglect**				1 unborn
11	Emotional	Sexual			3 (11, 9, and 7 years)
12	**Neglect**	Emotional			3 (7, 5, 3 years)
13	**Neglect**				1 (one day old, included in unborn analysis)
14 unborn	Physical				3 (3 years, 7 months and unborn)
15 unborn	**Neglect**				1 unborn
16 unborn	**Neglect**	Physical	Sexual		1 unborn
17	Sexual				1 (6)
18	Physical				4 (13, 10x2 twins, 2 years)
19	Emotional				1 (10 years)
20	Emotional	*Neglect*			3 (13, 10 and 2)
21	Physical				1 (5 years)
22	Sexual				1 (10 months)
23 unborn	Emotional-a Emotional-	*neglect*- a *neglect*-b,c,d	physical-a		4 (13,12, 2 and unborn)

	b,c,d				
24	Sexual				2 (10 years , 3)
25	Emotional	*Neglect*	Physical	sexual	1 (10.5 years)
26	**Neglect** a/b/c/e/f/g no plan- d				7 (15,14,12, 11, 5, 1and1 twins)
27	**Neglect**				1 (2 years)
28	**Neglect**				1 (4 years)
29	**Neglect**	Physical	Emotional		3 (11, 10, 6 years)
30	**Neglect**				3 (10, 2, 1 years)

From the analysis of the categories recorded in the Minutes, there were 17 Minutes where physical, sexual or emotional abuse was the first category allocated (Table 6.1). In four of these Minutes neglect was the second category allocated (see Appendix 14). Local and national statistics on child protection categories are compiled using the first category recorded in the Minutes. This means that in cases where a 2nd, 3rd or 4th category was allocated these categories were not reflected in the statistics.

Appendix 15

Referral Flow Chart from *Working Together to Safeguard Children. A guide to interagency working to safeguard and promote the welfare of children*, HM Government, 2010, p.186
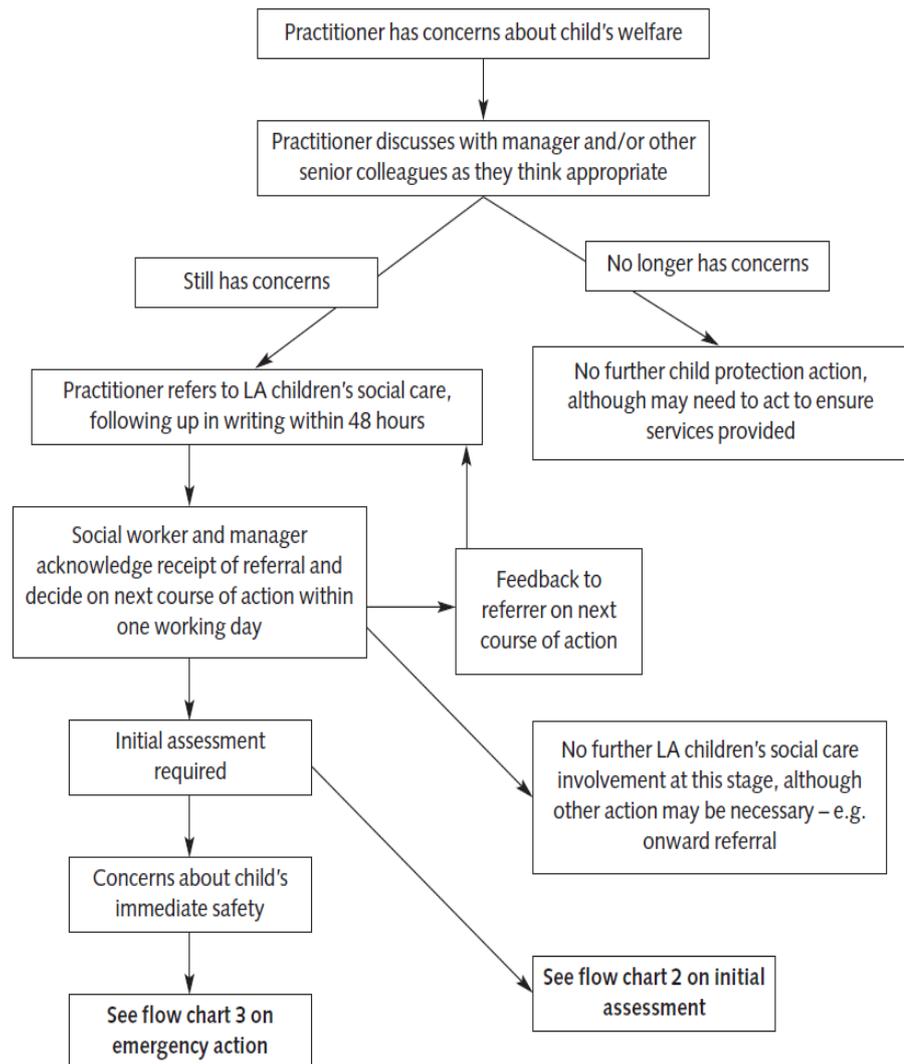
Appendix 16

