

**Enough is Enough: How Social Workers Make Judgements  
When Intervening to Safeguard Neglected Children**

**by**

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## Abstract

Understanding and responding to the complex causes and effects of children's experience of neglect is a challenge for society and government. Judging its chronicity, severity and impact on children and delivering timely and proportionate services, are core functions of statutory social work. This thesis examines how assessments and decisions are made in neglect cases. Its findings draw on the narratives of social workers and team managers based in two Welsh local authorities.

The practitioners are consistent in describing the organisational parameters and imperatives, and their experience of delivering their roles and responsibilities. They acknowledge the environmental pressures that influence how parents live and behave, and the histories and circumstances that contribute to their limitations as parents. They are much less clear about the effect on their practice of the partially resolved, inter-related *practice-moral phenomena* such as *cause and effect* and *agency and responsibility*. The practitioners recognise that critical decisions about children's futures are founded on how they and the parents exercise their respective proxy and individual agency. The family-professional relationship is characterised as seeking a complementary approach to meeting common goals through co-agency.

The location of the practitioners' work with families lies somewhere between their designation of *just good enough parenting* and causing *significant harm*, focusing on the immediate presentation, and making judgements about the directions of the case and the allocation of limited resources. The impact of poverty and intergenerational/community deprivation on the parenting and the children is described, but not approached, as issues that social work can tackle beyond the immediate family. The practitioners generally accept the focus of their practice as located at the point of children's greatest need and risk. Whether due to political and budgetary constraints, or organisational incapacity for change, the status quo for social work has settled on a high plateau of intervention.

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## **Abbreviations**

AWCPPRG	All Wales Child Protection Procedures Review Group
CAN	Child Abuse and Neglect
CCW	Care Council for Wales
CIN	Child in Need
CPEL	Continuing Professional Education and Learning
Assessment Framework	Framework for the Assessment of Children in Need and their Families
GCP	Graded Care Profile
GAS	Goal Attainment Scales
HLCSB	Haringey Local Safeguarding Children Board
HO	Home Office
IFST	Interagency Family Support Team
NAW	National Assembly for Wales
PLO	Public Law Outline
PRHSCW	Parliamentary Review of Health and Social Care in Wales
SAAF	Safeguarding Assessment and Analysis Framework
SERAF	Sexual Exploitation Risk Assessment Framework
SREC	Social Research Ethics Committee
SSWB (Wales) Act 2014	Social Services and Well-Being (Wales) Act 2014
SUDI	Sudden unexpected death in infancy
TTM	Trans-Theoretical Model of Change
WG	Welsh Government
WAG	Welsh Assembly Government
WNP	Welsh Neglect Project

## Introduction

### i. Background

When the Welsh Government adopted the *United Nations Convention on the Rights of the Child* in 2004, it set in place a broad, rights-based approach to policy making for children and young people and informed the way services are provided by public and third sector agencies. *Safeguarding Children: Working Together Under the Children Act 2004* (WAG 2006) describes how these agencies should organise and deliver the promotion of children's welfare and their protection from harm. For Children's Services there is the specific statutory safeguarding responsibility to identify where significant harm thresholds have been crossed; where it is necessary to undertake directive interventions in family lives; and, in extremis, to use legal means to separate children from their parents (Children Act 1989). Implicit in child and family social workers' role is the requirement that they make the necessary critical judgements (Forrester, 2016). The recognition, measurement and response to the different manifestations, degrees and impact of neglect present a significant challenge in terms of timely, proportionate and measured responses on the part of the professionals working directly with families (Horwath, 2002; Tanner and Turney, 2003). This challenge is compounded by the mediative function of the social work profession (Johnson, 1972) and the implicit, required balancing of society's objectified view of the issues and normative expectations of interventions (Philp, 1979). This needs to be situated in the context of practitioners' own professionally located values and ambitions for the children and families with which they work (Davies, 1985; Dominelli, 2004).

Failure to recognise and respond to the presentation of maltreatment, resulting in the significant harm or death of a child has often been the subject of public interest, presented in the media as scandalous social work ineptitude since the Maria Colwell enquiry in 1973 (Butler and Drakeford, 2011; Jones, 2014). The learning from the reviews of these cases has informed policy and practice over time. However, the evidence suggests that many serious case reviews' recommendations continue to repeat those of their predecessors (Brandon *et al.*, 2008; Sidebotham *et al.*, 2016). The statutory roles and responsibilities, practice motivated by values and living with the public-professional interface has been the developing background to my 43 years of experience working as a social worker and

manager in statutory children's services. Whilst it continues to be important to gain a better understanding of what has 'gone wrong' in these exceptional cases, I am also interested in exploring how social workers assess and respond to need and risk at an earlier stage in case development. The primary motivation for my undertaking this research is understanding why we are working with this family, and not the ones in the houses either side or, as Bunting *et. al* (2017) ask "... *what the outcomes are for children of their differential chances of being assessed as 'at risk'*" (p.19). Linked to this is an interest in exploring how social workers make sense of inter-connected moral-practice issues (Taylor and White, 2001; Horwath, 2007), such as the use of power and empowerment, cause and effect and agency and responsibility. The decades have also seen shifts in the focus, approach and practice of child and family social work. Reportedly, the current focus is on *child protection* (Parton, 2012), the approach is a *legacy of new-management* (Harris, 1998) and the context for practice is *bureaucratic and mechanistic* (Broadhurst *et al.*, 2010[a]). The brave new world inhabited by contemporary social work is one of austerity, uncertainty and the new imperative of sustainability. This begs the question: *how do social workers understand and deliver on the challenges, now and in the future?*

## **ii. The Research**

The assertion underpinning this thesis is that decision-making by social workers and their line managers in cases of neglect is influenced and triggered by a complex set of factors that overlay and/or over-ride the technical-rational assessment of the impact of neglectful parenting. The primary focus of the research is to better understand social work practitioners' constructs and responses to neglect. The research question is: *What are the factors influencing social work practitioners' assessments, judgements and decision-making in cases of neglect?*

## **iii. Content of the Thesis**

The thesis comprises six chapters. Chapter 1 discusses the challenges of defining, recognising and reporting neglect and explores its impact on children. It considers the ecological perspective and systemic context of neglect, and focuses on the questions: *when is parenting good-enough and what are the thresholds for intervention?*

Chapter 2 reports on the literature related to undertaking assessments, making judgements and decisions in cases, and the current political and practice context of statutory social work in Wales.

Chapter 3 outlines the methodology employed by the study, comprising semi-structured interviews involving 25 social workers and team managers currently working with children and families where neglectful parenting has been identified as a cause for concern.

Chapters 4 and 5 report the research findings. Chapter 4 considers the practitioners' understanding of the neglect, locates their work with families, the parameters of intervention and their relationship with other professional disciplines and agencies.

Chapter 5 focuses on assessment of need and risk of harm (particularly the use of tools), how judgements and decisions are made, and the practitioners' reflections of the value of services. It describes the iterative assessment process that tests parental capacity to make and sustain changes, whilst mitigating the risk of significant harm through the provision of targeted services.

Chapter 6 discusses the key findings in relation to the social work management of neglect, the balance of service provision and the implications for policy and practice. It concludes with recommendations to maintain the scope of the social work task whilst shifting the locus from a child protection approach to child and family support.



## Literature Review

The first two chapters review the literature linked to the four *research lines of enquiry*. Chapter 1 explores the line of enquiry: (a) what are social workers' understandings of neglect and the thresholds for intervention? Chapter 2 addresses the remaining three lines of enquiry: (b) how do they assess neglectful parenting and its impact; (c) how do they form judgements and make decisions; and (d) what services do they identify as being effective in working with neglected children and their families?

Chapter 1 covers the first line of enquiry in some depth, as neglect is simultaneously simple, seen from the perspective of the child whose basic needs are not being met; and complex, as an endemic condition located in a socio-economic context.

### Chapter 1. Neglect: Perspectives and Challenges

There is a balance to be achieved between recognising neglect as a culturally defined, graduated condition across society, and pathologizing all its manifestations. The parameters of this research mean that there is a bias toward its management within a child protection system that has developed around dealing forensically with abusive events (Daniel, 2015). Dubowitz (2007) describes neglect as a point on a continuum from excellent to grossly inadequate care, recognising that: *"It is very difficult to pinpoint when exactly the inadequacy of care becomes problematic"* (p 604). The following chapter describes the challenge of locating neglect within fixed quantitative and qualitative parameters. Working within formally prescribed assessment processes, set in a continually developing professional, cultural and political landscape (Parton, 2014), the social work practitioner is required to establish the extent and impact of neglect and the implications for intervention against contested thresholds (Platt and Turney, 2014).

#### 1.1 Defining and Recognising Neglect

For the social worker, neglect becomes a statutorily defined concern when the acts of omission or commission are significant (not reasonable and acceptable); persistent (regular and consistent); and the negative impact of the neglectful parenting is observable in the presentation of the child (Children Act 1989; WAG, 2006). Governments can and do provide broad definitions of neglect that set the context for services and interventions provided by

statutory bodies. The grading of neglect in United States of America legislation discussed by DePanfilis (2006) provides a helpful start, including the recognition of the impact of 'chronicity':

*"The seriousness of the neglect is determined not only by how much harm or risk of harm there is to the child, but also by how chronic the neglect is"* (p.10).

This concept of chronicity - maltreatment across developmental stages (English *et al.*, 2005) - is reflected in the Welsh Assembly Government definition of neglect prior to the implementation of the Social Services and Well-Being (Wales) Act 2014 (*SSWB (Wales) Act 2014*):

*"...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 and development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of or unresponsiveness to a child's basic emotional needs"* (WAG, 2006 p.139).

The more succinct definition provided by *SSWB (Wales) Act 2014* (s.197 p.145) omits reference to persistence:

*"Neglect ('esgeulustod') means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's wellbeing (for example, an impairment of the person's health or in the case of a child, an impairment of the child's development)"*.

The two definitions are quoted in full because they demonstrate important differences of scope and emphasis. This change means that, unlike the extant government definition in England, it is consistent with the World Health Organisation definition in allowing consideration of isolated incidents and in its recognition of parental responsibility for the child's well-being and development (Allnock, 2016). The focus and emphasis of the new definition maintains the balance of the fact and modes of neglect and its impact on the child. In removing persistence and seriousness it broadens the scope of its applicability, whilst making no reference to judgements about its significance or implied thresholds for statutory intervention. As such it might be interpreted as 'opening the door' to a more family support policy orientation (Parton, 2014) and harm reduction approach, balancing the perceived

risk-based dominance (Featherstone et al. 2014), consistent with a broader, graduated provision of responses, services and interventions (Stevens and Laing, 2015).

Neglect can be broadly described as a failure to meet children's basic needs. Definitions will often focus on it as acts of omission rather than commission (Rees *et al.*, 2011). The child knowing that their parents were essentially loving and well-meaning may help to bolster resilience to neglect (DuMont *et al.*, 2007). Stevenson (2007) warns against arguments concerning parent's intention deflecting from appraisal of their ability to safely nurture and its impact on the child.

The recognition of neglect is linked to the palpable outcomes for the child, which in turn will be dependent on their individual experience and personal, relational and social factors contributing to their own adaption and mal-adaption and psychosocial health in later life (Cicchetti and Toth, 1995). It is arguable that there will always be adverse psychological impacts of maltreatment for a child (Donald and Jureidini, 2004). Gardner (2008) identifies the implicit overlap between neglect and emotional abuse, and the extent to which these two categories dominate children placed on child protection registers (WG, 2016[d]). Finding the definitional distinctions between emotional abuse and neglect unsatisfactory Stevenson (2007) comments that:

*“When neglect is construed as an omission of care, which affects not only physical but social, intellectual and emotional development, the association between the two becomes clear”* (p.5).

The Welsh Government's guidance describes the impact of severe neglect of young children in terms of: *insecure attachments; impairment of growth and intellectual development; impairment of health; sustained difficulties with social functioning, relationships and educational progress; and of death in extreme cases* (WAG, 2006 p.139). Whilst neglect is often identified as a singular, distinct form of maltreatment, Gardener (2008) reports that: *“there is overlap between many forms of child maltreatment and this is especially true of neglect”* (p.15). Arata *et al.* (2007) undertook a large survey of adolescents (n=1,553) and found that neglect was the one type of maltreatment that was most often experienced alone, similarly in combination with physical or sexual abuse. They also reported the same

level of hopelessness by victims of neglect and of sexual abuse, which was greater than that of victims of physical abuse.

Howe (2005) adds two further types of neglect to the three classified by Crittenden (1999) on the basis of parental affect and responses to their children: *disorganised*, *emotional* and *depressed*. Howe's first is *severe deprivation* (including institutional deprivation and multiple placements), with the resultant attachment insecurity/disorders that follow. The second type is *compound*, in which neglect, particularly psychological maltreatment, is associated with physical abuse, found in the background and circumstances of the high profile serious case reviews of recent decades (Brandon *et al* 2014[b]). Cicchetti and Toth (1995) propose a developmental psychopathology perspective which recognises the developmental and contextual aspects of maltreatment as a "*requisite for understanding its causes and consequences*", in which the elements of child maltreatment (that include the parent, child, and environment) "*are transacting over time*" (p.543). This approach is based on a review of research findings that demonstrate the complex aetiology and consequences of the multiple variations in the maltreatment of children in terms of definitional profile, severity and frequency, children's age and gender and aggravating or pro-adaptability factors. They describe a model that draws upon both Bronfenbrenner's (1979) and Belsky's (1980) socio-ecological approaches, focusing on the transactions of risk factors that may contribute to the increase or decrease of the occurrence of maltreatment. The complexity of neglect is a consistent theme found in the literature and referenced throughout this review. It is not a simple continuum of good or poor parenting, nor is easily located as a point on the axes of severity and chronicity. Professional agreement in relation to its recognition and how to respond to individual cases are reported as enduring challenges.

Neglect can be characterised as different from physical and sexual abuse in that it is often observable in its perpetration, the persons responsible are known and are usually the primary care givers, and there is an observable causality between the actions or lack of actions and the signs of harm. However, the absence of observable neglect does not exclude it as a cause of a child's condition (Brandon *et al.*, 2008; HLSCB, 2009; Reder *et al.*, 2003). Conversely, whilst the child's measurable development may be significantly impaired in all domains of functioning, it is "*not always directly diagnostic of neglect or emotional abuse*" (Glaser, 2002, p.697). The challenge for child safeguarding organisations and professionals is

interpreting and applying the statutory definitions to individual families, particularly where the maltreatment does not involve ‘... *legally proscribed acts*’ (Sternberg *et al.*, 2004, p.37). Brandon *et al.* (2014[a] p.13) identify “... *potential obstacles to effective action*” in neglect cases: lacking the knowledge to link concerns to impact on the child; resource constraints that influence practitioners’ transfer of concerns to meaningful action; and a number of ‘mindsets’, including a fear of being considered judgemental and a fixed view of the family.

The complex ecology of children’s health and development makes it difficult to disentangle and attribute the influence of individual risk factors (Cicchetti and Toth, 1995; Dubowitz 2007). Approaches that might help to untangle the complexities of cause and effect that challenge practitioners’ assessment of neglect and emotional abuse include: focusing on the elements of a child’s psycho-social being (Glaser, 2002 p.703); or a child-centred, rights-based approach, suggested by Ife (2012). The latter would expect that parents recognise and respect these rights - violating or failing to do so could constitute emotional abuse and neglect. Brandon *et al.* (2012) describes the inter-relationship between domestic violence, mental ill health and substance misuse, at least one of which was reported in 86% of the case review subject families. They contend that the combination of these factors is “*particularly ‘toxic’*” (p.30). The underlying parental problems are similarly reported by Jütte *et al.* (2014) and by Cleaver *et al.* (2011), who report that where families come to the attention of social work services because of concerns about the children, the rate of parental problems (mental illness; learning disability; problem alcohol and drug use; and domestic violence) “*shows an considerable increase from that found in the general population...*” and “... *the known prevalence generally continues to rise with the seriousness of the child protection enquiry*” (p.47).

The next section explores the categorisation of neglect and its formal recording.

## **1.2 Reporting Neglect**

Since the late 1970s in Wales, the multi-agency arrangements for the protection of children from abuse and neglect have been set out in revised editions of *Working Together* guidance, most recently WAG (2006). Located within the broader social welfare and safeguarding legislative framework, it defines abuse and neglect and describes the required process and

practice. The number of children who are the subject of formal child protection plans<sup>1</sup> is an imperfect proxy for safeguarding activity and prevalence of child abuse and neglect (Jütte *et al.*, 2015). The rate per 10,000 of children whose names were on the child protection register in Wales on 31<sup>st</sup> March from 2002 to 2016 have shown an increase of 29.8 to 48.7. Neglect registrations have risen from 11.9 to 22.00 and emotional abuse registrations from 8.1 to 16.5. Registrations for physical and sexual abuse have fallen from 6.2 to 5.2 and 2.9 to 1.9 respectively (WG, 2016[d]). Comparison with data in England shows similar trends. Whilst there are variations in terms of the detailed rates in Wales and England, neglect is the most common cause for being on a child protection register or subject to a child protection plan (Jütte *et al.*, 2015), and is a common joint category with other forms of abuse (Brassard and Donovan, 2006; Brandon *et al.*, 2012).

In interviews with a random probability sample of 6,196 parents, children and young adults in the UK, Radford *et al.* (2011) explored their experiences of childhood maltreatment at home, in school and in the community. Neglect was found to be the most prevalent type of maltreatment in the family (reported: 5% <11 years, 13.3% 11–17 years and 16% 18–24 years). Severe neglect at some time during childhood was similarly reported (3.7% <11 years, 9.8% 11–17 years and 9% 18–24 years). Cross-referenced with an earlier study (Cawson *et al.*, 2000), Radford *et al.* found a decline in experiences of harsh emotional and physical punishment, and in some experiences of physical and sexual violence. Gardner (2008) interviewed 100 professionals working with children and representing different (non-social worker) disciplines and found that, whilst neglect makes up half of all child protection registrations (up to three-quarters when joint categories of registration are included), there was cross-discipline agreement that high thresholds suppress the true representation of the problem, some reporting: “... up to eighty per cent of children they saw as showing signs of neglect” (p.3).

The concept of neglect and the associated parameters of good and harmful parenting are more easily attached to younger children than to adolescents (Cicchetti and Toth, 1995; Baile, 2006). Adolescents’ perceptions of good parenting and their analysis of their experiences suggests that a definition of adolescent neglect should incorporate their

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<sup>1</sup> In Wales the guidance includes the requirement to include the names of children subject to a protection plan on the Child Protection Register. This requirement has been discontinued in England.

reported perspectives, recognising that children develop at different rates and that “... *an overemphasis on ‘typical’ developmental stages may in practice lead to the failure to identify the specific needs of individual young people*” (Rees et al., 2011 p.23). For many, but not all young people, the neglect they suffer will be a continuation of the neglect for significant periods throughout all their earlier years (Rees et al., 2011). In their analysis of serious case reviews Brandon et al. (2012 p.46) and Sidebotham et al. (2016 p.63) report neglect as a feature in approximately half and two-thirds respectively of the cases - irrespective of age. It was much more common a feature in the histories of 11-15 years-old children (Brandon et al., 2012), with evidence of past neglect in 11 of 14 serious case reviews where suicide was the cause of death. The rate of adolescent child protection neglect registrations in Wales is demonstrably lower than the overall 0-18-years rate (WG, 2015[e]). There may be one or more contributory reasons for this, including: the challenge of observability (Cicchetti and Toth, 1995); adolescents’ real or perceived increasing agency and capability for self-care; practitioners’ tendency to consider them as more resilient than younger children; and a lack of neglected adolescents awareness of and recourse to formal support networks (Rees et al., 2011). Brandon et al. (2013) concluded that practitioners should be alert to their findings that neglect is not confined to the youngest children; that it can be life-threatening and that prevention and early access to help and support should extend across children of all ages.

### **1.3 Impact on Children**

#### *Adverse Outcomes*

Most research on the impact of maltreatment focuses on children’s development and the difficulties they experience in later life (Egeland et al., 1983; Eckenrode et al., 1993; Cicchetti and Toth, 1995; English et al., 2005; Arata et al., 2007). Howe (2005 p.111) describes a pervasive sense of despair and hopelessness, with parents displaying the ‘apathy-futility’ syndrome, whose engagement with their children and their needs is minimal. Neglected children’s emotional worlds can be compromised and restricted; their physical environments bare of comfort, unsanitary and dangerous; their personal care so poor that they suffer from avoidable medical conditions and persistent discomfort; and, as they grow older, they endure rejection and bullying at the hands of their peers. English et al.

(2005) identified a multi-layered effect of maltreatment on child functioning, and that the distinct dimensions, type by severity and chronicity, are interrelated and interacting. 'Age at first report', especially for children under the age of 1 year, is identified as a potentially important predictor for both externalizing behaviour and child adaptive functioning.

The neglect of children is often associated with parents' frightening or bewildering behaviour (Howe 2005), and with one or more other forms of abuse, which Ney *et al.* (1994) found to be highly correlated. They also found that neglect featured in 9 of the first 10 combinations of abuse that their group of 167 children age 7 to 18 years rated as having the greatest negative impact on their 'enjoyment of living'. Gilbert *et al.* (2009) concur with Stevenson (2007) who argues that the longer-term effects of neglect may be even more serious than sporadic physical abuse. Neglected children are reported as displaying cognitive developmental delays (Trickett and McBride-Chang 1995); pre-school language problems and poorer social interactions and coping abilities (Hildyard *et al.*, 2002); lower readiness to learn and self-efficacy (Aber and Allen, 1987); and poorer educational outcomes (Kurtz *et al.*, 1993). Neglect impacted on their levels of esteem and agency (Eckenrode *et al.*, 1993), whilst physically abused children presented more discipline problems (Eckenrode *et al.*, 1993; Hildyard *et al.*, 2002). Conversely, Kurtz *et al.* (1993) report their findings that, whilst physically abused children emerged as displaying severe and pervasive problems on every dimension of social and emotional development assessed, *"...neglected children differed minimally from comparison children on measures of socio-emotional development"* (p.586).

The child's early years are the time of their greatest physical dependence and acute risk from neglectful parenting, it is also when the foundations of secure attachments are set down (Aldgate and Jones, 2006). NICE guidelines report an estimated two-thirds of children in population samples have a secure pattern of attachment across cultures, falling to around one-third in disadvantaged populations and to less again in maltreated populations (NCCMH, 2015 p.20). Egeland *et al.* (1983) found that a significantly higher proportion of pre-school neglected children were anxiously attached. Cicchetti and Toth (1995) suggest these relationship distortions that will mean they face extreme risks *"...in achieving adaptive outcomes in other domains of interpersonal relationships"* (p.549) and impact on the victims' parental relationships with their own children. However, Hughes and Cossar (2016)



found few studies in this area, concluding that the impact of a mothers' childhood experiences is relevant when assessing current parenting, there being "... *mixed evidence for a relationship between mothers' reported history of emotionally abusive/neglectful experiences and parenting self-efficacy and competence*" (p.40). A lack of simple, consistent linear connections between cause and effect (there often more than one of both for any maltreated child), raises the issue of resilience and differential responses.

### Resilience

Resilience is defined by Luthar *et al.* (2000) as a dynamic process encompassing positive adaptation within the context of significant adversity. Gauthier *et al.* (1996) report that higher-education students with recollections of being neglected were significantly associated with increased psychological and relationship problems and persisting symptomatic expressions of these problems. Ney *et al.* (1994) find that extensively mistreated young people do not expect to live long, with approximately 10% expecting to die before 25 years. Individual resilience will be expressed differently in response to a range of adverse and affirming experiences (Rutter, 2007). In addition to individual genetic susceptibility and psychological functioning, it is the immediate and the continuing life-time experiences following the adverse experiences, and their self-agency, in effect: "... *what individuals do in order to deal with the challenges they face*" (Rutter, 2007 p.205), that are influential in developing resilience. In addition to a child's innate ability and acquired self-esteem, Glaser (2002) identifies the importance of a relationship with a trusted adult, not necessarily an attachment, in promoting resilience. DuMont *et al.* (2007) undertook a longitudinal study (n= 676) of adults who had suffered significant abuse. They found that, individuals who *establish* resilience early in their lives are more likely to sustain it over time, making it possible for them "*to put new developmentally appropriate supports in place for subsequent challenges*" (p.270). They found that individuals with a highly supportive partner or spouse were 1.7 times more likely to be resilient in young adulthood than those without a supportive partner or spouse. Gilligan (2010) provides a key message for practitioners:

*"Circumstances may change favourably and may have a positive impact on the child's health and development. The early years are influential in terms of longer-term prospects, but it is never too late to aim or hope for change"* (p.178).

This capacity to continually influence resilience suggests a potential for families, communities and the providers of services to develop to positively engender resilience in individuals and populations. The next section considers the reality that neglected children, and the parents that neglect, live in and are influenced by their wider families, their communities, layers of civil and civic society, an economy and a state structure

#### **1.4 Ecological Perspective**

The social-ecological perspective provided by Bronfenbrenner (1979) suggests that the understanding of neglect considers not only the role of the parent, but also the environmental variables that impact on their ability to meet their child's needs, recognising the shared individual and societal responsibility (DePanfilis, 2006). Whilst the logic of the socio-ecological approach is irresistible, its span and complexity mean application in ground-level practice can only be partial. Consideration of the many and diverse elements is arguably far beyond the cognitive encapsulation and influence of the professionals involved (Simon 1997). Stevenson (2007) is concerned that, practitioners faced with the extent, complexity and subtlety of applying a broad ecological approach may be overwhelmed and feel powerless, but stresses that the approach *"in no way diminishes the value of specific theory in the over-all framework"* (p.15). For example, practitioners would need to be aware of the aetiology and the impact of attachment disorders within a family, whilst prioritising the immediate problem of financial stress. Inter-agency professional understanding and joint working are central to the delivery of an ecological approach. Jack (2000) describes this as *"the cultural environment within which all policies and practices should be developed"* (p.713). The model requires that practitioners undertake fully ecological assessments that provide understanding of the balance of stresses experienced by families and supports available to them. It is arguable that such a broad approach can only be effective if practitioners have or develop access to the levers of change.

Children have an inherent capacity to successfully adapt to growing up in different environments that promote normal development (Cicchetti and Valentino 2006). No single component of that environment causes development, it is the result of the mutual relationship among components of the developmental system. For example, the impact of the interconnectivity of the ecological systems is provided by Kotch *et al.* (2014), reporting

on the effect of communities' social capital/resources on outcomes for adolescents who had experienced a neglected childhood living with a depressed parent. In those with higher levels of informal social control and social cohesion and trust, there was evidence of lower externalised negative behaviour, use of alcohol and smoking for the group. The local environment beyond the family impacts on parenting and can be a contributory factor to the maltreatment pathways (Cicchetti and Toth, 1995). For example, Parton (1995 p.70) argues that poverty is a context, but not necessarily a cause of neglect, although there is a close relationship and formally identified neglected children tend to be associated with the most deprived sections of society. A lack of resources and living in deprived and challenging communities restricts parents' capacity to provide opportunities for their children to access experiences that develop esteem and self-actualisation (Stevenson, 1998). Maltreatment defined as neglect is highly associated with families on low incomes (Sedlak and Broadhurst, 1996) and "*neglect is not simply higher among the poor but among the poorest of the poor*" (Hay and Jones, 1994 p.382). Whilst Bywater *et al.* (2016) recognise that poverty is neither a necessary nor sufficient factor in the occurrence of child abuse and neglect [CAN], they find that:

*"...lessening family poverty across the population is likely to have a positive effect on reducing both the extent and severity of CAN in childhood, on the socio-economic consequences of CAN in adult life and on the wider economic costs."* (p.50).

Sedlak and Broadhurst (1996) concur with the association between poverty and neglect, but comment on the compounded problems associated with poverty that may contribute to maltreatment, including substance abuse, emotional disorders and lower levels of social support to available to poor families. These are not contradictory positions, reflecting both the complexity of the interacting factors which are not necessarily linear in progression or simply isolatable as problems to be dealt with. The factors can have a circularity of impact: when cause creates effect, which in turn influences the cause or creates others, e.g. poverty causes stress which impacts on the capacity to manage poverty.

Observing the close relationship between the most deprived section of society and engagement with health and welfare agencies, Hay and Jones (1994) question whether the extent of the observed relationship is selection bias due to the families' visibility. Formal identification of neglect is linked to families who have a high profile with surveillance

agencies (Dingwall *et al.*, 2014), and specifically those that are ‘*known*’ to concerned welfare agencies over a lengthy time-period in which there is an “ebb and flow” of involvement in response to life events (Stone, 1998 p.92). Poverty is recognisable as an important part in neglectful families lives, “*but only one in a complex web of factors*” (Stevenson, 1998 p.21). Lewin and Heron (2007) asked health visitors to rank, in order of importance, 45 signs, symptoms and risk factors of child neglect derived from the literature. The first 12 were linked to abusive behaviours, poverty and associated problems. Overcrowding, poor housing, debt, poor clothing and unemployment were ranked 36 and below. Stone (1998) notes the importance of the quality of relationships in the identification of neglect such that, for a child to be registered under the category of neglect “... *there must be more at stake than the fact that the child may be receiving a low level of material care*” (p.92).

The next section discusses the formal recognition of neglect and challenges of child protection interventions.

### **1.5 The Systemic Context**

Neglect is a common thread running through many of the accounts of child deaths and serious injuries (Gardner, 2008). Overviews of these cases have identified the nature of the presentation of the families and the challenges for the different agencies involved in delivering, making sense of and responding to the evidence they collectively hold in the cases (Reder *et al.*, 1993; Brandon *et al.*, 2008, 2009 and 2012). The family histories are complicated, confusing and often overwhelming for practitioners. For example, the ‘start again syndrome’ in chronic neglect cases is described by Brandon *et al.* (2008) where knowledge of the past was put aside and not integrated into the most current response to changed circumstances. Brandon *et al.* (2009) further identified a ‘neglect case’ mind-set which may preclude consideration of other forms of harm and the need for emergency action, “... *casting a different perspective on the reason why neglect cases continue to ‘bump along the bottom’*” (p.50). Gardner describes the sometimes:

*‘... insurmountable’ challenges that face practitioners dealing with neglect that include poor casework progression; difficulties across adult and children’s services; desensitisation and demoralisation of practitioners; concerns where the parent is not ‘intentionally abusive’; difficulty with legal thresholds; and lack of training and reflective practice* (2008 p.8).

Suggesting a methodology that is less focused on identifying cause and more on monitoring affect, Woodcock (2003) describes practitioners' difficulties in making sense of the families' problems, to which the response is a process of monitoring until the point where the risk of harm is no longer tenable, and in the "... *absence of both evidence and certainty about how or why harm is occurring, all the social worker can do is 'take a risk'*" (p.96).

Child protection in the UK is firmly located within a legalistic approach. Whilst the family court is at the end of the system for only a minority of cases, its influence is significant in deciding the directions of children's futures (Parton, 1995). There is a view that legal and other imperatives mean that "*the focus of social work and legal practice remains very much on incidents*" (Dickens 2007 p.78), in the context that "*neglect frequently manifests over time and often fails to provide a suitable 'trigger' event*" (Tanner and Turney, 2003 p.26). Dickens (2007) identifies the tensions in balancing incident-led interventions and *reasonable* expectations of parenting; the social policy imperatives to promote family autonomy and to protect children; and organisational priorities to manage within limited resources and to deliver high quality services, as contributing to "*a complex and challenging environment for social work decision-making and practice long before the stage of court proceedings*" (p.80). The factors are compounded by 'wait and see' and 'why act now?' responses to practitioners from lawyers and social work managers (Gardner, 2008). When escalating the level of statutory interventions, the social worker must relinquish power to their own solicitors and ultimately to the court, exposing the issues that they have been dealing on a largely consensual basis to an adversarial approach (Dickens 2006). The divergent approach to interpretation of thresholds, implications for intervention and the actions required in individual cases across different organisational disciplines, can be attributed to what Boehm (1964) identified as the purpose of the profession. The reported differences of approach and tensions between social workers, their managers and the solicitors may be negatively perceived by those involved, but this is an important area of creative tension, where consent and control are melded into workable plans for children's futures. Dickens (2006) concludes that effective working relationships are based on dialogue and debate and the recognition of the value of difference.

Whilst safeguarding should be rooted in supporting their upbringing by their parents and immediate family, there will always be a minority of cases requiring a judgement whether

children's best interests will be served by them being cared for by others - a challenge compounded by a lack of confidence in capacity of placements in providing the care the children need (Stevenson 2007). In balancing the three imperatives of care, control and change described by Dickens (2006) the tensions will influence judgements for workers caught in what Stevenson (2007) describes as a pincer movement:

*"... from one side guilt and anxiety about 'blaming' and unease about the use of 'pathological' descriptors; from the other, an organisational context which has discouraged systemic reflection about people rather than events" (p.9).*

This 'organisational context' is reflected in the balance of the content of social work supervision, where the focus is on managing process and events (Egan *et al.*, 2016; Manthorpe *et al.*, 2015; Revell and Burton 2016).

The remaining two sections examine the parallel questions, what does good enough parenting look like, and what are the thresholds for increasing intervention when it is not good-enough?

## **1.6 When is parenting 'Good Enough'?**

Winnicott (1953) defines the 'good enough mother' (not necessarily the infant's own) as:

*"... one who makes active adaptation to the infant's needs, an active adaptation that gradually lessens, according to the infant's growing ability to account for failure of adaptation and to tolerate the results of frustration" (p.93).*

Later, Winnicott (1964) writes in support of normal parents: *"who are likely to achieve and maintain a family of ordinary healthy children"* and their right to be heard as having specialist knowledge about their children (p.173). Bettelheim (1987 p.3) describes the outcome of successful parenting as:

*"...the raising of a child who may not necessarily become a success in the eyes of the world, but who on reflection would be well pleased with the way he was raised and who would decide that by and large he is satisfied with himself, despite all the shortcomings to which we are all prey".*

He adds to this: the abilities to cope with the vicissitudes of life and to form lasting and intimate relationships with others. Good enough was not originally intended to be interpreted as a comparator between good and poor parenting (Rastnapalan and Batty,

2009). Others have sought to set out key elements of good enough parenting, for example, love, care and commitment; consistent limit setting; and the facilitation of development (Hoghughi and Speight, 1998). Working with a cohort of multi-agency practitioners, Kellett and Apps (2009) identified a consensus on what was good enough or acceptable parenting as:

*“... the minimum acceptable, not what is desirable or would expect in their own family. At this minimalist level, parenting was seen as providing unconditional love and affection, and meeting the child’s most basic needs for food, safety and physical care”* (p.27).

Azar and Cote (2002) consider the inadequacy of developmental and clinical models for understanding and predicting parenting, particularly when assessing families from diverse cultures using the construct of family and socialization practices *“... in the image of the Western, middle-class nuclear family”* (p.196). For example, parenting behaviours are culturally mediated and differ in their use of affect, as well as the value each attaches to parental control and monitoring. Practitioners’ rejection of absolute parenting methods and standards, and their advocacy of acknowledging diversity is described by Edwards (1995) who suggests that, in the acknowledgement of diversity and eschewing value judgments, there is a suggestion that: *“good enough parenting may suggest a lesser version of parenting - not good but good enough”* (p.251). Woodcock (2003) describes the expectations of parents that informed social workers’ judgements about when parenting was deemed ‘good enough’ or ‘not good enough’: *preventing harm to the children; understanding and appropriately meeting children’s development levels; providing routines and consistent physical care; and being emotionally available and sensitive.*

Daniel (2000) explored the beliefs of social workers about the complex and potentially dichotomous, subjective views that contribute assessments and judgements about neglect, concluding that:

*“There has to be acknowledgement that there are likely to be different strands of opinion that may influence decision-making, based upon different beliefs about what is good enough for children”* (p 105).

Parenting does not take place in a vacuum. Environmental factors such as poverty, debt, poor or overcrowded housing interact with other risk factors and reduce parenting

capability (Ward *et al.*, 2014 p.137). Good enough parenting is described by Scott (1998), as an adequate level parenting, which generally transcends the circumstances and adversities of day to day living. Donald and Jureidini (2004) base their approach to assessment on the view that, while the quality of parenting is shaped by factors in the child and in the environment, “... *the critical determinant of the experience for the child resides within the parent*” (p.8). Competent parents adapt their responses to circumstances and children’s particular needs and the quality of empathetic parenting is central to the assessment approaches (Azar *et al.*, 1998; Azar and Cote, 2002; White, 2005).