What happens following Initial Assessment? Flow Chart from *Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children.* HM Government, 2010, p. 187
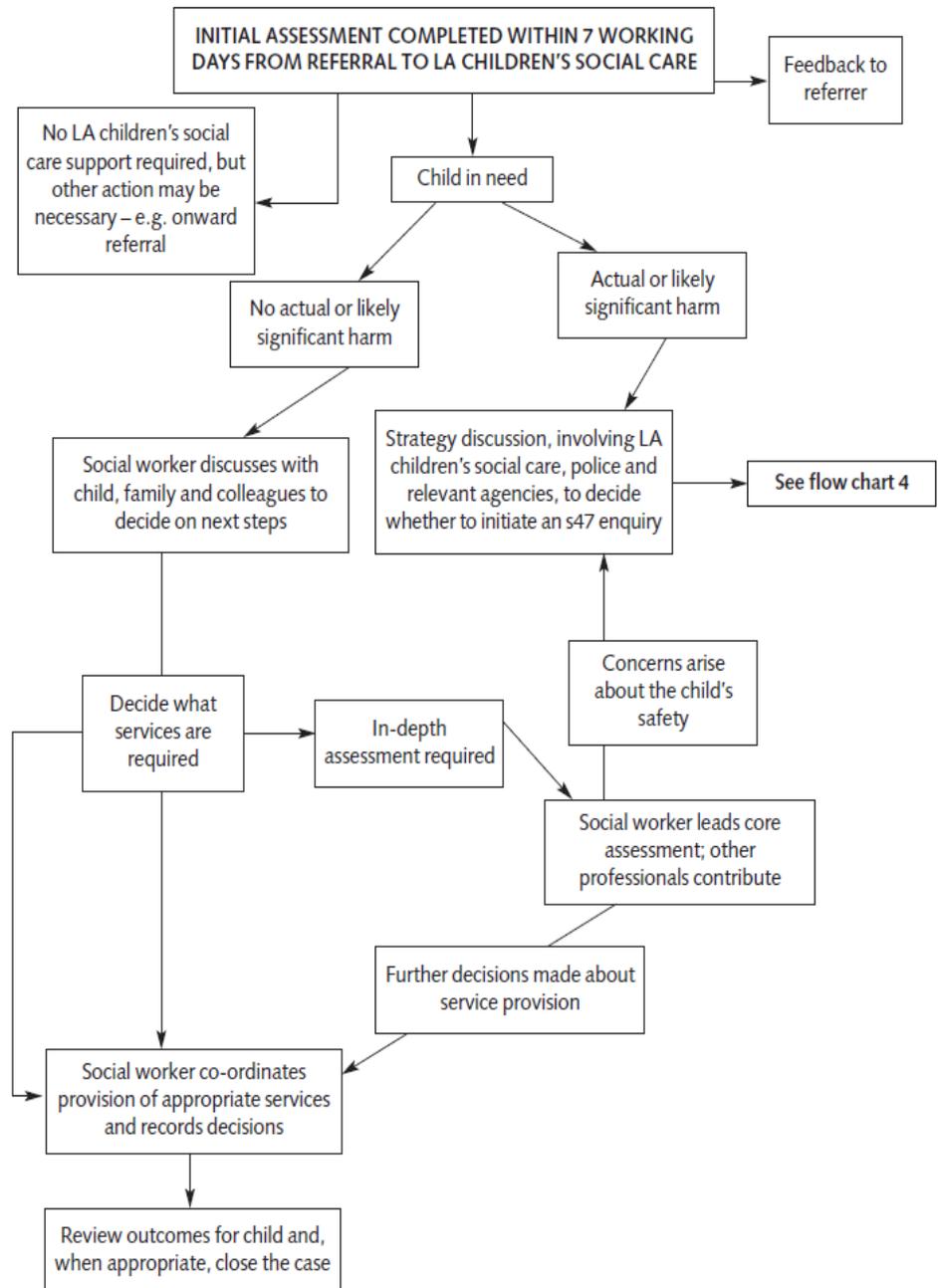
Appendix 17

Urgent Action to Safeguard Children Flow Chart from *Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children.* HM Government, 2010, p. 188
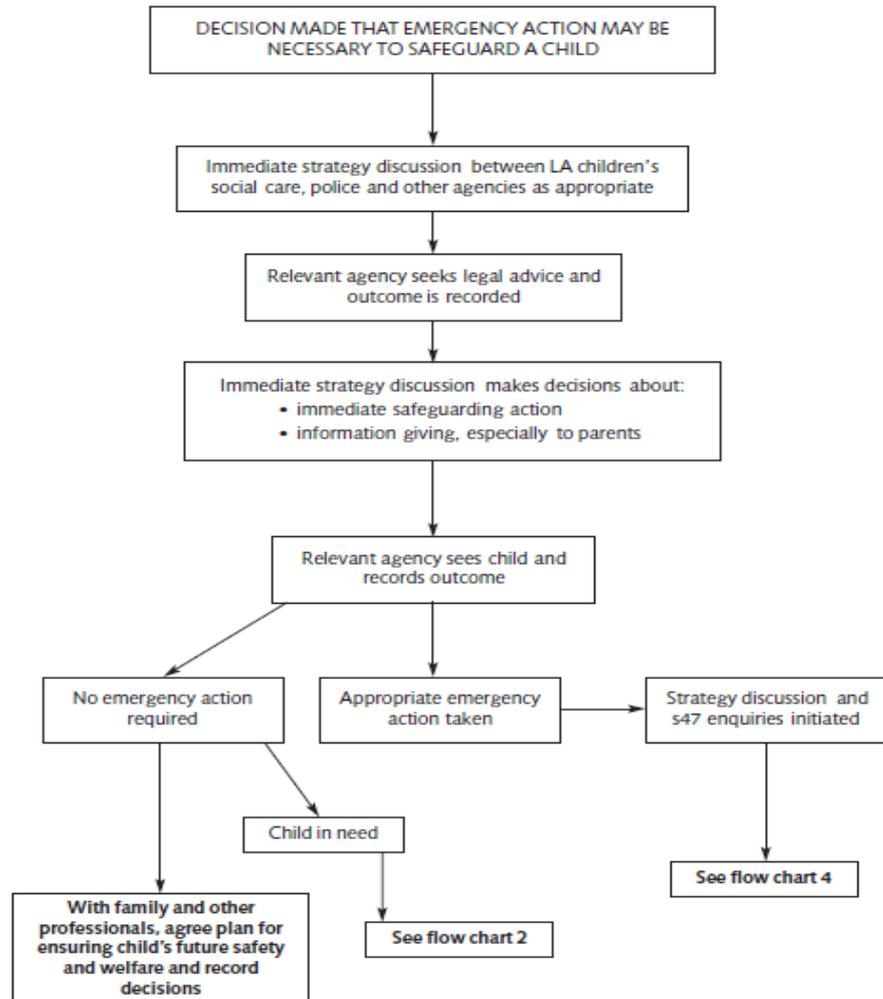
Appendix 18

What happens after the strategy discussion? Flow Chart from *Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children.* HM Government, 2010, p.189
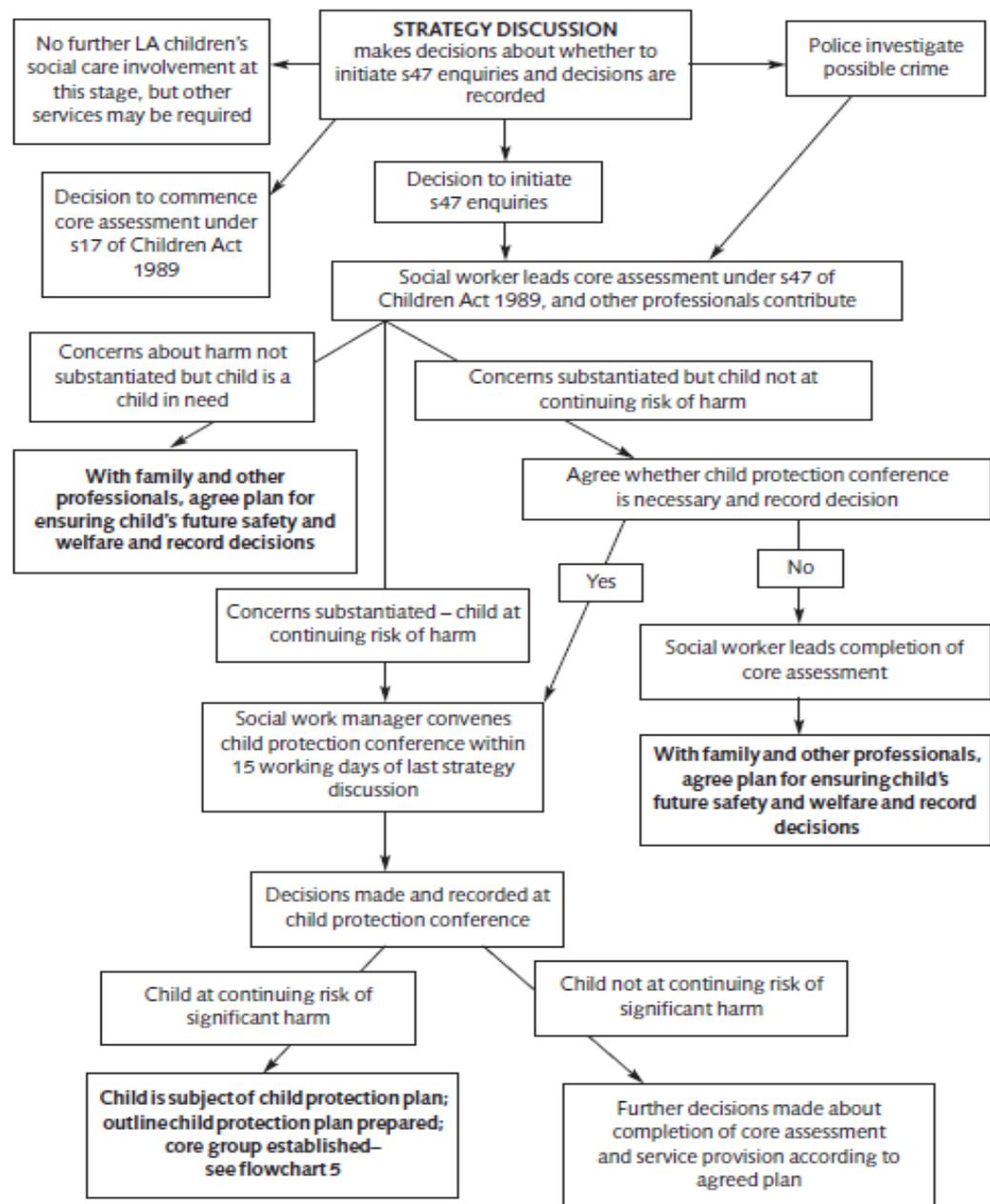
Threshold Criteria Agreement on Enquiries by Police and Social Services - Child Protection Investigations