There is significant research and opinion on the role of mothers within the child protection system and the tendency for responsibility to be apportioned to them (Farmer and Owen, 1995; Hester, 2000; Parton, 1997; Ghaffer *et al.*, 2012), although the differing feminist perspectives on men and women’s roles in child abuse is a contested area (Featherstone, 1997). Hester (2000) describes the expectation that it is the domestic abuse female victim’s responsibility to take action to protect the children (by halting the violence or leaving). When this does not happen, the professionals’ focus moves away from the man’s violence and onto the neglectful mother’s failure to remove their child from a compromised environment. Professionals discussions of the ability of ‘non-abusing’ parents to protect their children is reported by Farmer and Owen (1995) who found a statistically significant relationship between unfavourable comments made by mothers and the decision to register (pp.139-140), but no similar association in relation to fathers, and a greater tendency to register children where mothers were abusers (pp.163-164). Further, in physical and emotional abuse cases, again the focus usually moved away from the abusing father onto the mother, and attention moved away from the abuse and onto child care concerns: “*In some cases this had the effect of obscuring the risks to the child*” (p.223). The perceived centrality of the protective responsibilities and capabilities of mothers is reported by Parton *et al.* (1997) as the lens through which families are examined and judgements are made:

*“Child protection practices are not particularly concerned with the condition and experiences of the children. The primary concern is with the physical and social circumstances of families, particularly the moral character of parents – essentially the mother.” (p.298)*



This normative approach suggests a heuristic that, if the parents give the appearance of doing what is expected of them, it is likely to be true. The following section examines the critical issue in managing neglect: when and how to intervene.

### **1.7 Thresholds for Intervention**

The term 'threshold' is widely used in policies, guidance and children's welfare and health professionals practice in the UK "... to indicate the level at which the concerns regarding a child would be considered sufficient to trigger a service response" (Platt and Turney, 2014, p.1473). The service responses to assessed level of need or risk are located within the framework of statutory guidance, which describe, but do not quantify service eligibility and thresholds for intervention (WAG, 2006; WG, 2014; WG, 2015[f]; WG 2016[a]). In practice, as children's needs for additional support and protection are assessed the service provision escalates in terms of intensity of resources, oversight, direction and intrusion. It similarly declines as a reduction in needs and risk is identified (Hardiker *et al.*, 1991). The threshold for the Family Court, when considering whether to make a care of supervision order under the Children Act 1989 s.31, includes the requirement that the harm is attributable to the care being given, *not being what would be expected of a reasonable parent to provide*. Woodcock (2003) suggests that this locates the social worker's assessment of whether parenting is reasonable or good enough within a legal framework, and social workers "... used the law as a lens through which to view parenting" (p.94). The challenge for social workers to make sense of legal thresholds is evident in the judgement in a Family Court Hearing, in which, Lord Justice Mumby (2015), quotes and endorses Hedley (2007) on society's willingness to tolerate diverse standards of parenting:

*"It means that some children will experience disadvantage and harm, while others flourish in atmospheres of loving security and emotional stability. These are the consequences of our fallible humanity and it is not the provenance of the state to spare children all the consequences of defective parenting. In any event, it simply could not be done"* (p.5).

The judge acknowledged that this might be construed as an espousal of a 'realpolitik approach'. Daniel (2000) suggests that social workers may concur in terms of flexibility in the criteria for investigations, although approaching it from a different perspective: "... these workers would naturally want the system to retain the flexibility to respond to concerns

*about emotionally abusive or neglectful situations”* (p.100). Hardiker *et al.* (1991) recognise that intervention is not always benign beyond the lowest elective tier, “... *given the inescapable rescue and control functions of social work agencies*”, but that, consistent with the underpinning principles of the Children Act 1989, “... *a prime objective at every stage is to prevent the necessity for increasingly intrusive interventions, thereby maintaining autonomy and family integrity*” (p.349). The Children Act 1989 sets ‘significant harm’ as the threshold for compulsory intervention by an authority into a child’s life. Welsh Government guidance (WAG, 2008) provides legal descriptions of the key words, (e.g. harm; significant) but recognises that the ‘threshold criteria’ are subject to judicial interpretation. The multi-agency child protection guidance (WAG, 2006) advises that there are “*no absolute criteria on which to rely when judging what constitutes significant harm*” (p.143).

The lack of a consistent interpretation of thresholds between professionals and agencies is a theme in neglect-related research findings (Brandon *et al.*, 2008 and 2009; Gardner, 2008; Horwath, 2007). Glaser (2002) suggests that the problem with thresholds is less in the setting them than it is with the implications of accepting that they have been reached in individual cases. Professionals recognise individual parent’s compromised capabilities arising from their inherent abilities, experiences and mental and emotional health, often compounded by chronic poverty and lack of support. Combined with optimism that parents will be helped to improve the care they provide, it is Stevenson’s (2007) contention that the “... *lack of precision concerning the effects of neglect on development plays into the chronic indecision which is so often a feature of the work in such cases*” (p.10).

Platt and Turney (2014) identify concerns about thresholds arising from three strands of research. Firstly, that the application of thresholds can appear perplexing and inconsistent when different cases are compared. Secondly, agencies setting high services thresholds for eligibility at a level that excludes children who would benefit from help and whose later, more entrenched problems, may have been avoided. Thirdly, inconsistent judgements in and across cases result in overly intrusive investigations of low-risk cases, whilst missing children in need of protection. Further, system capacity is compromised by high levels of referrals. They describe the technical–rational model as over-simplistic, in which case information and professional advice is applied to eligibility criteria derived from local and national policy. Current Government guidance (NAW, 2001) identifies three assessment

domains – the child, parenting and the child’s wider environment. Horwath (2007) suggests that there is also a ‘practitioner domain’, as making a decision to act on concerns is not just a technical–rational activity, it is also an activity, and that “... *practitioners’ feelings, experiences, values and beliefs routinely influence practice*” (p.1299). It is arguable that the influence of purpose of the profession (Boehm,1964) and justifying interventions (Taylor and White, 2001) additionally contribute to this practice-moral element of social work.

The process of social work assessment, forming judgments and making decisions are the focus of the next chapter.

## **Chapter 2. Social Work with Neglected Children and Families**

This second chapter considers the challenges of working with children and families where neglect is a concern; the multi-agency context; how the assessments of need and risk inform judgements and decisions; and how social work is practiced. The chapter recognises social work's highly contextualised and contentious existence and practice (Parton, 2014), and looks towards Wales' increasingly different direction of travel to its UK neighbours (Butler and Drakeford, 2010; Drakeford, 2015), as it implements its own vision of social welfare and faces the challenges of sustainability and improving the population's well-being.

### **2.1 Multi-Agency Working**

Child protection has been a statutory multi-agency responsibility since the public enquiry into the death of Maria Colwell in 1974, and fully procedurally defined by the first Department of Health 'Working Together' in 1988 (Parton 2014). The complex set of arrangements, e.g. WAG (2006) have equivalents in the four United Kingdom home nations (Jütte *et al.*, 2015). Effective multi-agency working is recognised as the aspired-to standard in protecting children from neglect and abuse (Lord Laming, 2009; Munro, 2011). The multi-agency approach to has been broadened by the Children Act 2004 in the establishment of Local Safeguarding Children Boards (LSCBs) with a wider scope the previous Area Child Protection Committees, and a responsibility for strategic approaches to the prevention of harm to children that extended beyond maltreatment. In Wales the Social Services and Wellbeing (Wales Act) Act, 2014 and associated statutory guidance (WG, 2016[c]) specifies LSCBs' preventative functions to include: promoting effective multi-agency support; working with service providers to develop earlier identification and preventative services; promoting inter-agency approaches to working with community groups and organisations where there may be populations at risk of harm; and building a more confident and knowledgeable multi-agency workforce.

Less than good-enough parenting becomes visible and, as such, requiring the attention of statutory agencies when it is identified as problematic (Dubowitz, 2007). The focus of this thesis is onwards from the point at which parenting is identified as being problematic, and the actions that follow, i.e. the point at which it is (or perhaps should be) perceived to be a proto-child protection / child protection issue. The multi-agency roles formally commence

around this point, with the specific statutory investigatory and intervention responsibilities located with social services, the police and ultimately the Family Court (Children Act 1989). There is an expectation that the multi-agency process will do the right thing (Munro, 2011) and do the thing right (WAG, 2006). The failures of individual and multi-agency in individual child protection cases have regularly been matters of public interest over the past five decades (Butler and Drakeford, 2011; Jones, 2014; Parton, 2014). The lessons from those ‘failed interventions’ to be found in the conclusions of the associated public enquiries and serious case reviews, and these have informed understanding, policies and practice (Brandon *et al.*, 2008, 2009 and 2012; CLCSB, 2013; Lord Laming, 2003; HLCSB, 2009; Sidebotham *et al.*, 2010). These reviews do not tell us how well multi-agency child protection is working across the board, only that it can and does fail some children and that the consistently featured underlying causes are replicated in general practice to some degree. Brandon *et al.* (2013) (focusing on neglect) and Sidebotham *et al.* (2016) provide recent overviews of multi-agency working. Their many findings include the following five key areas of multi-agency child protection activity that they identify as challenges and benchmarks for effective multi-agency working:

- The criticality of the initial referral to social services requiring professionals to outline clearly what the concerns are in terms of a child protection referral. For professionals working in universal services there is evidence of uncertainty about whether cases warrant referral. Adult and community services professionals lack of awareness of safeguarding not recognising the impact of parents’ difficulties and vulnerabilities these have on their capacity to nurture their children and keep them safe.
- The centrality of information sharing to effective child safeguarding consistently identified as problematic. It is vital that professionals for whom safeguarding is not a core responsibility, resting within a wider range of responsibilities, are aware of the need to share information early and fully. Further, that information should be triangulated and verified by seeking independent confirmation of parents’ accounts and between professionals. Sidebotham *et al.*, (2016) comment “*The persistence of findings relating to communication and information sharing suggests a deep, systemic issue*”. (p.164).

- The phenomenon of ‘working in silos’ is antithetical to multi-agency working and leads to missed opportunities to support families and make children safe. It does not always mean professionals are working in isolation, but also when, the midst of multi-agency working: “...professionals see the case within a narrow frame of their own professional background”. (*ibid.* p.178)
- Recognising and responding to the existence of different perceptions of thresholds for intervention across agencies, and that these can lead to frustration or breakdown in effective working. Further, that these perceptions will vary over time and might reflect professional backgrounds, cultural expectations and work pressures. Brandon *et al.*, (2013) conclude that in multi-agency management of cases, “*Professional disagreement about the extent and impact of neglect can lead to over-optimism about parental capacity to dominate*” (p.78).
- Establishing and maintaining clear lines of responsibility across the multiple agencies promotes professionals’ recognition of their safeguarding duties. Expecting others to act increases the chances that cases will slip through the net, leaving children at risk of harm. For example, timeliness, good quality administration and clarity within and between agencies about the status of strategy meetings/discussions (WAG, 2006) and who should attend, are essential elements of effective interventions (Sidebotham *et al.*, 2016)

Whilst the criticality of multi-agency approach to child protection is universally agreed, the reported continued locus of services and activity in a risk-dominated paradigm (Featherstone *et al.*, 2014[a] where the focus is on child protection (Parton, 2012) is contested and identified as unsustainable (Hood *et al.*, 2016). Multi-agency child protection is not a discrete element of activity in preventing and responding to neglect, and its delivery is not simply restricted to the implementation of statutory child protection guidance and procedures (WG, 2016[c]). The distribution of neglectful parenting in communities and wider society has not been systematically identified and represented in terms of intensity, chronicity and impact, although in Wales this is work in progress (Stevens and Laing, 2015). However, there is an established association between it and the occurrence of poverty (Bywater *et al.*, 2016), domestic violence, alcohol and substance abuse and poor mental health (Brandon *et al.*, 2012, Cleaver *et al.*, 2011; Jütte *et al.*, 2014). These contributory issues located in the wider societal make the case for a comprehensively multi-layered

public health/well-being approach to multi-agency primary prevention (Stevens and Laing, 2015; Brandon, and Belderson, 2016; PRHSCW, 2018; Woodman and Gilbert, 2013).

Multi-agency working is further discussed in the consideration of the detail of professional activity in the management of neglect that follows below, commencing with the assessment of neglect.

## **2.2 Assessing Neglect**

### *Persistent Challenges*

The themes of observability and recognition, processing complex information, defining threshold and measuring the impact of neglect that are discussed above continue throughout this and the remaining chapters. In addition to these, the assessment of neglect raises issues of presentation, concealment (Reder *et al.*, 1993) familiarity (Stevenson 2007) and uncertainty (Munro, 2011). Professionals, including social workers, are reported as being good at gathering information, but less effective at the analysis that informs their judgments about risk (Barlow *et al.*, 2012), and failing to draw together and triangulate and weigh available information (Lord Laming, 2003; HLCSB, 2009; Brandon *et al.*, 2008, 2009, 2012; Sidebotham *et al.*, 2010 and 2016). The Daniel Pelka case (CLCSB, 2013) highlights the issues of observability, presentation and concealment. Whilst he had been suffering abuse and neglect over a prolonged period, the presenting evidence of his neglect was not recognised and therefore not shared and triangulated with other agencies' knowledge of the family. The risk/stress factors were known in parts to the different agencies involved, but the social services core assessment undertaken did not consolidate the information or weigh them sufficiently to develop awareness amongst other agencies. As reported above, effective interagency communication and collaboration are generally accepted as central to protecting children from abuse and neglect. Its failure, resulting in significant and often avoidable harm to children, is consistently reported in serious case reviews (Reder *et al.*, 1993; Gardner, 2008; Brandon *et al.*, 2008, 2009, 2012; Sidebotham *et al.*, 2010 and 2016). Acknowledging the complex statutory background and the profusion of different governmental guidance documents, Richardson and Asthana (2006) propose that the medical/social model dichotomy and the long-acknowledged barrier of professional distrust as critical impediments to best practice. The often-cited problem of guidance on the sharing

of information under the Data Protection Act 1998 is highlighted by Horwath (2002), as lending itself “*more readily to incident-focused work than the management of the ongoing concerns raised in cases of child neglect*” (p.207).

The problematical issues of familiarity, recognition and acceptance are highlighted in Stevenson’s (2007) observations that parents who neglect their children have often experienced similar neglect as children, now compounded by persisting poverty and debilitating social circumstances, they are consequently treated by professionals with greater compassion than parents who physically or sexually abuse their children. Working with families might create a helpful familiarity, but this could become problematic if misplaced empathy means that the practitioner does not apply the healthy scepticism and respectful uncertainty recommended by Laming (2003).

Reflecting on the findings of the Victoria Climbié Inquiry (CM 5730 2003), Aldgate and Seden (2006) report failures to work directly with children and to place them at the centre of enquiries as a recurrent message from serious case reviews. The Welsh Assembly multi-agency guidance *Safeguarding Children: Working together Under the Children Act 2004* (WAG 2006 p.162) (‘the Guidance’) is clear that the child’s voice should always be heard, and account taken of their perspectives and views, reporting that:

*“Some of the worst failures of the system have occurred when professionals have lost sight of the child and concentrated instead on their relationship with the adults”.*

Brandon *et al.* (2012) found professionals’ failing to explore key issues with children, and/or allowing the parents voice to dominate where children were giving or prepared to provide key information. They identify the need to improve practitioners’ direct work with children and understanding of child development and its application practice, citing a consistent failure to connect with the children, holding back from knowing the child as a person, and not thinking about what it’s like to be a child living in that family. Jones (2006) comments that education, health and social work practitioners talk easily and communicate with children every working day, whilst agreeing with Ferguson (2017) that there are challenges for the same practitioners when they are aware of concerns that these children suffering abuse or neglect. The rationale for working directly from a children rights perspective (Aldgate and Seden, 2006) includes the recognition that all children are competent sources



of evidence about their own abuse or neglect and should have a voice on issues that directly affect them. Further, that children should have the opportunity to make sense of events which may have upset or hurt them. This approach would help to direct assessments away from the child as an object, the visible presentation of failing parent, towards the child as a subject in themselves, with their own perspective on their lived experiences (Horwath and Tarr, 2015).

### Assessment Tools

The development of modern social work assessment guidance has its origins in the 'orange-book assessment'<sup>2</sup>, now replaced by the *Framework for the Assessment of Children and their Families* [the Assessment Framework] (NAW/HO, 2001). In conjunction with Horwath (2001), it sets out the theory, practice and processes for social work assessment of children in need/suffering or at risk of suffering significant harm. Its application is prescribed by statute and should be subject to a level of consistency. A computer-based assessment recording format directs and supports practitioners in collecting, collating, analysing and reflecting on information across the range of Assessment Framework domains and dimensions. Faced with the challenge of measuring and managing the need and risk in the lives of individual children, governments develop tools and harness new technologies, which, as Munro (2005) observes, is a process that does not necessarily deliver the intended outcomes, and the "... *impact of tools on the nature of the task cannot be assumed to be benign*" (p.276). Broadhurst *et al.* (2010[a]) found that, when faced with the bureaucratic form-filling task, busy practitioners can become mechanistic and minimalist. Further, because all questions need to be considered and answered, and are therefore all equal, the narrative of child's experience is less accessible. In a second paper, Broadhurst *et al.* (2010[b]) challenge the required use of privileged administrative assessment instruments, reporting the practitioners' parallel use of informal logics of risk management. They identify the three key elements within this informal process that are critical to understanding risk: contingency; embeddedness in social relations; and the multiplicity of rationalities at work. Hall *et al.* (2010) are concerned that the focus on information technology, particularly the Core Assessment "... *encourages a fragmented view of 'the family'*" (p.403). Trowler and

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<sup>2</sup> Department of Health (1988) *Protecting Children: A guide for Social Workers Undertaking a Comprehensive Assessment*. See Horwath (2001: p.29)

Goodman (2012) are similarly concerned that this results in “... *a reduced capacity to tell the story of the child and the family*” (p.21), and that deficits in the capability of the workforce has meant that the potential has not been realised and is detrimental to practice. Their solution in ‘*reclaiming social work*’ is to encourage practitioners to think through what they do and why and then do it with reduced procedural obligations, reflecting the approach recommended by Munro (2011).

Woodcock (2003) explored how social workers’ assessments reflected parents’ responses to their children’s developmental needs, reporting that, in interviews “*no social worker made reference to research based instruments*” and that they often drew on their personal experiences of parenting, being parented or on other cases, inevitably meaning that “*judgements had an idiosyncratic element*” (p.95). Dorsey *et al.* (2008) examined the risk factors reported in social workers’ assessments and found inconsistency in applying and weighting the risk factors, commenting that “*assessments were only slightly better than guessing*” (p.378). They suggest the use of findings from the research literature and the accuracy of assessment may be improved through “*training and adoption of actuarial risk assessment measures*” (p.390). Gillingham and Humphreys (2010) explored how social workers used tools and found that there was:

*“... a significant disjuncture between the official and unofficial versions of practice and between the intentions of their implementation and the reality of daily use”*  
(p.2613).

Tools were being used to account for rather than inform decision-making and their use was “*organisation-centred rather than user or tool-centred*” (p.2608). Gillingham (2011) recommends that whilst integrating tools into everyday practice, social workers should ensure that they inform and enhance professional decision-making and not reduce their interventions to ‘tick-box’ approach.