Type of Referral	Example	Joint Action	Action by Social Services	Action by Police	Additional Comments
ALLEGATIONS OF SEXUAL ABUSE					
• Sexualised behaviour - No Initial Evidence of Criminal Offence	Child discovered simulating a sexual act by themselves or with others	• Strategy discussion between Social Worker and CPPU Officer • Both organisations to be informed and agreement recorded about action taken	• Social Services only investigation. Enquiries and record details • Result of enquiries to be passed to the police	• Record referral on VIVID and refer to Social Services for enquiry • No crime recorded • Police checks	If any indication is found of a criminal offence, this must be referred immediately to the CPPU. Consider Child Protection Case Conference.
• All abuse of Sexual nature against perpertrator 10 years or over	Child makes allegation against adult of indecent assault	• Strategy discussion between Social Worker and CPPU Officer • Police led criminal investigation • Investigation policy agreed at Supervisor level	• Record details of results to supervisor • Result of assessment to be made available to Police and other relevant parties	• VIVID entry • CPPU Supervision to supervise cases	Police have lead and responsibility for the criminal investigation. Consider Child Protection Case Conference.
• Non-Diagnostic medical findings	Child is examined and found to have symptoms, which are supportive of sexual abuse, but not conclusive. No disclosure made by child - or child too young to disclose	• Strategy discussion between Social Worker and CPPU Officer • Case notes to record decision on which agency will take lead on initial investigation	• Record details and refer to Police for strategy discussion • Result of initial assessment to be made available to Police	• Record details on VIVID • CPPU Supervisor to allocate cases as appropriate • Liaison with relevant Social Worker	If evidence found of criminal offence, must be referred back to CPPU via Social Worker Supervision. Detective Sgt. CPPU to agree investigation policy. Consider Child Protection Case Conference.
• Diagnostic medical findings	Child is examined and found to have symptoms, which are indicative of sexual abuse, with or without disclosure or collabaration	• Strategy discussion between Social Worker and CPPU Officer • A Police led criminal investigation • Investigation policy agreed at Supervision level, with appropriate support from Social Services	• Record details and refer to Supervisor • Result of initial assessment to be made available to Police and all other relevant information	• Record details on VIVID • CPPU Supervisor to allocate case and hold strategy discussion with Social Services Supervision • CPPU Supervisor to agree investigation policy with investigating officer	Police have lead and responsibility for conduct of the criminal investigation. Call Child Protection Case Conference.
• All allegations of a sexual nature against perpertrator aged under 10 years	9 year old child assaults younger sibling	• Strategy discussion between Social Worker and CPPU Officer	• Record details and share information with police • Undertake investigation	• Record details on VIVID • Refer to YOT for their information • No crime recorded (as Social Services investigating)	Social Services to take lead for criminal investigation. Consider Child Protection Case Conference. Should investigation reveal wider allegations involving perpatrators 10 years and over then refer to CPPU.
ALLEGATIONS OF PHYSICAL ABUSE					
• Allegations of Physical Abuse by Child	Child attends school and tells that dads been hitting him	• Policy agreed at Supervision level to determine investigation strategy	• Record details and report to supervisor • Result of assessment to be made available to Police	• Record on VIVID • CPPU Supervisor to allocate case • CPPU Supervisor to agree investigation policy with Officer	Whilst Police have lead and responsibility for conduct of criminal investigation it may be agreed that SS conduct the initial enquiry. Consider Child Protection Case Conference
• Injury, clear or likely diagnosis of Physical Abuse	Child attends hospital and is diagnosed with non-accidental injuries/suspicion of non-accidental injuries. With or without disclosure	• Supervision from Social Services and Police (DS level) to hold strategy discussion/meeting • A Police led criminal investigation • Investigation policy agreed at Supervision level	• Record details and refer to supervisor • Result of assessment to be made available to Police and all other relevant information	• Record details on VIVID • CPPU Supervisor to allocate case • CPPU Supervisor to agree investigation policy with Investigating Officer	Police have lead and responsibilty for conduct of criminal investigation. Call Child Protection Conference
REPORTS OF NEGLECT					
• Reports of significant neglect	Police respond to an anonymous call, to find several young children locked in house alone. House in filthy condition and children clearly neglected and failing to thrive.	• Supervision from Social Services and Police (DS level) to hold strategy discussion/ meeting • A Police led criminal investigation • Investigation policy agreed at Supervision level	• Record details and refer to supervisor • Result of assessment to be made available to Police and all other relevant information	• Record details on VIVID • CPPU Supervisor to allocate case • CPPU Supervisor to agree investigation policy with Investigating Officer	Police have lead and responsibilty for conduct of criminal investigation. Call Child Protection Conference
• Other reports of Neglect	Isolated incident of child left home alone	• Strategy discussion between Social Worker and CPPU • Both organisations to be informed and agreement recorded about action taken	• Social Services enquiries and record details • Result of enquiries to be passed to the Police	• Record referral on VIVID and refer to Social Services for enquiry	If any evidence is found of a criminal offence, this must be referred immediatley to the CPPU for strategy discussion.
EMOTIONAL ABUSE					
• Reports of children suffering Emotional Abuse	Child(ren) witness parents engaged in Domestic Violence	• Referral from Divisional Domestic Violence Co-ordinator • Action in accordance with Domestic Violence Policy	• Action in accordance with agreed procedures for Domestic Violence	• Action in accordance with agreed procedures for Domestic Violence	Consider Child Protection Conf. Emotional Abuse is not confined to Domestic Violence Incidents. If probability of criminal offence, it must be referred to CPPU for investigation.