Barlow *et al.* (2012) overviewed the availability, use and usefulness of use of standardised assessment tools, concluding with an outline of an ‘ideal’ system. It was not met fully by any of the tools reviewed. Some provided partial fulfilment, for example, the Safeguarding Assessment and Analysis Framework (SAAF) and the Graded Care Profile (GCP). Whilst neither have been extensively evaluated, these are UK-developed tools “*that are more*

*comprehensive, have greater consistency with the Assessment Framework*” (ibid., p10). The SAAF supports social worker assessments of future risk to children and their developmental needs and the parents’ capabilities and, of critical importance, their capacity to change (Cox *et al.*, 2009; Macdonald *et al.*, 2014). The usefulness and effectiveness of the tool is reported as currently the subject of multi-site, cluster-randomised trial (Macdonald *et al.*, 2014)<sup>3</sup>. The GCP, based loosely on Maslow’s hierarchy of need, aims to provide an objective, graded scale measure of the care of children across all areas of need. Srivastava and Polnay (1997) describe the findings of a field trial and report the tool to be workable, user-friendly with a high inter-rater agreement. The Salford LSCB’s adoption and adaption of the GCP has become the ‘standard’ that has been introduced (often in a further adapted format) by many LSCBs across England and Wales (Barlow *et al.*, 2012; Holland *et al.*, 2013). Sen *et al.*, (2014) interviewed parents and social workers who had been using the GCP for two years and found that the tool has merit “... *but there is a gap between what the tool is and the claims that have previously been made for it*” (p.371).

Holland *et al.*, (2013) report evidence of a variation across and within local authorities in Wales in relation to the underpinning approaches to their use in the collation and analysis of the assessment material. There is an implicit presumption across the surveyed LSCBs (covering 20 of the 22 local authority areas) that multi-agency use of tools makes a positive contribution to child protection practice and that the way forward is to broaden and embed their use. Whilst typically use of assessment tools is discretionary, most LSCBs reported on-going programmes of multi-agency training linked to the use of tools and protocols, and all were working on standardising assessments of child neglect and the requirement for practitioners to use specified tools and protocols. The report of phase 2 of the Welsh Neglect Project (WNP) acknowledges the prevalence of the GCP across many local authorities, suggesting that the Welsh Government endorse it as a primary or recommended tool “*but not exclusively so, recognizing there will be a need for other or complementary options*” (Pithouse and Crowley, 2016 p.32).

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<sup>3</sup> There is no evidence of finding in current publications

### Assessing future change and its impact

Conley (2003) defines parenting capacity as “...*the ability to parent in a ‘good enough’ manner long-term*” (p16), in effect, ability, durability and consistency. Suggesting that the past history is the best predictor of an individual’s future parenting behaviour, Donald and Jureididni (2004) propose that assessments must be organised around the appraisal of parent’s ability to meet their child’s current and anticipated needs, “*in the context of their level of empathic response to the level of harm experienced by their child*” (p.8). However unconscious and innately generated it might appear, parenting requires balancing cognitive and emotional reactions that are constantly received and processed by the child (Azar *et al.*, 1998). Kilpatrick (2005) questions the effectiveness of tools that aim to measure parental empathy, citing one of the difficulties as the two different constructs of empathy: the affective approach, (a vicarious sharing of another’s emotion); and the cognitive perspective-taking approach (a non-emotional process of understanding). Whilst their interdependent coexistence is a key element of social functioning, the affective approach is not always a positive aspect of parenting as there is some evidence that: “... *vicarious emotional sharing of a child’s distress is associated with an increased risk of abuse rather than acting as a protective factor*” (p.609). Kilpatrick (2005) proposes a theoretical foundation for the Parental Empathy Measure, comprising: attention to the child’s signals; accuracy of attributions made; child-oriented positive emotional responsiveness; and helpful behavioural responsiveness (p.610). Whilst Johnson *et al.* (2006) are positive about the measure’s content and approach, there is no published evidence of replication of the findings.

Early identification of the motivation and potential for parental change is critical to securing the futures of the children involved (Forrester *et al.*, 2008[b]). Based on the Prochaska and Di Clementi (1982) *Trans-Theoretical Model of Change* (TTM), Horwath and Morrison (2001) introduce and develop the principles and approach to assessing motivation for change. This is supported by their practical model framework for assessing parents’ responses to change, based on a quadrant (x: effort; y: commitment to change) and four responses: *genuine commitment, tokenism, compliance imitation/ approval seeking and dissent/avoidance* (p.109).

Parton (1995) is less concerned about differentiating cause and effect, placing greater emphasis on recognising neglect as a significant element in the lives of many children which is “... closely interrelated with more general issues about parenting and how we bring up children” (p.72), and that, social workers’ decision-making about parental capacity can be based on the presence or absence of simple indicators (Parton *et al.* 1997). Parents’ poor or abusive parenting is seen as linked to their own experience of being parented (Stevenson 2007). Woodcock (2003) describes practitioners’ response to this understanding as to exhort and expect the same parents to take responsibility for their own improvement, an approach to addressing poor parenting that does not consider the underlying psychological factors, has expectations of self-motivated change and an interpretation of parental resistance when change does not occur. Horwath and Morrison (2001) conclude that practitioners must draw on models of motivation and change and reflect on their own influence on the change process:

*“Parents are too easily labelled as ‘failures’ and ‘non-compliant’ because we expect to change at our pace rather than their own. Less commonly, but just as importantly, workers may overestimate parental motivation and readiness to change” (p.112).*

White (2005) provides a useful analysis of what parenting assessments can and cannot do, which, in summary, suggests that assessments can be effective in describing what is happening and offer explanations why; identify needs and risks; and provide directions for interventions. The assessments cannot compare an individual’s fitness to universal parenting standards; rule out the effects of situational influences; and predict future behaviour with certainty. Ward *et al.* (2014) undertook a comprehensive overview of the assessment of parental capacity to change, within a structure that supports its application to developing policy and practice. Citing both the usefulness for practitioner understanding, and concerns about the applicability of TTM to child welfare cases, they suggest that Harnett (2007) provides an alternative model of understanding that follows a familiar social work practice pathway, whilst including important verifying tools and proven effective interventions. It recognises that an assessment of parents’ current functioning might provide equivocal information, suggesting targets for change using Goal Attainment Scales [GAS]; the provision of interventions of proven efficacy; and finally, the assessment of

change. This final stage would include standardised pre- and post-intervention psychological test, direct observation and the GAS outcomes.

The next section introduces judgements and decision-making, which later includes the use of tools to assist the practitioners and managers in making decisions. Undertaking assessments, forming judgements and making decisions are identifiably differentiated activities and locatable at specific levels and with prescribed personnel within organisations (Taylor, 2017). The statutory social work process, particularly in neglect cases, is dynamic and not always a linear hierarchical progression through the three activities, they are intertwined, each informing the other at different points.

### **2.3 Judgements and Decision-making**

#### *Processes and Procedures*

The span of judgements made in neglect cases encompasses a range of interventions, from the point of referral and signposting to another service or to an initial assessment (Thorpe and Bilson, 1998; Wilding and Thoburn, 1997), to those where there is severe and sometimes fatal neglect in families with a history of child protection interventions (Brandon *et al.*, 2013 and 2014[b]). Munro (1996) describes the decision-making process as akin to putting together a complex jigsaw puzzle:

*“Social workers do not know in advance what the underlying picture is; they do not know if they have got all the pieces; and they are not sure if a particular piece belongs to this picture. To add to the complexity, they cannot be certain of the shape and colour of each piece: these are not made up of 'hard facts' but of information of varying degrees of reliability. Sometimes, we are uncertain whether the 'fact' is true or false”* (p.795).

Stevenson (2007) sets a standard for working with cases where children are suffering from neglect with the statement *“Waiting for an incident should be a thing of the past”* (p.8).

There is a view that social workers tend to ignore neglect cases until there is a specific incident of physical or sexual abuse (Gibbons *et al.*, 1995). Farmer and Luteman (2014) found that whilst observed neglect sometimes led to the provision of services, *“... a change in case status or more decisive action required a recognised abusive event or incident of violence within the family”* (p.268). Whilst this might suggest practitioners' lack of

awareness or their response to organisational culture, other reasons for inaction may include a mix of factors in each case, including a lack of practitioner skills to translate intuitive concerns into practical solutions, or service capacity issues led by broader policy imperatives (Stone, 1998).

Thorpe and Bilson (1998) describe how, following prescribed procedures, practitioners were led into decision-making that may not be in the best interests of children, and potentially an inefficient use of resources. The research followed the progress of 112 families referred to a local authority social service that were categorised and followed up as formal child protection investigations, resulting in 30 families being taken to child protection conferences, and in 20 of the cases, children's names were placed on the child protection register. The study found that the focus on the child protection investigation meant that other significant welfare issues/needs were frequently ignored. Where the protection issue was not substantiated, the cases were closed, and no services were provided. In many cases the referral provided an opportunity for early intervention, which if missed would mean needs not being met and potential re-referrals with problems far more entrenched. Commenting on earlier research that covered similar ground, Parton (1995) noted that cases referred as neglect were *"filtered out of the system at an early stage and the children and families received no practical or professional help or support"* (p.86). The possible explanations suggested elsewhere for this sort of outcome include high entry thresholds for child in need (CIN) services, families not welcoming ongoing support services, or the application of a decision-making strategy/heuristic (Broadhurst *et al.*, 2010[a]; Platt and Turney, 2014)

Bilson and Martin (2016) reviewed 2010-2015 data on the proportions of children in England subject to social work intervention at all levels. The findings show that, during the period, whilst child children's services protection investigations increased by 79.4 per cent; and child protection plans rose by 40.4 per cent, the numbers of referrals and children identified as in need were little changed. This took place during a period of increasing focus on early help, but it is not known whether this focus contributed to, rather than reduced, the trend. Platt and Turney (2014) suggest that however well policy and guidance sets out all the elements constituting thresholds, the implicit technical-rational approach does not

consider the decision-making strategies and the values and experiences of professionals involved. These are discussed in the following section.

### *Bias, Heuristics and Patterns of Decision-making*

Biases are systematic errors that recur predictably in particular circumstances (Kahneman, 2011). The unbiased, objective observation is nearly impossible to achieve, particularly when facts are limited. As a result, assessments can be biased through one or a combination of the following: (a) attending to the wrong data and ignoring important data; (b) underestimating or overestimating the significance of different data; and/or (c) making errors in the interpretation and meaning of available information (MacDonald, 2001 p.240). Practitioners are as susceptible to the '*observational pull of stereotype*' and the '*representative heuristic*' as any human, and to making judgements based on invalid conclusions (ibid., p.243). The evidence of the serious reviews suggests that the rule of optimism (Dingwall *et al.*, 2014) continues to influence the organisational response to presentations of abuse and neglect (Revell and Burton, 2016). The rule is summarised in their observation "*that staff are required, if possible, to think the best of parents*" (ibid., p.105). They contend that parents are relieved of the need to account for their behaviours, which might not meet normative thresholds, by two institutional devices: cultural relativism and natural love. These are a bias and a heuristic, responding to the scale of the screening processes otherwise required to separate poorly parented children and those whose care is good enough.

Kahneman (2011) describes intuition as "*... nothing more and nothing less than recognition*" (p.13). Munro (1996) recognises that social workers will be required to make early judgements based on few irrefutable 'hard facts' and 'gut reaction', but these should be regarded as very tentative and open to revision (p.795). There is an identified bias against new information and a resistance to altering what they believed about a case – and this issue is not restricted to social workers (ibid., p.799). Platt and Turney (2014 p.1482) describe commonly identified heuristics, including: *confirmation bias* (gathering evidence that fits the intended decision); *recency effect* (repeating judgements based on recent experiences); and *order effects* (information gathered later in a case being weighted more than historical).



Broadhurst *et al.* (2010[a]) report evidence of decision-making heuristics in social work teams under pressure, e.g. categorising anonymous referrals as malicious; referrals from neighbours and family as 'suspect'; and the associated pattern of '*escalating severity*' (p.362), requiring a series of referrals before action was initiated. They found decision-making biases and 'workarounds' to both managing demand and compliance with performance indicators, along with pressures of work, did not encourage curiosity and enquiry beyond immediate case presentation. This leads to the caveat that should be attached to social work assessments and the judgements that follow: firstly, that interpretations should always be regarded as provisional and subject to revision; and secondly, practitioners should actively interrogate evidence that might challenge the interpretation (Sheppard, 1995, p.183).

Patterns of practitioners' decision-making have been summarised under descriptive labels by Platt and Turney (2014 pp.1483-85). The likelihood of a response to information/referral increases with the increased perception of the *specificity* of the information and immediate presentation of *severity and risk; the cooperation and accountability* of the parents; and the *motive* for making a referral (and thereby credibility). Associated with the label 'motives' is the effect of the quality of the inter-agency relationship: the better it is the more the likelihood of a response to a referral (Wells *et al.*, 2004). Recognising the reasons for practitioners' historical difficulties in working effectively with and making decisions in neglect cases, Tanner and Turney (2003) identified contributory factors:

- the prioritisation of responding to incident-based abuse;
- value laden judgements about standards of adequate care;
- unwillingness to pathologize families disadvantaged by poverty;
- practitioner de-sensitisation to everyday persistent low-level care for children and a sense of hopelessness;
- defensive practice in which responses become routine and thresholds increase; and
- atheoretical and intuitive responses not rooted in a research-informed culture.

A similar set of behavioural factors impacting on social workers' decision-making is reported by Kirkman and Melrose (2014). Their recommendations include the integration of process specific/practitioner friendly heuristic tools and checklists to guide decision-making aimed at, but not necessarily restricted to, the 'front-door' intake area. Tools to aid decision-making are discussed in the next section.

### Decision-making Tools

Critical to effective use of tools is their reported simplicity of use, contribution to the development of practitioner decision-making skills and links to implementing evidence-based practice (Kirkman and Melrose, 2014). Regarding simplicity, Taylor (2017 p.1045) questions the feasibility of child protection social workers computing a value multiplied by a likelihood for up to 30 child abuse risk factors and to combine them in a risk assessment. Conversely, negatively linking the use of heuristics as always leading to bias ignores their *psycho-social rationality* (ibid. p.1048). There is a balance to be achieved, and this is linked to gravity and significance of the decision. For example, separating a child from its parents is the most profound casework decision that social workers will be asked to make. Except in cases of immediate and acute threats to health and welfare, the decision will require weighing and balancing the options. Maclean *et al.* (2016) undertook a systematic review of the health and well-being outcomes for maltreated children who were looked after apart from their families. They acknowledge a high risk of bias across the studies. Only three papers (USA-based) were identified as having a low risk of selection bias, all of which showed that, for these children, outcomes are not always better, and potentially worse than for those who stayed with their families. Their findings demonstrate the critical importance of the social workers' role in assessing the relative probabilities of the available alternative arrangements for individual children.

Munro (2008) advocates the use of 'decision trees' to establish the best choice, described as being the one with the '*highest expected utility value*' (p.104). It is a systematic decision-making process that is wholly dependent on professional assessment of the utilities of the respective options. Its real value would appear to be not in the numbers it generates but the reflective process involved in generating them. Daniel *et al.* (2010) provide practical guidance to child care and protection workers assessing and supporting children's development of resilience to crises and change. A matrix (x: vulnerability/resilience; y: adversity/protective factors) allows a mapping of children's capacity against extrinsic factors in four quadrants that inform the planning of interventions and setting targets for children and young people. The Scottish Government promote the use of the matrix in conjunction

with its *My World Triangle* as elements of its National Practice Model<sup>4</sup>. However, the evidence suggests that the use of tools in assessment and decision-making is not generally embedded in operational social work.

Social work is a highly situated activity, contained within normative policy, professional and bureau-organisational boundaries. The co-existence and expression of organisational and professional agency in the wider context of political intent is discussed in the following three sections.

## **2.4 The Organisational Environment**

Local authority children's social services are administrative organisations (Simon, 1997) that determine what is to be done, how and by whom. As a rationally constituted bureaucratic organisation, it is an expression of its professional activities, social intercourses, structure and dynamics (Silverman, 1970). The balance of attributes of the organisation suggests that it can be typologically described as organic (Burns and Stalker, 1994), having a consultative approach to communications; strong lateral and vertical interactions between practitioners and managers; and reflective and adaptive responses to the changing nature of the task. The local authorities in which most social workers are employed (Care Council for Wales, 2015[b]) have their roots in the bureaucratic delivery of the welfare services of the early 20<sup>th</sup> century (Payne, 1996; Parton, 2014). The social workers fit the description by Johnson (1972) of "professionals" who are the subject of "mediative control" in which: ... *the state attempts to remove from the producer or consumer the authority to determine the content and subjects of practice*" (p.77). This mediative structure is a function of the socially situated dependent and/or transgressional status of the social work client group. Drawing on Millerson (1964) and Payne (1996), social work demonstrates the traits associated with defining a profession: a taught regulated intellectual component; defined and required norms of conduct; service to others ahead of personal reward; and the demonstration of a high level of personal integrity. Despite the problems with definitions it is arguable that the social worker is a bureaucrat and a manager, roles which are contingent on the primacy of the professionalism of the worker. Harris (1998) argues that the professional remit, redefined by the introduction of new public management, has meant the move towards: "...

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<sup>4</sup> <http://www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model>

*a view of social workers themselves as managers, increasingly re-designated as 'care managers', who put together 'packages of care'" (p.17).*

The modern organisational child and family social workers undertake their work in a space between individual initiative and the state; balancing their own professional interests against an overt agenda of expectations of effectiveness and efficiency (Welbourne, 2011), bureau-technocratic values (Broadhurst *et al.*, 2010[b]), and risk management (Parton, 2014). They would recognise Banks' (2008) description of individual practitioner's professional conduct, ethical judgement and decision-making being embedded in the prevailing political and policy contexts, but they may struggle to wholly embrace Banks' view that they help create policy (Dominelli, 2004). With the origins of late 20<sup>th</sup> century social work lying "*...in the ways in which the population could be rendered thinkable and a target for political action*" (Parton, 1994 p.10), and a climate in which the legitimacy of professions is judged on "*perceived technical competence*" (Hugman, 2009 p.1143), social workers' current political challenge is demonstrating their effectiveness and clarifying to whom they owe their primary allegiance. Reisch and Jani (2012) argue that social work "*...increasingly accepts as 'normative' existing institutional goals and their underlying assumptions*" and it "*... largely focuses on accommodation*" (pp. 1134-5). This suggests a move away from radical and structural approaches developed between 1960s and 1980s in the UK (Davies, 1985; Fook, 2012) and sets the contested nature of social work in its inherent, potentially contradictory, complex obligations: care and control; empowerment and regulation; and promoting and safeguarding children's welfare (Parton, 2014).