The Evolution of the *Working Together* definition of Child Neglect

The definition of child neglect used within the context of Safeguarding and Child Protection is a very specific one, written for a specific purpose (Parton, 1979). It is an operational definition used by professionals, in England, for the purpose of safeguarding children, the assessment of cases and justifying interventions in family life, at the 'acute' end of the spectrum (or continuum) of services for children (Beckett, 2007). By comparing the different Government versions that have been published since 1991 it is possible to see how the construction of child neglect has changed and expanded. All the definitions in the different versions of *Working Together* are written in negative terminology, with the definition of neglect being particularly 'accusative' since it describes the failure of parents.

The definition of neglect (and emotional abuse) is based on relational issues rather than events (Glaser and Prior, 1997; 2001) and neglect is commonly seen in families which have relational difficulties and problems sustaining inter-personal relationships. This feature could have implications for how they interact with professionals.

In the guidance *Working Together under the Children Act 1989: a guide to the arrangements for interagency co-operation for the protection of children from abuse* (Home Office et al., 1991), the definition of child neglect was as follows:

> "The persistent, or severe neglect or the failure to protect from exposure to any kind of danger including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive" (Home Office et al., 1991, p. 48 cited by Parton, 1995)

This definition allowed for child neglect to be either persistent or severe, which could have been interpreted as a severe incident, but this was removed from future definitions. The subsequent definition, published in 1999, placed more emphasis on the consequences of neglect. In *Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children* (1999) the definition was:

"Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long term difficulties with social functioning, relationships and emotional progress. Neglect can also result, in extreme cases, in death" (DH et al., 1999, p. 6-7)

In *Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children* (2006) the definition had expanded to include a specific reference to the unborn child and seemed to focus on parents or care givers as those responsible for the neglect. Also, the reference to the fact that, in extreme cases, neglect can lead to death has been omitted. Dent and Cocker (2005), from SCRs, identified that children do die as a result of neglect and this raises the question as to why it was removed from the definition of neglect:

'Neglect is the persistent failure to meet a child's basic physical and/or psychological needs likely to result in serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born neglect may involve the parent or care giver failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment). It may also involve failure to protect the child from physical and emotional harm or danger, ensure adequate supervision and ensuring access to appropriate medical care or treatment. It may include neglect and unresponsiveness to a child's basic emotional needs' (HM Government, 2006, p. 38).

In the latest version of *Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children* (HM Government, 2010) the definition was unchanged from the 2006 version. Stevenson (2007) stated that the current definition is more detailed and sophisticated than the ones in earlier guidance, clearly states the various types of neglect that can take place before and after birth, covering all areas of development: physical, psychological and social, and specifically highlights maternal drug use. Daniel et al., (2009) speculates that the inclusion of substance misuse is in response to the current rise in referrals associated with substance misuse.

Whatever the changes in the child protection definitions of child neglect over time, the definitions are all based on notions of extreme variation from an accepted norm. The terminology used, such as "persistent", "severe impairment" and "adequate" are all open to interpretation and professionals have to make judgements about the relative importance of them and degrees of risk in specific contexts (Parton, 1995). Leaving the terminology in the definition open to interpretation means that the category thresholds are fluid and can potentially shift.

Daniel et al (2009) suggest that the definition of neglect that professionals use becomes more specific the higher up the categorisation hierarchy a particular referral progresses in the child protection referral system. The operational requirements, combined with the belief that only those children who really need to be in the system should be and wanting to avoid children entering the child protection system and then being filtered out, may make the threshold appear too high for some cases. The child welfare professional's practice is influenced and guided by the *Working Together* definition but Taylor and Daniel (2005) suggested that operational definitions of neglect do not always reflect professional understanding of neglect, as they are not updated every time new research identifies additional understanding about the needs of children.