## **2.5 Context and Agency**

Setting the understanding of social work practice (its powers and limitations), in terms of state delegated authority, Sheppard (1995 p.193) describes a '*practice paradigm of social work*'. As a communality of perspective and approach to '*the same problematic*', the paradigm is expressed in terms of three areas: the perception of human nature and explanation of behaviour; the social focus of practice; and the definition of phenomena. The latter is predicated on "*a core of objectivism, and limited relativism*' in practice (ibid. p.193). Parton and O'Byrne (2000) argue from a constructivist perspective that issues such as child protection are not always simply objectively given, having to be "*... interpreted, defined and*

*categorised every time they are potentially made available”* (p.172). A broad overview of neglect would suggest their view applies in this area. Recognising that parenting behaviours are culturally mediated, Azar and Cote (2002) highlight the context for those who judge parental fitness and children’s needs:

*“That is, individuals are socialized into the norms and mores of their social groups from the moment they are born, and these norms, rather than being stagnant, change under varying contextual changes (p.206).”*

An example of contextual changes for those making the judgements are reported by Davidson-Arad and Benbenishty (2016) who found attitudes changed with social workers’ advancement in age, professional status and life experiences. There is an increasing tendency with age and experience to view the child’s family as the best place for it to grow up, balancing concerns for the child’s well-being and for the rights of the parents. Whilst this is intendedly rational and in line with the organisation’s goals (Simon, 1997), it may be counter-intuitive, as the low-risk alternative (for the practitioner) might be to remove the child to a safe place. The context of the organisational goals allows the practitioners to make defensible decisions. Gambrill (2011) proposes the capacity to think and act with professional independence is embodied in the application of ethical discretion, avoiding propaganda ploys, whether from ones-self or from others (p.34), which will be exercised for the good of service-users. Another view is that the ‘street-level’ practitioner’s ethical/professional discretion is often exercised as a means of rationalising policy and practice where there is not the time, resources and supportive culture that allows unfettered assessment, planning and choice of services (Lipsky 1980). Evans and Harris (2004) conclude that the operational environment of Lipsky’s analysis continues to prevail in public services, and that the good discretionary practice versus pragmatic discretion polarity is neither helpful nor clear.

The social work code of professional practice determines how individual practitioners should act and conduct themselves (CCW, 2015[a]). There is an arguable separation between the delivery of individual practitioners’ professional responsibilities and the satisficing expectations that reflect political, organisational and resource constraints and imperatives. As professionals with the associated responsibilities they can and should seek to maximise their choices and, within a bounded rationality (Simon, 1997 p.88) reflecting

the limits of their own capacity, identify and weigh-up all the potential alternatives. Arguably, this is the historical role of the radical social worker (Banks, 2006). For example, the previously discussed links between poverty or deprivation (Bywater *et al.*, 2016; Hay and Jones, 1994; Sedlak and Broadhurst, 1996) may not influence social work practitioners' judgements on a case by case basis, but the association should contribute to the setting of the parameters of their work. Fahey (2010) describes a heuristic purpose in two divergent approaches to relative deprivation: the complex approach - concerned with human agency on people's judgement, motivation and action; and the simple approach - concerned with social outcomes. Fahey argues that the simple concept is more applicable to address policy issues. The complex concept is more useful as a tool of research, aiming to develop explanatory theory. It is also familiar ground for the social worker in terms of understanding parents' agency, motivation and capacity, about which judgements must be made.

Defining agency as activity (making things happen, being a subject of events), rather than passivity, Hewson (2010) identifies three main types: individual, proxy and collective. For our purposes, these can be allocated respectively to family members, the social worker and the responsible organisation. The social worker exercises individual and proxy-agency and, in the case of social work, the organisation's collective agency is, arguably, contributed to in part by the sum of the constituent proxies. The matter of agency, particularly in relation to social welfare issues raises the contested issue of structure and agency (Connor 2011) and the political implications of "*individual rational actor accounts of agency*" (Taylor-Gooby, 2008 p.270). These are relevant to the debate about how social work is organised and relates to the children and families that fall within its designated ambit (Featherstone *et al.*, 2014[a]), and how a concept of agency is becoming "... *increasingly important to our understanding of how social workers operate as individuals, and also in relation to service users as individuals*" (Fook, 2012 p.89).

## **2.6 The Professional Relationship**

### *Working with Families*

The social worker's relationship with the families with whom they work should always be demonstrably professional and measurable against a code of professional practice (CCW, 2015[a]). The balance of the constituents of the relationship will vary from individual to

individual and may adjust as social work with families changes in response to normative pressures and the focus of organisationally directed activity (Dominelli, 2004; Munro, 2008; Parton 2014). The relationship includes reconciling their view of parents as self-actualising and autonomous individuals, with judgements about moral rectitude that “*would seem to offend the official version of non-judgemental empathetic practitioner*” (Pithouse, 1998 p.126). The social worker’s individual knowledge, experience and emotional responses are elements of the relationship that influence the family members’ responses, and shape the trajectory of the case (Horwath, 2007). The professional presentation should include friendliness, understanding and a warmth of manner, which convinces the family of an interest in and active concern for them (Davies, 1985; Parton and O’Byrne, 2000). The work of Forrester *et al.* (2008[a]) and Spratt and Callan (2004) demonstrates the importance that the quality of the practitioner/ family relationship has in creating the conditions that allow difficult discussions to take place, and to deliver an effective balance between surveillance and supportive encouragement. However, as Forrester *et al.* (2012) report, most child protection social work is with families that are resistant to, or ambivalent about their involvement in the process. Forrester (2016) has more recently observed that balancing individual freedoms and state intervention is integral to the role of a social worker, suggesting that social workers are more like judges than therapists.

Social workers’ face to face contact with children and their families takes place in the family home and is generally unobserved (Pithouse, 1998) to which the literature gives little attention, but where the key interactions take place (Ferguson 2009):

*“We need a conception of home visiting where social workers are understood to be carrying the organization and their role and intentions with them; of that flowing with and through them; of how the organization at one level holds them in a particular professional and emotional space, yet they are at the same time separate from the organization when they cross the doorstep and step into the home...”*  
(p.478).

Farmer and Owen (1995) describe the shifting balance of power in the professional relationship in child protection cases when, post-investigation and after the formal conference, the action returned to the more private sphere of the social worker and family members. Up to and including the initial conference, power is located within the official agencies, with parents intimidated by the prospect of criminal investigation of the alleged

abuse, and the 'court-like' conference atmosphere. With social workers acting alone on the parent's home ground, the implementation of plans has to be negotiated with parents and their cooperation/ compliance obtained. They conclude that attitudes of respecting, liking and acknowledging the parents' perspective were key to successful engagement and: "*By incorporating family members' objectives, they also managed to find enough ground on which to fashion a plan*" (p.202)". Turnell and Edwards (1999) acknowledge that, whilst social workers cannot abandon their statutory duties and associated legal authority in their relationship with families, they must balance paternalism and partnership. For example, they may need to be coercive in getting the family in the same room as them to start building a partnership. Cooperation and mutually understood goals may be achieved, but ultimately it is the social worker who has the power to begin and conclude the partnership.

### Professional Supervision

The social worker's power - their bureau-professional proxy-agency - is objectively defined and permitted by government, interpreted by themselves and gate-kept by their manager (Sheppard, 1995). The key administrative and professional interface with the organisation is through formal and informal supervision. Formal supervision of social workers is a professional requirement, central to ensuring individual learning and development to ensure fitness to practice (CCW, 2015[a] s.6), a mandate that Beddoe (2010) suggests has been strengthened by '*... a preoccupation with oversight*' (p.1280). Supervision should include opportunities for reflection on the social work relationships and their respective impacts on the practitioner and children and families with whom they work (Howe, 2008; Revell and Burton, 2016). This requirement co-exists with a focus on "*... the risk-management imperatives so prevalent in social care*" (Beddoe, 2010 p.1280). Egan *et al.* (2016) report that whilst practitioners acknowledge the need for both managerial and professional discourses in social work supervision, there is evidence of an '*imbalance in favour of managerialism*' (p.1629). Manthorpe *et al.* (2015) found that:

*"... supervision appeared to be focused mainly on case management and performance issues, rather than developing reflective or reflexive practice, or helping to put theory into practice"* (p.64).



Referring to the influence of 'the rule of optimism' (Dingwall *et al.*, 2014) on practitioners' inaction and lack of 'professional curiosity', Revell and Burton (2016 p.1594) hypothesise a variation in the context of social work supervision, with two factors that interplay: '*organisational relativism*' and '*assumed professional competence*', which together tend to reduce supervisor's professional curiosity about the supervisee's practice.

Supervision does not take place in a vacuum (Beddoe, 2010). The quality of all aspects of the working environment and the implicit stresses of social work with children and families contribute to the emotional well-being and effectiveness of the practitioner (Morrison, 2007; Howe, 2008; Beddoe, 2010). An organisation that neglects its workforce combined with parents who are failing to meet their children's needs, are described by Horwath (2016) as 'the toxic duo' for practitioners. To work effectively with families, practitioners must have their own needs met. These are most likely to be met in an emotionally intelligent organisation where "*managers recognise the value of relationships, workplace support mechanisms and a supportive management style*" (p.1612). The value afforded social workers by their managers must be rooted in the wider political and policy environment. The Welsh Government's publication *Sustainable Social Services for Wales* made positive statements about the roles of social workers and care workers, including the reflective and aspirational statement: "*We see the quality of professionals and their professionalism as central to responsive and sustainable social services*" (WG, 2011[a] p.24). The political direction of social work in Wales is discussed in the following section.

## **2.7 Social Work Policy and Practice in Wales**

### Policy

The Welsh Government has set children's policy in Wales in an explicitly 'rights-based' approach underpinned by the United Nations Convention on the Rights of the Child, which Butler and Drakeford (2010) suggest, provides clear high-level objectives that can inform understanding of delivering services across the range of needs. The Government has stated (WG (2011[b])) that the future is not about increasing layers of bureaucracy but empowering professionals to work smarter, hearing the voice of citizens, and being more joined-up at the right levels (WG, 2011[b]), and identifies the need to create a confident and competent workforce (WG, 2011[a]; CCW, 2016). The introduction of SSWB (Wales) Act 2014

established a platform for the potential realisation of the government's intentions, reflecting the citizen focused, rights-based approach, whilst facing the challenge of establishing sustainable services. For example, the social work assessment process is underpinned by the statements that: *"It is essential that people are enabled to identify their own personal outcomes, and how they can achieve those outcomes"* (WG 2015[a] p.5).

Gilbert *et al.* (2011) provide a useful framework that sets out children's services orientations, which are child-focused, family orientated, and child protection. Applying this framework, it is arguable that the delivery of the SSWB (Wales) Act 2014 should be nested in child-focused and family service orientations with the characteristics appearing to apply to either one or both. How that frame is populated, the speed and direction of change and the extent to which the drafters' vision is realised cannot be predicted with any certainty. But the SSWB (Wales) Act 2014 is not a stand-alone statute - social care legislation rarely is. Specific to Wales is its read-across to the Well-being of Future Generations Act (2015), and its implementation is interdependent with other enactments covering their own fields e.g. health; education; immigration; rights etc. For example, neglect as identifiable maltreatment and definable as significant harm, is at the interface of the SSWB (Wales) Act 2014's aspirations for citizen self-determination and the more directive, interventionist child protection elements required by the Children Act 1989. Woodman and Gilbert (2013) make the case for: *"... a shift towards a public health, preventive approach to child maltreatment, away from a forensic approach focussed on immediate safety and culpability.* (p.103). The SSWB (Wales) Act 2014 has intimations of a public health approach. Its principles and the foundations for the model are broadly set out in the *Parliamentary Review of Health and Social Care in Wales* (PRHSCW, 2018).

### Practice

In 2013, the Welsh Government funded the two-year Welsh Neglect Project (WNP) with a view to scoping key areas for multiagency action to tackle child neglect (Pithouse and Crowley, 2016). The first phase study found that all Welsh LSCBs *"...were working to embed a more systemic approach to identifying and working with child neglect"*; all reported the use of standardized assessment tools with over a third actively promoting specific tools, which in conjunctions with protocols, were recognised as valuable, but not *"...as a substitute*

*for analytic skills and robust decision-making*” (P.30). The second phase of the study included the development of a *Population Needs Assessments Tool for Neglect*. Stevens and Laing’s (2015) recommendation that the tool should continue to be updated, in conjunction with the establishment of an *All Wales Neglect Protocol*, points to a population-wide approach to tackling neglect.

Recent UK and Welsh government commissioned enquiries (Lord Laming 2009; Social Work Taskforce 2009; Munro 2011; WG (2011[b]), placed confident, professional social workers at the centre of delivering more effective services for children in need and their families. Amongst many alternatives and variations, the three approaches discussed below are arguably consistent with these aspirations. A report commissioned by the Social Services Improvement Agency in Wales (Cordis Bright 2015), reflected the encouraging Forrester *et al.* (2013[b]) findings of their review of the implementation of the Reclaiming Social Work model (Goodman and Trowler, 2012). Whilst not finding an established evidence base for the effectiveness of the Signs of Safety approach (Turnell and Edwards, 1999; Bunn, 2013), Cordis Bright (2015) concludes that *“there is emerging evidence for the effectiveness of Signs of Safety”* (P.14). A number of local authorities in England are reported as using Signs of Safety (Bunn, 2013). In Wales, Swansea has fully engaged the framework across all its children services since 2011 (City and County of Swansea, 2014). Responding to local research findings (Forrester *et al.*, 2008[b]), the *Children and Families (Wales) Measure 2010* requires local authorities to establish integrated family support teams (IFST). A review of the pilot area teams’ third operational year reported strong and universal support for their techniques and ways of working, with generally positive responses from the families involved. There is evidence in the SQW/Ipsos Mori (2014) reports that the pilot multi-disciplinary IFSTs perform well in deconstructing cause and effect for the practitioners and the families, and they are perceived by parents to be less ‘judgemental’ (p.73). The key features of these approaches are that they are child-centred; strengths based; outcome focused and work from the perspective of children in need and their families. They fit well with the wider lead in the UK (Munro, 2011) and the Welsh Governments’ visions of the way forward.

The following chapter sets out the research question and lines of enquiry and describes the methodology of the fieldwork.

## Chapter 3: Methodology

### 3.1 Background

#### Research Question

##### *Main Question*

What are the factors influencing social work practitioners' assessments, judgements and decision-making in cases of neglect?

##### *Lines of Enquiry*

The main question was developed, and the issues explored through four broad lines of enquiry:

1. What are practitioners' and managers' understandings of neglect and the thresholds for intervention?
2. How do practitioners and managers assess need and risk to establish the nature, extent and potential impact of neglectful parenting?
3. How do practitioners and managers form judgements and make decisions in relation to service provision and the raising or lowering of the levels of intervention in cases of neglected children?
4. What services do practitioners and managers identify as being effective in working with neglected children and their families?

#### Ontological and Epistemological Considerations

The presumption underlying the approach to the design and analysis of this research is ontologically critical realist: that the nature of what we can know about the world is an external reality that is only knowable through socially constructed meanings (Snape and Spencer, 2003), recognising and accepting the categories employed to understand reality "... are likely to be provisional" (Bryman 2012, p.28). Further, that the respondent's descriptions of their understanding of the social and professional context in which they operate are both contributions to and perspectives of a social world that can be interpreted independently by the researcher. Critical-realism accepts the view of a relatively 'weak' conception of

causation (measurement of single or combined causal effects on outcomes being practically very difficult) and that there are very few closed or semi-closed systems in operation (Hammersley, 2014). Measurement of the range and force of the views expressed will be minimal (restricted to some referencing of proportions of respondents expressing similar or contrary views), recognising the view of Hammersley (2014):

*“Thus, while there is rarely any attempt to measure the degree to which a factor contributes to the likelihood or intensity of an outcome, judgements are nevertheless often made about what the major factors that tend to produce a type of outcome”* (p.47).

The epistemological approach underpinning this research is interpretivist. It recognises that the researcher and the social world interact, facts and values are not distinct, and the researcher’s and participants’ values and perspectives influence findings (Snape and Spencer, 2003). In comparing natural and social sciences Bryman (2012 p.30) states:

*“The fundamental difference resides in the fact that social reality has meaning for human beings and therefore human action is meaningful - that is, it has meaning for them, and they act on the basis of the meanings that they attribute to their acts and to the acts of others”.*

The subject of the research is social work practitioners and their application of meaning to the acts of others and the impact of their professional location in others’ lives. Philp (1979) notes that that social work knowledge is the product of a historical, social and economic situation. This creates the social work discourse of theories and practice, produced in and by its contemporary location, its historical roots, maintained through institutions and political practice. The knowledge is a social product that is not immune to conflicts arising from societal contexts. The constructivist ontological stance recognises the dynamic interaction of the research subjects’ life-experiences, influences and biases, their personal application of professional agency and the ‘*realism*’ of the ecology of their location, the operation of the law and the role of the employer, and the multiplicity of causations acting on and emanating from every social individual set in a layered ecology (Bronfenbrenner, 1979).

### *Situating the Researcher in the Design*

The researcher’s immersion in the minutiae and mundane practicalities of child and family social work service delivery raises issues in undertaking qualitative research, not least of

which are the 'familiarity problem' (Delamont and Atkinson, 2005; Coffey, 1999; Lofland and Lofland, 1995) and the researchers' co-categorical incumbency with respondents (Garton and Copland, 2010). Conversely, the researcher brings a comprehensive knowledge and awareness of potential problems and issues for respondents (Roulston *et al.*, 2001). The research design involves semi-structured interviewing of practitioners and the analysis aims to identify possible cause and effect in relation to critical decision-making. Both will require that the familiarity problems are addressed in terms of approaching the research question/ research lines of enquiry and design; undertaking the fieldwork; and interpreting the data that emerges.

The researcher recognises the tendency for 'taking sides', working within a familiar reality and therefore, must question and make clear the value positions and the associated objective facts and ideological assumptions whilst establishing them in the context of contrary values and claims to objective knowledge (Denzin, 2002 p.32). Coffey (1999) suggests that it is not clear that fieldworkers researching their 'own culture' manage to estrange themselves radically and it is not necessarily the case that:

*"... forcing a distance from the mundane, lived, esoteric knowledge of a culture really enables relevant research questions to be posed, beyond the obvious and those devoid of cultural specificity" (p.22)*

Lofland and Lofland (1995) consider that we should be neither discouraged nor overconfident about our relationship to the setting as, whatever the setting, *"it is simultaneously an advantage and a drawback"* (p23). The role of the practitioner as researcher raises the question of the separate but perhaps complementary influences and added value of familiarity and strangeness. Social work academic literature includes the contested areas, e.g. methodologies, theories and socio-political perspectives and 'social work values' (Banks 2006; 2008). The differences extend into policy and practice which suggests the practitioner as researcher might focus on examining what and how social work is practised rather than why, and in the case of this manager/researcher, to listen without commenting or advising. Addressing value-neutrality/relevance in social science research Hammersley (2014) suggests the model of a web that engages both facts and values as an alternative to a hierarchical conceptualisation:

*“In these terms it is better to treat our thinking as relying upon networks of value principles, theoretical ideas, substantive value judgements and empirical assumptions about the world, all of which depend on and influence one and the other, in various ways and to various degrees that are context-dependent” (p.73).*

There is an implicit potential for mutual professional understandings in communications with participants in the research, and a recognition that meanings are negotiated within particular social contexts such as *“...that research is co-constituted, a joint product of the participants, researcher and their relationship”* (Finlay, 2002 p.212). In the research design, this relationship is set in the context of the role of reflectivity - the process of reflecting on practice, and reflexivity - a stance of being able to locate oneself in the picture - which are inter-related and inherent in critical social work practice (Fook, 2012). It assumes a level of practitioner reflexivity in which they subject their own, and others', knowledge claims and practises to analysis; and where: *“Knowledge, in particular, becomes not simply a resource to be deployed in practice but a topic which is worthy of scrutiny”* (Taylor and White, 2001 p.55)

The typological application of the five variants of reflexivity in research, suggested by Finlay (2002), provides a perspective on the research interviews/data analysis. Potentially all are applicable variants of reflexivity linked to the research and researcher. In the first of these, *introspection*, examining personal experience and personal meanings for their own sake, starts with acknowledging that there is a strong motivation for the researcher to reflect on and make sense a key element of his work at the end of a career, recognising that reflexivity is not an end itself, but is about the link between knowledge claims, personal experiences, the participants and the researcher. The second variant, *inter-subjective reflection*, in which the research is recognised as a co-constituted account, builds on the practitioner and researcher's common experience of reflexivity in practice (Fook, 2012). The third variant, *mutual collaboration*: the reflexive capacity of the professional interviewer and interviewees to contribute to the shape and content of the current and future interviews, draws on shared familiarity with professional collaboration in workplace supervision (Carpenter *et al.*, 2012). The social construction of power in the professional-service user relationship (Davies, 1985), should be a familiar issue in terms of social workers' reflective practice, and may be a feature of the practitioners' narratives. The fourth variant, *social critique*, may also be

expressed in the impact of the interviewer as an elder professional on the responses of the interviewees. In the fifth variant, *discursive deconstruction*, where arguably, there are potentially strong mutual levels of professional knowledge and the language used to communicate it, but simultaneously “... *participants and researchers are engaged in an exercise of ‘presenting’ themselves to each other – and to the wider community which is to receive the research*” (Finlay, 2002 p.223).

A primary objective of the research, which is reflected in the development of its design, is to fairly represent the participants’ perspectives and reflections on their work, and to contribute their own and a wider dialogue about social work with neglected children. A reflexive approach is consistent with the objective and the knowledge that the practitioners will have experience of reflecting on their practice. The researcher acknowledges the view of Lynch (2000), that the reflexive account is not privileged, and that “... *attempting to be reflexive takes one no closer to a central source of illumination than attempting to be objective*” (p.47). The reflexive approach is chosen because it is well suited to the subject and to the participants’ and researcher’s experience.

### **3.2 The Research Design**

#### *Research Methods Considered*

In an early design, tools were developed to describe and analyse the arc of the intervention in cases through reference to ‘live’ case files and to feed these analyses into the interviews with practitioners and managers linked directly to the cases. This included a review of policies and procedures. The design was rejected for a number of linked reasons:

- the complexity of the design raised access and coordination issues in the field;
- researcher capacity issues limited the number of cases and practitioners that that could be engaged; and
- the influence of the researcher’s managerial background in the case analysis process.

The researcher’s background as a social work manager and social services inspector has involved significant experience of casework review, focusing on procedural compliance, the quality of record-keeping and defensibility of decision-making and interventions. The researcher was concerned that, if included as a method, this would over-shadow the post



case-analysis interviews with the social workers involved in the cases. The reflexivity in the final design meant that a related concern, that an element of practice review in interviews where participants used casework examples, was not realised.

Consideration was also given to the use of focus groups. As an alternative to individual interviews, focus groups did not match the data/subject matter frame of the research (Lewis, 2003) which sought in-depth personal accounts and an understanding of the personal context and motivations in decision-making. Focus groups also present challenges in terms of organisation and recording. The greatest concerns for the researcher related to group effects such as dominant/reticent speakers, group pursuit of and attachment to dominant themes; and reluctance to express culturally unacceptable views (Bryman, 2012). Participant observation as a potential single method was briefly considered but not explored as, despite the privileged status accorded it by the researcher, the organisational, ethical and resource implications (largely time) were immediately apparent as significant obstacles to both getting started and delivering the project. Additionally, the research lines of enquiry suggested that the more logically inductive process of observation was less suitable than the deductive process associated with interviewing (Gerson and Horowitz, 2002).

### Single or Mixed Methods

The topic and adopted research questions lend themselves to a case study design, in particular a representative or exemplifying case study, because “... *it exemplifies a broader category of which it is a member*” (Bryman, 2012 p.70). Lewis (2003) considers it difficult to describe a case-study in terms of its unique design features, deciding that its primary defining facets are a multiplicity of perspectives rooted in a specific context. The perspective may come from methods or accounts (or both). Adopting a case study design is consistent with the decision to follow a qualitative strategy. This researcher’s choice of the ‘case’ would be a social work team or department and the use of mixed methods to be embedded to the extent that the chosen design would be complicated by the researcher’s historical association with management and inspection. The approach was rejected because, to effectively deliver validity and to generalise with confidence in this context, would require a level of resources in terms of time and continual reflexivity and empathetic neutrality not available to the researcher.

The chosen research methodology comprised semi-structured interviews of social workers with current experience of working with children and families in which neglectful parenting has been identified as a key element of the children's experience. Whilst Atkinson and Coffey (2001) acknowledge that in interviews, accounts can be distorted by the motivations, they also question the automatic validity of observed action, concluding that: "*In a performative view, interviews and other accounts, need not be seen as poor surrogates or proxies for unobserved activities.*" (p.813). The final design is ontologically located in interpretivism, focusing the research on the interviewee's account of how they perceive the nature and impact of neglect, how they assess these and make decisions about interventions. It was the primary aim of the research "... *to understand the meaning of respondent's experiences and life worlds*" (Warren, 2001 p.83). The semi-structured interview provides a means of gathering the data and the opportunity to use a grounded approach to analysis and the development of theory/concepts.

#### Sample Location and Profile

Following the decision to narrow the research design to semi-structured interviews of social workers and managers, consideration was given to the number of local authority sites. This raised practical and workload issues, firstly that the broadening effect described in the previous section would apply, and that increasing the number of locations would add locality generated issues and compounding factors that would crowd the data. For example, it would be possible that the differences between authorities' social demographics would influence their casework thresholds and judgements. The data might suggest a difference between authorities, but its importance and the measurability of the demographic effect would be difficult to assign, as there might be other, more influential compounding differences between the authorities, e.g. managerial culture; the profile of the workforce involved; recent case review/inspectoral experiences. It cannot be assumed that there is a linear relationship between deprivation and rates of intervention across different authorities. Research on the *Inverse Intervention Law* suggests that it is inconsistent. For example, Bywaters *et al.* (2015) report finding that in England, when controlled for neighbourhood deprivation, a child in an advantaged authority had twice the chance of

being the subject of a child protection plan (CPP)<sup>5</sup> than a child in a disadvantaged authority. However, Scourfield and Elliot (2017) report that the pattern in Wales is not consistent for children on child protection registers (CPRs), and the differences between comparison groups of authorities are not statistically significant.

The decision was made to use two locations with similar population profiles, with a view to reducing the potential for unknown local differences in intervention rates and that provided an element of triangulation (Flick, 2004). The same methodology on two independent sites would allow for different perspectives to emerge, should they exist, which would add to the richness of the data and provide matters for consideration should the differences be perceived as important.

### Research Reliability and Validity

The complexity and individual context of qualitative research raises questions about the extent to which reliability, particularly in terms of its replicability, and validity can be measured or achieved as directly comparable to the set of standards and criteria that apply to quantitative research (Lewis and Ritchie, 2003). The wider value of criteria suggested by LeCompte and Goetz (1982) in relation to *external* and *internal reliability/validity*, and that of *trustworthiness* by Lincoln and Guba (1985) is acknowledged. However, internal or inter-rater reliability of the findings is not applicable in this single researcher model. Expectation of similar findings in other research may be based on reference to published papers. The design does provide triangulation using multiple sources, which in this case does “... *imply multiple copies of one type of source (such as interview respondents)*” (Lincoln and Guba, 1985 p.305), and the use of two similar but separate organisational entities both provide opportunities for the confirmation of themes and the identification of divergence. The reflexive approach means that the researcher is “... *implicated in the construction of the knowledge*” (Bryman, 2012 p.394), as the practitioners in this research are implicated in their selection of narrative options and the stance they assume.

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<sup>5</sup> At the time of this research the placement of children’s names on child protection registers had been discontinued, whilst they continued to be reported as being the subject of CCP.

The challenge of value-relevance in social science research described by Hammersley (2014), has parallels in the interviewees' experience of undertaking assessments, forming judgements and making decisions; and is replicated in their reflections on the complexity of a process that includes the sum of their own personal and professional development and the shifting norms and forces of the *bio-ecology* (Bronfenbrenner and Morris, 2006) in which they work and in which they and the children and their families live. A normative approach in qualitative research is accepted variously as useful, desirable and even unavoidable. Its uses and judgements about its claim to epistemic value, knowledge and truth are a matter of application, relevance, clarity and research rigour (Hammersley, 2014). Social workers' assessments, judgements and decisions are influenced by a complex network of values. Well formulated factual questions can produce single correct answers, whereas value questions do not - and the answers produced may not be treated equally (ibid.). There will be situational contexts and more than one reasonable interpretation, compounded by the different perspectives of the multiple stakeholders who have an interest in the questions being asked and the conclusions reached.

Hammersley (2014) and Lewis and Ritchie (2003) discuss the issues of the transferability or generalisation respectively of established *facts* that emerge from qualitative research. It is the view of Lewis and Ritchie's (2003) that generalisations of the findings of qualitative research can be made but the context and process must be clear. They suggest three linked concepts of generalisation. Firstly, representational, whether the findings in the sample can be generalised to the parent population; secondly, inferential, whether the findings can be generalised or inferred in other settings or contexts; and thirdly, theoretical, drawing theoretical propositions for more general application. This useful categorisation does not address the specific validity of generalisations, but its recognition and application engender greater rigor and contextualisation at the point of application. An underpinning requirement suggested by Lewis and Ritchie (2003) is a clear understanding that features of the data might be expected to be consistent, dependable or replicable:

*"Essentially, it is the collective nature of the phenomena generated by the study participants and the meanings they have attached to and would be expected to repeat" (p.271).*

### Positionality and Representation

The broad contextual field of the research being undertaken is the response of contemporary civic and civil society in Wales to meeting the developmental, welfare and safeguarding needs of children and young people whose experience of family and home life ranges from less than good enough to grossly inadequate (Dubowitz, 2007). The management of the implications of cause and effect in these children's lives involves a multiplicity of public and third-sector organisations providing inter-connected universal and specialist services. Child protection is a specifically organised sub-set of formally connected services, in which all these organisations have responsibilities to engage and the involvement of the families concerned is integral to the process (WAG, 2006). This research design and delivery engages only one of these sets of participants – children's social services, raising the issues of positionality and representation. Whilst the experience of the researcher includes some knowledge of the perspectives of other agencies in relation to the research topic, his positionality and ontological construction is in social work organisation and practice. Secondly, the purposive sample of interviewees means that, within the limitations of sample size and selection, the practitioners' experience, perspectives and insights might be considered as reasonably representative of their organisational peers not included. The use of two independent organisational sites broadens the confidence in inferential generalising across the broader social work community in South Wales (Lewis and Ritchie, 2003).

Its arguable that the combination of researcher's background on the homogeneity of the participant group constitute a '*single analytic paradigm*' and the voices of others are only represented in through the mediums of the interviewees perceptions and the researchers selection (Hammersley and Atkinson, 2007 p.203). However, this is not a comparative study seeking to identify inter-agency/discipline differences in the conceptualisation of and approach to managing the neglect of children. The research question does not extend to factors influencing other agencies assessments, judgements and decision-making in cases of neglect. Nor does it seek to explore the families' experience of the child protection process. The multi-agency context, the nature of social work / family relationship and the content of the interview schedule means that the interviewees cannot avoid constructing their representation of these third-parties' actions and motivations from their position as

engaged practitioners. In doing so, the interviewees' responses should demonstrate reflexivity and critical reflection and the potential to use the process to evaluate practice and inform practice theory (Fook, 2012). Whilst the interviewees responses might suggest a consistent perspective on the other parties' engagement across the range of shared support and protection activities, the researcher cannot draw conclusions about the verity of these perspectives, nor suggest policy/practice implications in relation to them. The interviewees constructs are valid, but in the absence of the subjects' own accounts, can only be reported and considered in terms of being their constructs and the implications, if any, for their practice. The research design means that care must be taken in reporting the data and coming to conclusions about its implications. Acknowledging Bloor's (2012) principle to do no harm and to bring about good, it means honestly reporting with a view to assisting understanding whilst taking care not to exacerbate or create differences, requiring the considerate application of due diligence and impartiality, acknowledging the researcher's and interviewees positionality.

### **3.3 The Research Process**

The research structure was a relatively simple linear set of interviews. The design did not allow for a formal review and tightening/refocusing of the specification of the research questions / research lines of enquiry at an identified point in the process (Bryman, 2012). However, the identification of issues that emerged during the process informed and heightened the interviewer's awareness and opportunities for exploration/clarification as the interviews progressed.

#### *The Research Sites*

The two Authorities in this study are geographically located in Wales. Their populations are different in size<sup>6</sup>, but at the time of the study they had similar economic/ employment profiles with reference to employment rates, workless households with children and gross weekly wage and educational achievements. The populations had relatively poor health profiles when measured, for example, by rates of obesity, smoking, alcohol misuse, mental well-being and life expectancy. There was a discernible pattern of differences in the

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<sup>6</sup> <sup>6</sup> Figures relate to 2012/13. <http://gov.wales/statistics-and-research/local-area-summary-statistics/?lang=en>

reported measures for the two Authorities. With regards children's social services, the rates of looked after children (LAC<sup>7</sup>) and children whose names were on the child protection register (CPR<sup>8</sup>) were lower in one authority at the time of the research.

The authorities' management structures and governance arrangements are similar, particularly in relation to the relevant social work teams and the immediately accountable managers. The differences that exist in these areas reflect local responses to scale. Social workers in both authorities can refer families to similar support services: Families First (Team Around the Family); in-house Family Support Services (providing direct support and practical guidance to families); a dedicated preventative team working with families in crisis where children are risk of becoming looked after or, are looked after and their rehabilitation to their families requires support<sup>9</sup>; and a statutory Integrated Family Services Team. Both authorities have engaged with the process of training staff and implementing the use of 'neglect tool-kits' developed by the respective LSCB for the purpose of supporting multi-agency recognition and assessment of neglect.

The similar pattern of economic, health and educational factors, political governance and internal management and resource structures in the two Authorities should contribute to a reduction in the diversity of compounding factors and that, potentially, the differences and commonalities in the individual accounts are more sharply visible in a less scattered data set. The research did not encompass a detailed organisational and cultural analysis, but it is important to note the looked after and child protection rates in the two authority areas. These may suggest different responses to children in need/in need of protection. They may also reflect the different patterns of population health, income and educational achievements in the authorities. Whilst the research did not set out to examine why there might be differences in the rates, it is important that, because the focus of the research is

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<sup>7</sup> <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After>

<sup>8</sup> <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Service-Provision/childrenonchildprotectionregister-by-localauthority-periodoftime>

<sup>9</sup> These teams are referred to in the Findings chapter generically as the crisis intervention service. Where social workers refer to other local authorities in the narrative these are generically referred to as 'another Welsh Local Authority' or 'an English Council'.

how social work decisions are made, the researcher is aware of different outcomes in the two authorities when analysing the research output.

### Ethical Approval

The application to the Cardiff University Social Research Ethics Committee (SREC) was made on 5 March 2014 and the approval letter received 25 April 2014 (see Appendix 1).

Regarding the local authorities' approval, there are clear delegated powers to give approval to undertake the research, and proxy consent for the interviewees to take part. The initial contact with the local authorities was by letter to the Heads of Children's Services. They identified a senior manager in their organisation as the primary contact/ gatekeeper, both of whom had direct line management for the team managers in their respective authorities. The subjective nature of the content of the interviews required that individual consent was given by each participant.

There were five risks raised and addressed in the SREC application. Firstly, to respond to the possibility that interviewees might feel pressured to take part in the research, the voluntary nature of each practitioner's involvement was emphasised in the planning meeting with managers and reiterated in the pre-interview introduction. Individuals were given the option of anonymously withdrawing at the point of initial contact. The option was also specified in the information to potential participants and reiterated on the consent form (see Appendix 2). Secondly, recognising that that the interviewees may be concerned that their practice would be negatively judged, the interviews focused on their descriptions and interpretations of what they did and how they did it. The question of why they did or did not consider or did or did not take an action was avoided. The third issue was the possibility of an interviewee becoming upset when recalling their experience or reviewing elements of their practice. It was planned that, should interviewees become upset or personalise their disagreements with the local authority, it may be necessary to direct the interview to a conclusion whilst discussing with the interviewee what, if any action the interviewee might take, such as consulting the counselling and support services of their local authority or their union. The interviewees were not provided with a debriefing sheet at the conclusion of the interview. In each case there was a brief post interview discussion about their experience of the interview. The information to potential participants (Appendix 2) provided contact



details of the researcher and the two university supervisors if they have any questions or concerns that they wished to raise before or after their participation. Fourthly, recognising the possibility of becoming involved in problem solving or advising the service user, the researcher ensured that interviewees did not have any intimation of the researcher's professional opinions of case specific or broader practice / management issues. Fifthly, it was agreed the whistle-blowing procedures as under the Code of Practice for registered social workers would be followed should the researcher become aware of poor or illegal practice (see Appendix 2). These might include casework examples that raise concerns about practice or the immediate welfare of children, breaches of confidentiality or oppressive/discriminatory views expressed by the interviewee.