The *Working Together* definitions of child neglect are organisational definitions and are applied by professionals to the children made the subjects of child protection plans at Conferences, irrespective of the meaningfulness of the category to the subject of the case (i.e. the child) or the parents (Thomas, 1996). These pre-existing definitions do not explain the decisions of social workers and other child welfare professionals (Atkinson, 1978) and changing definitions make comparisons over time more problematic as the changes are likely to influence practices and the statistics themselves (May, 2001a).

Appendix 21

Child Welfare Professionals who were invited to and attended child protection case conferences where the category of physical sexual or emotional abuse was allocated.
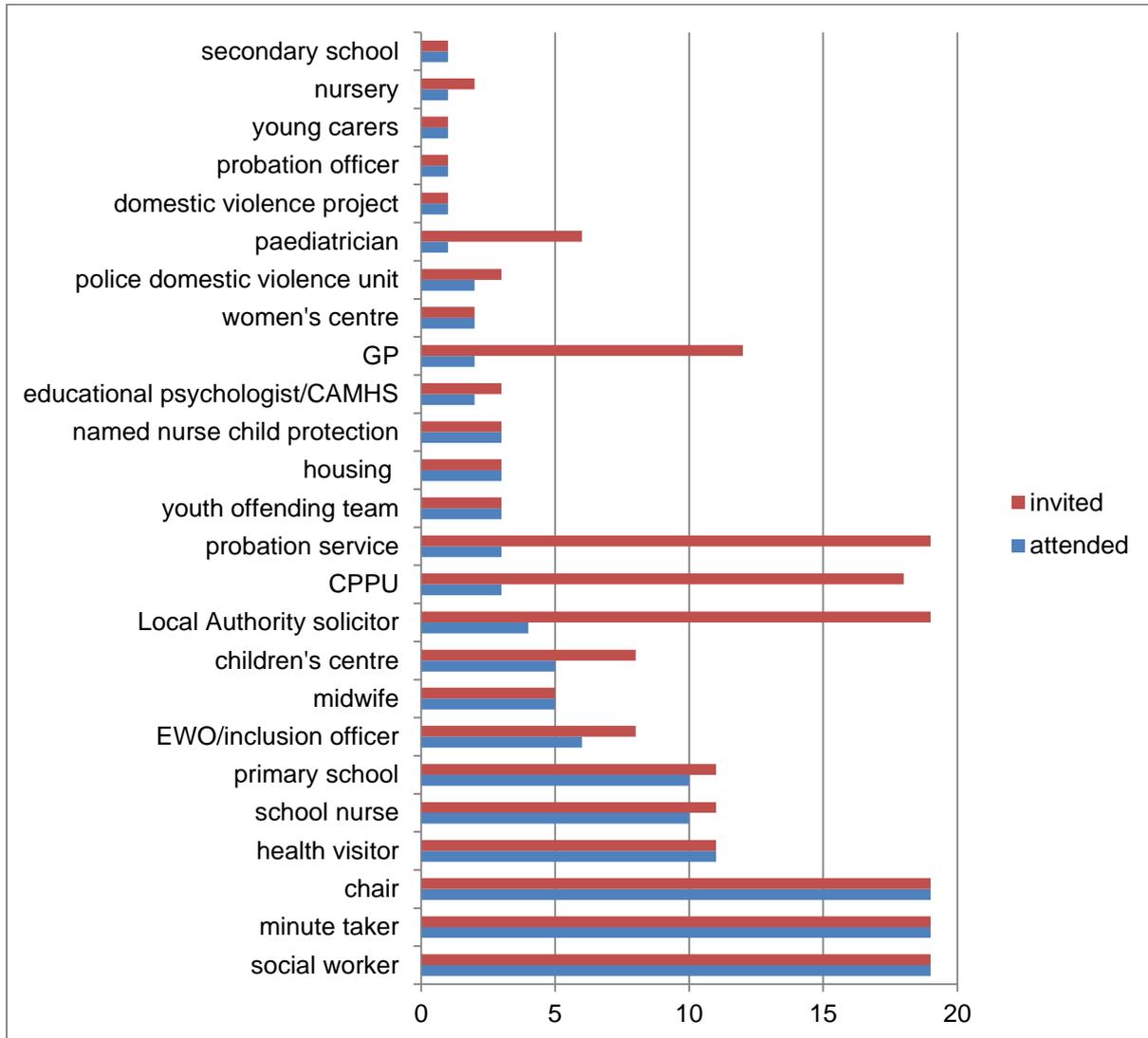

Chart showing the child welfare professionals who were invited to Conferences and those who attended for children with the category of physical, sexual and emotional abuse (17 Minutes, but 19 Conferences as two cases had two conferences each.

	Interviews	Minutes What are the features identified in cases categorised as cases of neglect?	Observation Participant Observation How do child welfare professionals' categorise cases as child neglect?
Chapter 6. Professional rhetoric and images of Neglect The use of the term child neglect and professional meaning 6.2 Professionals' use of terminology: when and how the term neglect was used Conclusion: neglect use by CWP mainly in relation to child protection but children identified as having other unmet needs	Term neglect used freely, not questioned Terminology used affects recognition: Child/ young person Children vulnerable vs young person not understood as vulnerable Health (MH) children and vulnerable	Neglect recorded in two places in Minutes Reasons for the Conference Category allocated	Neglect rarely used Specific examples: experiencing neglect but does not meet threshold of significant harm
6.3 Typification of the neglected child Conclusion: image shared across all professional groups but rhetoric did not necessarily reflect all cases categorised as neglect	The typification of a neglected child -Physical features; changing image as typology extends Exceptions to the typification of neglect children experiencing emotional neglect; Neglect not immediately visible	Features related to the children included children's physical appearance but not typification Less clear cut images recorded Unborn child categorised as neglect and other categories but neglect ones different	Features related to the children's appearance Egs in cases of potential neglect Child's appearance included when talking about potential cases of neglect References to physical appearance

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6.5 An exception to the typification of the neglected child- Unborn children	Midwives discourse mainly Unborn children included in the definition of neglect	Significance of previous neglect Neglect cases different to other categories 10 cases involving unborn children over represented	Ask specifically about pre-birth assessments Substance misuse And DV
6.6 An exception to the typification of the neglected child- young people Conclusion: despite the absence of young people with a child protection plan, they were recognised by professionals as a vulnerable group and were in receipt of services	Young people Children in transition but still children Health response; risk taking behaviour; parents responsibilities How they are seen depends on terminology- homeless child or homeless teenager	Young people Absent from Minutes (16-18yrs) -under-represented	Young people very apparent during PO Organisational culture not to categorise as neglect In transition to adulthood Responded to more as adults: making own choices, right choices But still children…. Kinship care and young people Extended family role with young people
6.8 An exception to the typification of the neglected child- neglect that is not immediately visible	Challenging area of practice: Visible signs easier to address Lack of visible features make collection of evidence difficult More affluent areas issues more emotional neglect (parent-child inter-actions)	Both neglect and emotional abuse categories included reports of domestic violence- not nec an immediate (visible) impact of the child	Absent from conversations
6.7 Professionals' shared typification of unsuitable home conditions Introduction: CWP had a shared image of unsuitable home conditions Conclusion: despite a shared typification of home conditions there were differences in practice about how to intervene	Typification of home conditions associated with neglect Typification linked to economic status In deprived areas: more physical neglect (visible); If children removed always returned a few days later: SW always find a positive	Home conditions only mentioned in neglect minutes and one emotional abuse Several aspects to suitable home conditions: • Overall condition of the home • Home conditions linked to safety - physical safety Impact of adverse home conditions not visibly impacting on children	Response to home conditions: First referral: clean up home Repeated referral a feature of neglect Home conditions plus police involvement; alternative SW views

Chapter 7 Neglect, Children and their Family 7.2 The Children's behaviour was a significant feature of child neglect Conclusion: behaviour a feature of all data sets and important in assessment process but behaviour not always easy to interpret	Education interviews : a change in behaviour only understood in context Noticed all types of changes- withdraw, wanting to go home Health prof: when child unwell difficult to assess behaviour	Behaviour-compared with normative, expected behaviour. Talked about developmental milestones; interaction with peers; children expressed feeling through behaviour; Interpreting behaviour: Different professionals same concerns about child. Time/place dimension: same children different context different professional interpretations	Contacts When corroborating situation with other professionals: "is there any behaviour?" (Linked to section on single feature)
7.3 Children as participants: making disclosures and expressing their views Conclusion: what the children say seen as important but was considered alongside other information/organisational considerations	Disclosures talked about during education interviews Child's way of asking for help	Very few examples of children's view were recorded in the Minutes. Asked to go home with social workers "nasty and called child a gerbil" One health prof. concerns because child's view had not been sought	SW sought children's views about who they wanted to live with Disclosure in older children- "saddest child", decision made by SW
7.4 Interactions within the home Introduction: neglect is increasingly understood in terms of parent-child interactions. Conclusion: lack of visible impact on the child, hard to evidence the perceived harm that is being done to the child.	Health prof: No stimulation – not going to achieve anything Health prof: Perceived situations as not meeting the child's needs but no evidence	Interactions within the home M not responding to children when they cry The way of speaking to the child Mother distracted Child not showing any signs at the moment, despite DV and unsuitable home conditions	Linked to child's behaviour and interpretation of behaviour different depending on situation