### Setting-up

A set-up meeting was held with the nominated service managers in both areas. Each was provided with an outline of the research design and the interview process. Both agreed to identify up to 15 potential interviewees, practitioners and managers, with a range of experience in assessing and managing cases in which neglect was a primary concern (the matter of potential selection bias is discussed below). In order to ensure the data reflected decisions across the range of interventions in neglect cases, the authorities were requested to nominate a significant proportion of interviewees who had experience of formal child protection procedures/registration and of the Public Law Outline (PLO)/Family Court. The participant selection was left to the authorities. The processes they used were similar, in that both consulted with the team managers, but the outcomes were different. The LA1 manager clearly managed the process, providing a list of 16 participants with contact details. The LA2 manager delegated the request to Team Managers who made contact independently. The managers put forward 11 participants with contact details. Two persons nominated, one from each Authority, did not respond on being contacted and were not interviewed. Arrangements to meet with the 25 engaged participants at their offices were made through direct contact by email and telephone.

### The Interviewees

The participants were based in four locations and drawn from 10 different teams: 7 long-term/child protection teams; 2 intake teams; and 1 children with disabilities team. The practitioner cohort was mainly drawn from 'long-term' teams, only 4 of the 25 were from 'intake/short term teams'. The social work practitioners interviewed comprised 11 social workers and 9 senior practitioners (who undertook some supervisory responsibilities). Five team managers were interviewed. The breakdown of the participant group suggests that the selection process favoured experience and, possibly, a commitment to the Authority. It is the nature of a sampling frame (in this case a range of professional experiences and managerial responsibilities), that it is "*purposive*" (Lincoln and Guba, 1985) and does not necessarily represent the population (Gorard, 2004). Lecompte and Goetz (1982 p.50) recognise that "*the problems of access may preclude the use of random samples, or random assignments may have to be made from available groups rather than from entire populations*". The cohort was identified by their managers who sought willing participants, a non-random sampling method that is likely to produce a level of sampling bias (Bryman, 2012). It is reasonable to assume that managers would, where they could, encourage their more competent and confident staff to engage (Ritchie *et al.*, 2003). The combined content and level of this cohort's articulate explanations and insightful perspectives may be positively inflated in comparison with that of the relevant population of social workers across the authorities. Setting aside this possible bias, the selection met the researcher's chosen sampling frame of a range of practitioner experience of casework interventions (Ritchie *et al.*, 2003). The aim of the criteria was to provide examples of different levels of experience of working with neglect, both in terms of length of time and different events/interventions. A quantifiable analysis of the profile of views across the whole relevant workforce was not a research aim.

In this research the aim of the arguably critically realist approach, was to access voices of a group of similarly experienced professionals, able to articulate their experience and understanding of their role in a complex process. Had the research aim been to examine decision-making in neglect cases with a view to evaluating practice or measuring the effectiveness of an organisation, the sampling within the frame would need to eliminate self-selection as far as possible.

<b>Table 1: Interviewees Place of Birth and Religion</b>			
Birthplace	Wales: 16	Other-UK: 7	Outside-UK: 2
Religion (as stated)	Christian: 4	Muslim: 1	None/non-practising: 20 (13/7)

<b>Table 2: Interviewees Age and Post-Qualifying Practice</b>				
	Mean	Median	Mode	Range
Age: social workers	38.8	33	34	24-27
Age: team managers	43	34	33	34-62
Post-qualification practice: social workers	4.26	3	3	2-11
Post-qualification practice: team managers	13.4	7	7	6-28

The information in Tables 1 and 2 was obtained from interviewees prior to the substantive interview. Of the 25 interviewees, 21 are females and 4 males. The 5 team managers are female. The gender-balance of cohort is similar to that of the report by CCW (2015[b]) that, in 2014, 79% of social workers in Wales were women and 84 per cent of newly qualified social workers were women. Conversely the data for the age profile diverges as CCW report an 'aging workforce', in which the mean age is 46 with a mode of 51 for women and 55 for men. The ratio of practitioners from intake/short term and child protection/long term teams reflects but does not accurately represent the ratio across the two services. Specialist disabled children social work practitioners are drawn from only one Authority. Disabled children social workers were not identified in the sampling frame given to the authorities and the inclusion/exclusion was a local decision. There are no practitioners from a dedicated looked after children team. Looked after children team practitioners recent/current experience would largely sit outside of the frame and the decision not to include them was again local. The research-related implications of this ratio and limited spread of experience is considered in the sections that follow and in the findings chapters.

The interviewees were also asked to estimate the number of cases in which they had experience of the following interventions:

1. undertaking s.47<sup>10</sup> investigations
2. attending initial child protection conferences
3. attending review child protection conferences
4. attending core groups<sup>11</sup>
5. attending legal meetings<sup>12</sup>
6. engaging with the Public Law Outline<sup>13</sup>

The responses for 24/25 interviewees<sup>14</sup> were:

- 12 interviewees had more than 10 experiences of all of the 6 interventions
- 6 interviewees had more than 10 experiences of 5 interventions
- 5 had more than 10 experiences of 4 interventions
- 1 had fewer than 10 experiences of 4 interventions

The interviewees were asked about their experience of working in social care prior to becoming qualified social workers and whether they were parents, grandparents or aunts/uncles. The majority of practitioners had worked or volunteered in social care/ community support services, only 4 reported no significant, relevant pre-qualifying experience. The responses to the questions do not suggest unusual patterns of parenting experience given the age profile of the cohort. Their experiences of being children, having their own children or nephews and nieces, and their thoughts on family life emerged in the interviews and this is reflected on, but not systematically analysed in the 'practitioner's neglect narrative' in the first of the findings chapters. This hinterland data provides only an outline the personal and professional background and life experiences of the group. It is not possible to determine

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<sup>10</sup> Section 47 Children Act 1989 – duty to investigate reports of children suffering or at risk of suffering significant harm

<sup>11</sup> Conferences, reviews and core-groups as required by *Safeguarding Children: Working together Under the Children Act 2004*

<sup>12</sup> Intra-agency meeting to identify whether threshold for care proceeding is met and to plan future direction of the case

<sup>13</sup> The Children Act 1989 Guidance and Regulations Volume 1 Court Orders (2008). Annex B. The Public Law Outline

<sup>14</sup> Data not available for one of the cohort

how representative this cohort’s views might be as a cross section of qualified social workers in statutory services, then and now, across Wales or in their own local authorities.

The interviews were structured to draw out any evidence of patterns of decision-making (Platt and Turney, 2014); early classification (Thorpe and Bilson, 1998); and management strategies (Broadhurst *et al.*, 2010[a]). The structure and content of the interviews also follow the categories suggested by Ritchie and Spencer (1994 p. 174, see Table 3).

<b>Figure 1: Structure and content of the interviews</b> (from Ritchie and Spencer (1994))	
<b>Category</b>	<b>Goal</b>
Contextual	Identifying the form and nature of what exists
Diagnostic	Examining the reasons for, or causes of, what exists
Evaluative	Appraising the effectiveness of what exists
Strategic	Identifying new theories, policies, plans or actions

### 3.3.5 The Interviews

The semi-structured interview schedule (see Appendix 3) consisted of a set of ground and dimension mapping questions (Legard *et al.*, 2003). The schedule had been piloted in interviews with two practitioners in a different authority (Bryman, 2012). Piloting allowed a ‘live’ opportunity to become familiar with the recording equipment (Mason, 1996).

Following the interviews amendments were made to the wording to improve clarity and focus (Arthur and Nazroo, 2003), for example, the introduction of an option-led question about the level of thresholds and their effectiveness in responding to risk. All interviewees were sent copies of the *consent form* and the *Invitation to take part in a Research Project*. The *Invitation* set out the aims of the study, identified the researcher, explained the process and addressed data storage, confidentiality and whistle-blowing issues. The gatekeeper managers were sent a copy of the interview schedule in advance of the commencement of the interviews. Bloor (2010) makes the argument that, in these matters, the researcher has an obligation not only to do no harm, but to do more than that, and to bring about good, for instance, by reporting identified shortfalls in services provision or availability. In this project, the interviews presented no circumstances that required invoking the formal reporting requirement, and the interviewer chose not to engage the senior managers in discussions about the perceived qualities of their services. Following the completion of the interviews in

their respective areas, the gatekeeper managers were contacted by email to thank them and their staff for their support and contributions. There were no other post-interview contacts made and no issues were raised by the gate-keeper managers or the participants.

The interviews were undertaken during the period June to December 2014. The range of the duration of the 25 interviews was 40-85 minutes. The participants gave their consent to be involved and the researcher's experience of the interviews was that they were all engaged with the process and no negative sentiments about participation were expressed. With the one exception where the interview was foreshortened by an urgent operational matter, the interviewees had set time aside for the session and the interviews concluded when the natural end was reached. The set content and order of the interview questions were changed if the interviewee pre-empted questions or if it made sense to follow a thread of ideas (Warren 2001). There were also additional perspective widening or amplificatory questions asked in all the interviews (Legard *et al.*, 2003), but these were particular to the interview, either interpreting - to prompt a broader or more in-depth response to a set question or probing - to follow a thread of an idea raised within the interview (Bryman, 2012). The examples given were summaries that illustrated a point being made and did not lend themselves to critique. There were no examples of practice that suggested serious, current poor practice that might require the interviewer to make further enquiries or infer concerns. Following the completion of the interviews in each Authority the respective senior managers were emailed to thank them and the Authority for their assistance, and to commend their practitioners on their engagement and the quality of their contributions. There were no responses to this contact, and there had been no further correspondence with the managers or practitioners at the time of the thesis submission.

The interviewees appeared to be on familiar ground, and eager to explain themselves when responding to the questions, whilst the researcher was an active player in the development of the data and meaning (Legard *et al.*, 2003). Whilst one interviewee appeared nervous at the beginning, all of the interviewees appeared to be at ease during the interview. This may be an outcome of their familiarity with the subject and with reflectivity in supervision (Bolton, 2014), that they were asked to describe and not explain their practice, and the interviewing style that developed a rapport (Legard *et al.*, 2003). That there appeared to be no reluctance to describe or explore their experiences and perspectives, suggested that the

bounded, confidential nature of the process provided a space for disclosure (Gerson and Horowitz, 2002). The what/how-questions approach meant the interviewees could choose their own ground in their responses. In retrospect, it is apparent that the absence of why-questions excluded deeper exploration of the judgement/decision-making processes, in particular, the presence of bias and use of heuristics which feature strongly in the literature review. However, this area of exploration would also require a mixed method approach that included observed activity, case-file analysis and interviews.

Each interview involved an interviewee and the same interviewer, for both of whom the details of the subject matter were grounded in common knowledge and experience. Although spanning different, overlapping decades of learning and practice, it could be reasonably assumed that their professional values and standards shared a common base, and that their professional training and experience included an understanding the application of reflexivity and reflective practice in their work. The format of the interview and the topics covered were familiar to the interviewees whose work involves explaining their observations and judgements in formal and informal settings, and professional supervision sessions that included a level of reflexivity about their work. The interviewer was familiar in working in this way in local authorities as a manager and inspector. The approach to the interview was based on these assumptions, and in terms of the content and quality of the narratives that emerged, it was proved to have been a reasonable assumption. This allowed the interview to follow the preferred '*knowledge construction*' co-participation approach (as opposed to '*knowledge evacuation*'), as the phenomena under investigation (e.g. good enough parenting) are not static/de-contextual (Mason, 2002). The content of the interview strongly referenced the interviewer's personal experience and the relevant literature. The questions were set to test the researcher's pre-conceived notions of the research topic, and to generate data (Mason, 1996) that reported and explained current social work practice with neglected children. Fundamental to the researcher's experience and perspective of the research field is that it is a bureaucratic task interpreted and delivered by skilled professionals and that the interviewees are bureau-professionals. Thus, the knowledge is partly constructed in advance, but also open to deconstruction and replacement with something different. For example, the interviewer had operational knowledge and curiosity about the use of tools to support assessments and was involved in

a convoluted, unsuccessful attempt to persuade an LSCB to introduce the universal use of the Graded Care Profile.

The interviews were recorded and transcribed by the interviewer (14) and a contracted transcriber (11). The recordings and transcriptions were exchanged using a secure account. The transcriber has confirmed that the copies of recordings and transcripts have been deleted.

### **3.4 The Analysis**

The analysis is located within a broad hierarchy of data management suggested by Spencer *et al.* (2003 p.212), involving an iterative process of organising and re-organising data, developing descriptive accounts and ultimately generating explanatory accounts through a grounded, inductive approach. The practical management of the analytical process used follows the five key stages in the *Framework Analysis* approach: familiarisation; identifying a thematic framework; indexing; charting; and mapping and interpretation (Ritchie and Spencer 1994; Srivastava and Thomson, 2009). Whilst the approach has its developmental roots in applied policy research (Ritchie and Spencer, 1994 p.173), it is adaptable and useful in less evaluative areas of inquiry (Srivastava and Thomson, 2009).

The process was undertaken manually and progressively, following the stages of the framework, whilst continually revising backwards and projecting forwards. Themes were noted and organised under early iterations of the framework and linked to relevant passages extracted from the narratives and grouped under headings. As the indexing and charting processes were introduced, the physical transfer of data was discontinued as there were immediately available cross references to the data facilitated by the framework document. Where potentially significant themes emerged in the indexing and mapping of the interviews, the earlier interviews were revisited and indexed and charted. The use of a manual system to sort, code and access the data, and not to use computer-aided qualitative data analysis (CAQDAS) was a researcher personal preference. This notwithstanding, whilst only 2-dimensional in structure, Microsoft Word has effective search and data storage/retrieval capabilities.



### 3.4.1 Familiarisation

The familiarisation process (Ritchie and Spencer, 1994 p.178) involved the single researcher:

1. Undertaking all the interviews;
2. Transcribing 14 of the interviews (the remainder were transcribed by a third-party)
3. Re-reading the transcripts and extracting sections of narratives under themes.

The third element included identifying narrative that was sequentially located in the answer to a different question. This process, and the associated noting of themes, informed the development of the thematic framework. The consolidation of the final version of framework commenced at the point when processes 1 and 2 had been completed in respect of 14 interviews transcribed by the interviewer, and continued to be added to, amended and refined as the remaining interviews were transcribed. The initial tranche of transcribed interviews included practitioner representation from both authorities and a team manager.

### 3.4.2 Identifying the Thematic Framework

The familiarisation process provided the basis of the abstraction and conceptualisation that contributed to the development of the thematic framework (Richie and Spencer, 1994 ).

Themes and links were identified and diagrammatically mapped, placing casework judgements and decision-making, the main topics of the research, at the centre of the diagram (see Appendix 4). Key topics, practitioners' perspectives, the organisational context of their work and their reported practice emerged from the diagrammatic representation of the themes found in the narratives. The themes were collated as categories under 15 major subject headings reflecting the main topics (e.g. *neglect as a social and professional challenge; the Family Court; assessing risk and confidence*).

Whilst there is an apparent hierarchy across the major subject headings, (for example, in theory practice should follow policies that are derived from statutory law and guidance), the boundaries between the topics and themes fit the description by Byrne (2005) that cases in a complex frame: "... are in themselves complex systems which are nested in, have nested within them, and intersect with other complex systems" (p.105).

In more specific cases the linkages appear direct; e.g. *use of tools* is a subset of *assessing risk and confidence*, and both are subsets of *assessment and management*, which are directly linked to the signature element *casework judgements and decision-making*. This required judgements regarding the most appropriate location of index items within the framework when their application may be linked to two or more of the topic elements (see Appendix 5 for an extract of the framework at this stage in the process).

### 3.4.3 Indexing

The indexing (Ritchie and Spencer, 1994) maps the content of the transcribed interviews against the framework (see Appendix 6). This process aimed to ensure both simple linear connections that are clearly articulated and more complex, less well-defined issues are identified and mapped. The application of an index was not a routine exercise as it involves making numerous judgements about meaning and significance:

*“For each passage, the analyst must infer and decide on its meaning, both as it stands and in the context of the interview as a whole and must record the appropriate indexing reference”* (Ritchie and Spencer, 1994 p.182).

The process has qualities that lend explanation and transparency to a subject activity. For example, in relation to explanation, the occurrence of multi-indexing of a single passage (or even sentence) might highlight demonstrable ‘patterns of association’, adding a level of substance to what otherwise might be considered speculative. Further, the subjectivity is made visible to others who might concur with or challenge the finding.

### 3.4.4 Charting

The charting process (Ritchie and Spencer, 1994 p.182) collates the transcript locations against the index descriptor (see Appendix 7). This serves two purposes. Firstly, it locates the descriptors within the transcripts and provides an immediate reference when analysing themes across the range of interviewees. It also provides a visual indication of the relative rates of occurrence of the references, which may or may not indicate significance in terms of further analysis. An outcome of this process was the identification of the major topic headings that were sparsely populated when compared with others, either because there

were fewer related references in the narratives, or the reference in the narratives were judged as better located in an associated topic heading.

#### 3.4.5 Mapping and Interpretation

Ritchie and Spencer (1994) describe qualitative data analysis as being essentially about detection, comprising a series of tasks that allow certain functions to be performed: defining concepts; mapping phenomena; creating typologies; finding associations; seeking explanations; and developing new ideas, theories or strategies.

The individual influence and impact on the operational delivery of casework decisions is not easily determined in terms of cause and effect. It is not the purpose of the analysis to systematically explore these dynamics, but to reflect practitioners' and managers' experience and perceptions of the different elements' impact on the decision-making process. The dimensions and themes as set out in Appendix 8 suggest clear lines of separation between each of the elements. This separation is simply a convenient perspective, as there are identifiable vertical and horizontal bi-lateral associations or influences across and within the levels. However, it is evident that as Byrne (2005) states that, in a complex case, nesting is not a hierarchy: "*Determination runs in all possible directions, not just top down. All these levels potentially have implications for all other levels*" (p,105). In the day-to-day practice of social workers and their team managers these individual elements do not have a separate entity; they exist and influence but are obscured by the linked demands for administrative activity and purposeful action.

The iterative, interwoven assessment, judgement and decision-making processes, complex contextual location and delivery of social work is suggested above in the Topic Guide (see Appendix 4). Its structure does not lend itself to reporting the critical evidence and findings of the research in the limited space available in the Findings Chapters. The dimensions and themes are reported in the findings chapters that follow, but are not systematically, or hierarchically represented as in Appendix 8.

## Findings Chapters

The following Chapters (4 and 5) set out the findings and evidence in respect of the four *research lines of enquiry*.

### Chapter 4. Locating Social Work and Neglect

This chapter explores the first research line of enquiry: *what are practitioners' and managers' understandings of neglect and the thresholds for intervention?* The first section, *The Social Worker and the Family* locates the practitioners'<sup>15</sup> approach and professional confidence in working with neglected children and their families. The second, *Neglect: Cause and Effect* describes their views about why parents neglect their children. The third, *Setting the Boundaries for Intervention* sets out their understanding of thresholds in cases of neglect. The final section of this chapter, *The Multi-Agency Interface*, places the earlier three in the context 'working together' with colleagues from other agencies and professional disciplines.