7.5 Family structure	Image of a neglectful parent Chaotic Lifestyle	Might have improved home conditions, made home suitable for baby but not able to demonstrate sustainability Extended family provided alternative homes Two contrasting neglect family structures: -complex or very small- pregnant mother no other children in home	SW established who the people in the home were and how they were related Family trees SW decided who could live with who and where; taking into account allegations and convictions of sexual abuse
7.5.1 Fathers and other male adults	Parental responsibility discourse	Identity of parents, putative fathers and unrelated men; Identify of mother always known; Only one father main carer Identity not always clear-putative fathers; deny fatherhood; claim fatherhood	Violent men- linked to DV; degree of violence; MARAC Missing men- impact on women's mental health
7.5.2 Previous parental history		1-Men who pose a risk to children- fathers and unrelated men Sexually abusive men excluded from Conferences 2-women who have had children removed	1-apparent in observation data 2-pre-birth assessments and historic case that SW talked about; influence of LA legal dept
7.6 Factors known to impact on parenting 7.7 co-existing risk factors 7.8 SW practice with risk factors	Parental risk Professional responses look at how parents priorities the children's needs Mental health issues: impact on child may not be immediate Is mental health issues an illness? What is viewed as an illness?	Co-existence of parental risk factors parental risk factors associated with child abuse and neglect Substance misuse in all case allocated category of neglect; in practice during PO not all cases with Sub. Misuse were categorised. (minutes data over could think sub mis= category)	Substance misuse- minimum assessment necessary would be an IA "Father better than mother, when mother has failed"- Children placed with father when care provided by mother. Domestic violence- Mental health issues Mental health concerns-supportive Pre-birth assessments involving substance misuse

Chapter 8: Professional discourses, Practice and Categorisation 8.2 Professional Discourses on neglect	Omission discourse Education: Never known parents to neglect on purpose; see past own needs Commission discourse Police: Criminal law /wilful act Following police "advice" about how to act Alternative : Shared parental responsibility - something both parents can do; make choices		Parental responsibility discourse identified esp when one parent identified as nor meeting child's needs SW established if the other parent had PR
8. Professionals Identified a Lack of Shared Understanding of Neglect between Themselves and Parents	Professionals broader concept Parents focus on physical care/ Dickensian view	Examples of not accepting professional assessment/concerns	Do not understand risk in the same way as professionals
8.3 Professionals understood Neglect as an accumulation of events Identifying neglect was understood as a process. Professionals' understanding of neglect is influenced by Government definition	Definition of neglect includes persistent… eg from Interview data Building a picture of neglect: education and health (Accessing services, parental engagement and condition of the child) Neglect not a single thing Chronology	Reasons for the conference-several stated	In practice referrals understood as a single event or involving one behaviour not seen as meeting the threshold of significant harm.

8.5 Professionals understood neglect as complex Conclusion: deciding about all types of child maltreatment were complex and involved some uncertainty and professional judgement; needs understood as being on a continuum?	When talking about neglect the CWP used contrasting as a devise to make sense of neglect Neglect understood when contrasted to physical or sexual abuse Physical and sexual abuse straightforward but neglect is not SW interview	How to interpret features Features were a mixture of positive and neglectful Neglect not an either/or but an accumulation of evidence	features of physical and sexual abuse can be identified at contact stage and lead to further assessment ie IA or CA to decide about the individual features of the referral and deciding which were not significant harm and which could be In practice: cases which might initially present as physical abuse and therefore straightforward not always so. Eg a bruise but not knowing how it was caused or who was responsible
Professional Practice and Referrals Involving Single Incidents	Education professionals-Everything needs to be in place before they do a referral SW always find a positive Illustrated limits to how professionals can intervene?		Contacts stage : features that were understood as single issues and/or other agencies role to address the issue Practice: Data base for contacts in case another event occurs Single events were sometimes seen as significant Social workers role to assess whether the threshold of significant harm has been met: Child left at school –abandonment; Mother did not go to hospital
8.7 Professional roles	Different client groups and context; adult services; hospital context Role of police Role of SW	Universal service providers attend most conferences involving their client group Social workers have to attend all Conferences GP and police attended few Conferences	Influence of funding panel and LA Legal Dept. Discussion Referral criteria vs Threshold criteria

8.8 Understanding of neglect influenced by personal values. Conclusion: in the absence of absolute measures and guidance personal and professional judgement necessary	Health: aware of own views influencing practice Education: in the end have to depend on own values SW: want to do something about situation they see as not ideal?? Solution focused practitioner	The Minutes are not the place for recording personal values!!	Solution focused- get services in place
8.9 Professionals' interaction with parents influenced by how the parents respond to risks identified by professionals Introduction: professionals working with a consensual model need to develop a working relationship. Based on training and own experiences professionals will have developed an internal model of what children need Conclusion: parental disguised or non-compliance can lead to an escalation in intervention	Parental responsibility to provide care This includes:- Accessing services: parents questioned when they present late for medical services; registered with a GP Parental non-compliance left professionals powerless up to a point Parents can become resistant if conditions persist SW: doing things for or to families or doing things with families	Accessing services for themselves and children (medical and educational) Supervision: 13 year old going to school on her own Being honest : Parents must be honest/tell professionals what is happening Protect children in the home Home linked to safety -safe from adults who are a known risk to children- related and unrelated Make right choices Mothers constructed as vulnerable Parents can be co-operative and still lead to categorisation because of the need to demonstrate sustainability	Parent/professional relationship involving initial response team involve an unequal relationship with the power with the social workers BUT parents can resist Protecting children in the home Women in new relationships with men who are a known risk to children. Disparate perspective Especially men who are a known risk to children Parents need to accept risk as identified by SW; follow professional advice Re: Supervision: child fell off the bed Re: follow SW "advice" Disguised compliance Compatible perspectives