In this chapter, five practice-moral activities are drawn from the narratives (Taylor and White, 2001; Horwath, 2007). These are explicit and implicit tensions and debates, described here as *phenomena* (Sheppard, 1995 p.193), that inform the practitioners' understanding of, and the response to the neglect of children. Taken in the order they are raised in the chapter the phenomena are *impact and resilience; cause and effect; agency and responsibility; dependency and individual agency; and engagement and compliance*, which are together a qualitative continuum and perceived dichotomies. These phenomena, and the concept of co-agency between families and practitioners, are further developed in the chapters that follow on.

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<sup>15</sup> From this point 'social work practitioners' or 'the practitioners' are generic terms used for the social workers and their managers involved in the research. To reduce the chances of attribution, throughout these chapters the pronouns used in association with specific practitioners will be she or her. Similarly, throughout the remaining chapters the term 'parents' is used as a generic descriptor of those with day to day family-based responsibility for the care of children.

#### 4.1 The Social Worker and the Family

This section explores the practitioners' understanding of their professional roles and relationships with the family, and how this fits with their exercise of their interventionist responsibilities. The narratives reflect individual personal and professional experiences in their approaches to working with child neglect. It describes consistency in the practitioner's confidence in their own professional/proxy-agency and their delivery of their roles and responsibilities.

##### A Shared Perspective

The practitioners report a broadly common set of values, perspectives and approaches to the delivery of their professional responsibilities. There is also a strong sense of a shared foundation of professional training and ethics. This '*practice paradigm*' (Sheppard, 1995 p.193) is situated in the framework of statutory social work and the organisational structures that govern and determine the practitioners' work. There is a prescribed approach to casework- albeit 'semi-structured'- and practitioners generally appear to be comfortable working within it. The narratives describe them as 'holding the ring' in their specialist area of social policy delivery, framed in terms of the local authority's duties and responsibilities, for example:

*"Often other professionals are quite happy to let us make the decision, regardless of whether they would necessarily agree with it or not because it's our decision and they can feel confident that they've left that to us". P21*

They generally do not challenge the agency's construction of the professional working environment, the focus of resources and weight given to strategies, policies or approaches that all shape and direct how they intervene. None of the practitioners suggested that they find the requirements of contested, interventionist, statutory social work as being stressful. There are examples of differences of opinion in individual cases, but none report that practice is seriously compromised, or their judgments ignored. The narratives set out a common, formal pattern of assessment, judgement and decision-making that is followed in most cases. They also describe the complexity within this pattern, the nature of neglect, the subjectivity of its recognition, the fluidity of presentation, the multiplicity of contributory risk and safety factors, and the lack of quantifiable thresholds. Most practitioners directly

described, or inferred confidence about undertaking their professional responsibilities. They reported a high level of professional influence within their role's operating parameters. One expressed an occasional lack of confidence, but stated:

*“And then finally, when you do get to the point when you are taking into court, you do have that evidence and you do have that back up support that gives you the confidence that you are doing the right thing”. P13*

Throughout the narratives, the necessity of consultation and discussion with managers and peers is seen as a strength, not a weakness. The narrative discourse sets the efficacy of their individual agency in the collective team agency. There is a strong sense of connectivity with the next tier of management, and acknowledgement of its quality assurance responsibilities. In response to a question about whether her voice is heard if she has concerns, this practitioner said:

*“Yes, I think they are taken on board, they may not agree with me but that's why we have case discussions isn't it? To try and balance things out and look at it... you know, if I don't have a discussion with somebody, I am making decisions myself and that can be unhealthy really”. P15*

The narratives suggest that the development of the practitioners' professional identity (Fuller, 1969) is linked to the location and duration of their practice and their increasing confidence as a practitioner. Practice experience shifts the balance of their concerns from delivering the tacit priorities of the organisation to responding to the child's experience in the family.

*“You learn something from each and every case that you have. What you learn in one applies to another then and you eventually start working a lot better than you did when you started, just by your practice experience. But in terms of, like, the effects of neglect I think seeing it makes you... it's only when you've seen it, you've walked into the house and the child's said something to that you and you come away and emotionally it gets to you, and then when you go in and see it potentially happening with another family, you think: 'I don't want to get to how it was with that family'”. P5*

The practitioner describes an emotional response to the child's vulnerability and a personal responsibility to make it right. This implied emotional engagement in the professional process in the extract is an appropriate and necessary element of the contract with the

family (Morrison, 2007; Howe, 2008; Munro, 2011). The practitioner below recalls that becoming a parent had informed her understanding of the challenges parents face, but when asked whether this had impacted on her practice or thresholds she replied:

*“I think my understanding of the stresses of parenting has changed my views slightly. I don’t say that I’m more accepting of the circumstances of parenting, it’s just changed my understanding of it and my view of the impact on parents”. P9*

There is an implicit parallel progression of professional and personal development in the narratives, but not such that there are resulting paradigm shifts in their approach to their work. The narratives describe an association between professional experience and changing attitudes to separating children from their parents. For the practitioners, change is not simply being more or less ‘tolerant’ - they describe a better understanding of the impact on the children, and being less likely to see solutions as simple, such as the removal from their parents being usually in the children’s best interest. Davidson-Arad and Benbenishty (2016) similarly report that, with increasing practice experience, professionals tend to favour the biological family as the best place for a child to grow up. Generally, the narratives present a group of practitioners who understand the gravity and implications of their interventions with families:

*“It is a judgement, and sometimes you make the wrong judgement, but you do so with the best interests of the child”. P3*

The initial response to the practitioners’ presentation as being confident and comfortable in their role is a positive one. Potentially, the better they feel about their work, the better the relationship with the families (Howe, 2008). The practitioners’ view of the nature and role of their professional relationship with families is considered in the next section.

### The Professional Relationship

It can be argued that all social work clients are, to a greater or lesser degree, “non-voluntary” (Lipsky, 1980 p.54), and that those who ‘voluntarily’ seek children’s social services support and assistance, do so because they do not have the individual agency and/or recourse to financial and social capital to address their needs and resolve their problems. Conversely, the voluntary, client led enabling nature of the relationship is embedded in social workers ethics and principles (Banks, 2012); and as a partnership

underpinned by the clients' human/citizen's rights set out in the legal framework within which they operate (Children Act 1989; SSWB (Wales) Act 2014). The practitioners describe the social work relationship with families as critical to effective interventions. In this relationship, the practitioners aim to achieve mutual engagement rather than providing direction and requiring basic compliance. In many cases, the practitioners are required to undertake directive work and progressively remove and transfer layers of decision-making and choice from the family to themselves. Social work practice, as described by the practitioners, is not a blank canvass on which they and the families establish and agree the parameters, purpose and objectives at the outset of their professional relationship. Each case has a history and, as this practitioner explains, the challenge of working with reflective objectivity:

*"We get the case from the duty team, we read the file and we do, no matter how much you try not to, you do have that opinion in your head about that family and you do go into the family for the first time with that opinion". P13*

The trajectory of a family's past experiences, current circumstances and their future as a unit, is impacted upon, sometimes significantly, by the engagement with social work and social workers. This is a complex practitioner/client relationship (Howe, 2005), in which the participants recognise that the knowledge, each of the other, is often partial with significant gaps (Munro, 2011), preconceptions and misunderstandings. The practitioners describe social work with families as a relationship that is much more than a set of simple bureaucratic transactions. It involves the development of trust and a connectedness that, when successful, engenders mutual understanding:

*"I think it's massively important that there's a good working relationship between a social worker and the family; because if – and again, it's about getting them to engage, and not getting them to comply – you have to be able to breach that barrier with them; because you're wanting what's best for the child, and what's best for the child is for the parents to make the change". P20*

Conversely, in describing their work and relationships with the families, it is the bureau-professional responsibility to administratively resolve the case that often comes to the fore. Whilst much of Lipsky's (1980) description of the organisational imperatives, constraining and discretionary powers and the role and influence of managing limited resources resonate with the role of the local authority social work practitioner in Wales, the broad application



of the term 'street-level bureaucrat' understates their professional role and its delivery. The designation of the practitioners as bureau-professionals is the position taken in this thesis. Its use as a descriptor and linguistic construction is intended to emphasise the role as being one of a *professional* delivering statutory responsibilities within a bureaucratically, politically accountable organisation. The evidence in the narratives does not support the view of Harris (1998) that new-management has eroded this position. Three decades of socio-political, technological and organisational change notwithstanding, the approach to the social work task, its organisation of the work at team level, and the relationship with the families, is much like that described by Pithouse (1998). The narrative discourse does not suggest significant in-roads of neo-Taylorism that concerned Sheppard (1995).

The professional relationship with the family is regularly advanced by the practitioners as their most important tool. Time to develop and use this relationship is a valuable but often restricted resource. The underlying discourse in the narratives is the combined optimisation of empathetic relationships and the delivery of the social worker's statutory role, bounded by procedures and rules of engagement (Howe, 2008). Munro (2011) identifies these as parallel elements in the social work task: the quality of the professional relationship formed with children and families, and the application of critical reasoning needed to make sound judgments. This practitioner captures that aspiration:

*"it's about supporting the relationship they live in; being honest, but also being maybe that critical friend, type of thing. I think that's missing a lot, it's not hearing the answer that you need to hear... I wouldn't go in and say that "I respect your wishes" and then totally disregard that; you have to try and get that balance and mean it; but just the fact that we're a government body means that we're in control".*

P17

The comment demonstrates two elements of the social professional work relationship. Firstly, the social worker's duty to be inquisitive (Munro, 2011) and apply respectful uncertainty (Laming, 2003). Secondly, that the social worker has both the knowledge and the power (Fook, 2012), which includes any judgements about future continuation, grounds and direction of the relationship. However, in their practice, the reflexive social worker is both an 'active thinker' and 'social actor' (Sheppard, 1998, p.767). The discourse suggests that their professional relationship is one of collaboration and co-agency with the parents/family, in which they simultaneously identify and compensate for gaps in parenting

and encourage positive activity. The concept of sharing extends to the practitioners' own proxy-agency, and the collective agency of the authority (Hewson, 2010), mediated through them to the families (Johnson, 1972).

The following two sections discuss the practitioner's description of their experience of directive interventions in families' lives, which may ultimately mean removing the children from the parent's care and control. At this point, parental agency is subordinated to the practitioner and the authority, to be negotiated in terms of contact and rehabilitation. Through this process, the practitioners seek to maintain their constructive professional relationship.

### Directive interventions

The practitioners describe the procedural approach to facilitating change in families that involves setting goals that, if not met, will require increasingly intrusive interventions. A minority express concerns about the process that involves this coercive approach.

Discussing the unavoidably directive elements of her work, this practitioner places it in the context of her aim to work in partnership:

*"... I remember one of the things that we did in Uni was that there should be no power imbalance, and I think that's very, very important; that there's going to be, but the people you're working with don't feel threatened by you; and that's really difficult to manage, and to balance". P17*

The narratives describe how this is not a simple balance, but intertwined activities, with the shifting nature of the professional relationship embedded in the casework development, process and procedures. The escalation to formal child protection status sets defined parameters of practice. This practitioner describes the implicit drivers and implications:

*"Sometimes placing the parents on the register, it's a shock. It carries a bit of stigma, it causes maybe a crisis. On the register, the crisis leads to change, it's what theory says, so it can be that kind of shock to make a difference. It brings other agencies on board, forces more visits. So, that can be one of the reasons, that we've tried the stuff under s.17 and it hasn't worked". P7*

In this description, the status of the case is a consequence of a judgement. An inflection point that re-sets the casework mode, and which is itself a tool to influence change. The

narratives describe the relationship between the practitioner, the family and the implicit/explicit drivers that respectively define practice and seek to change behaviours:

*“...I’ve got a core group this week; and I’ve set, as I say, these timelines; and I’ve given 4 weeks for several tasks; and if they’re not met, which, unfortunately I don’t think they will be, then what I’m saying is I’m going to have a PLO threshold professional meeting with my team manager and service manager”. P25*

The narrative discourse consistently describes or infers this outcome-led, bureau-professional, risk reduction approach to social work with neglected children. The practitioners are not strongly critical of the approach, although some would like to have more time to work differently and to further build parent’s motivation and self-determined positive change. There are criticisms of externally set timeframes that are not child or family sensitive. For example, practitioners commented that, whilst the assessment process and/or the Family Court proceedings are ongoing, children often continue to endure neglect, suffering the recognised deficits in parenting which might later contribute to the threshold evidence in legal proceedings:

*“I suppose it’s getting the evidence; because often neglect can be a slow burn. And then it’s balancing that with allowing a child to be in a situation or an environment where it might be suffering neglect; and making the balances of where... if that child is best placed there with the parent”. P23*

Practitioners who raised the issue agree that the process should be thorough, and that the new PLO court timescales improve on the previously open-ended arrangements. None suggested a radically different approach.

Whilst child protection is a multi-agency responsibility, initiating the separation of children from the care of their parents is a judgement to be made by social workers, and a decision for their local authority alone to take (Children Act 1989; WG, 2014). The practitioners’ narratives strongly indicated reflectivity and how seriously they took their responsibilities:

*“You have to remember that, although these parents do have rights as well, and that they are, you know, in a position where they are hoping that you can assist them with whatever issues they have”. P2*

*“So, it’s about the safety factors that you put in around it; but you certainly would – in my opinion, be doing more damage to move that child completely, at 10 years,*

*from parents they love, parents who love them, but just haven't got the capacity to care to a good enough standard. You can't cut off all those ties without really damaging that child". P22*

The decision to statutorily remove a child is not the result of a judgement about the child's best interests alone, but one which includes the application of parents' and children's human rights (Ife, 2012; Parton, 2014), consideration of the wishes and feelings of all those involved and, ultimately, the view of the family court (Dickens 2006; Dickens and Masson, 2016). The extent to which the practitioners' responses reflected the maxim: '*Looked After as the last resort,*' ranged from being strongly stated to not being raised. When reporting cases in which the outcome was that children became looked after, it was described as professionally disappointing, not in terms of a plan that failed, but as the consequence of harmful care that could not be fixed in any other way:

*"I don't like taking kids into care; I've not done it that often; I have done it, and if I have to do it I will do it, but giving that extra bit of time to see if things can be maintained is so important because when you take them off the register you can feel, even if they do come back, I've done everything I can do at this point to make sure that they've got that future trajectory, and then if they come back – they come back; and it happens". P7*

The general narrative discourse is clear: separating children from their families is the most profound and potent of family interventions undertaken by the State. Profound in terms of its emotional impact and potentially long-lasting effect on the children, parents and wider family. Potent, because of its actual and symbolic disruption of a fundamental, universal human condition and a decision to over-ride human rights. This process of assessing *impact and resilience*, and balancing the adverse outcomes of continuing neglect, and the outcomes of future support and care options, is further discussed in the following chapter.

The narratives suggest that the practitioners understand the purpose and professional conditions of their work with children in need and their parents. They can only exercise this responsibility if they have professional insight into the nature and causes of neglect, and an understanding of the bureau-administrative boundaries and imperatives for intervention. These are explored in the following two sections.

## 4.2 Neglect: Cause and Effect

Practitioners were asked the question “*What do you think are the reasons why parents neglect their children?*”. It is deliberately open and intended to elicit their individual perspectives on cause, effect and individual agency. Their summarised response characterises neglect as being a consequence of parents’ historical experiences and current circumstances. In acknowledging the role of parents’ own agency, they recognise the impact on the children of lack of parental capacity and commitment. Practitioners consistently reported that, whilst there is rarely a single causal factor in neglect cases, there are features of families commonly associated with neglectful parenting. These are often defined in terms of being potentially cause *and* effect, when interacting with one or more other features. The narrative discourse is one of uncertainty when this layered ‘*jigsaw*’ (Munro, 1996) is complicated by issues of parental agency and choice. The attachment of meaning to the parents’ presentation and behaviours, beyond the presenting implications for the child, is problematical. The challenge is compounded in families where intergenerational deprivation is a feature, and there is complex interaction between the historical and contemporary factors. Cicchetti and Toth (1995) conclude that focusing only on the main etiological factors does not provide a ‘single pathway’ to, or consistently identify the factors that culminate in an act of maltreatment.

### *Familial and Community Experience*

The practitioners describe communities and families that have experienced ‘cycles of disadvantage’<sup>16</sup> (Rutter and Madge, 1976; Welshman, 2008). The most consistent underlying factor in neglect in the accounts of most practitioners is the parents’ experience of being parented, and the replication of their experience in their care of their own children:

*“...the families are known to Children’s Services, and we haven’t actually broken the cycle, we haven’t helped, maybe, to change the way people think”. P17*

*“Their own experience of being parented and upbringing, social norms. I think people can fall into: ‘that’s normal behaviour’ and lose being reflective upon their approach*

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<sup>16</sup> Rutter and Madge chose the term disadvantage over deprivation. Welshman and other referenced texts use deprivation. Its use in this thesis reflects the use in the associated reference.

*to parenting. I think people can go on to develop habits and entrenched behaviours over time". P16*

The perceived influence of the parents' social network and local community was raised in both localities. Practitioners suggested that, taking their cues from a network of family and friends, the parents modelled their parenting and their understanding of what is good enough through example (Bandura, 1971; Kotch *et al.*, 2014):

*"Some of the communities they live in, parenting, what we consider good enough parenting, the whole community, probably, if we looked at them, would be bordering on barely good enough, if good enough. So, it's a kind of cultural thing in the community they live in; lack of parenting for themselves; poor basic skills". P22*

This comment is a strand of a broader discourse amongst practitioners in the same area. Their more reflective comments are contextualised in terms of cause and effect, describing communities that struggle, but not in terms of this deficit model. Structural factors and issues like austerity are notably not often raised by practitioners. Elliot and Scourfield (2017) report a clear association between social higher deprivation measures and parallel increases in rates of children on child protection registers and looked-after in Welsh local authorities. The narratives place the focus of practitioners' work on families where children are assessed as in need of high levels of services, and particularly at risk of harm. Individual practitioners' experience of the communities may be restricted to their work with these families. This raises the question of whether there is a simple bias in the comment above, where the experience of the particular is translated into a generalised perspective and framing of a deficit model of the community.

Parents are described as lacking understanding and/or insight about the impact of the care or lack of care they provided. Their perceptions are that they are parenting well, and that these are confirmed by the normative standards within their family and community networks. This practitioner suggests that at all levels, it is the informal influences that are key to parents' behaviour:

*"What we couldn't do successfully is get the parents to reflect and understand on one, what is neglect; and because they couldn't accept or acknowledge the behaviours that they were doing in terms of parenting or the lack of appropriate safe parenting, their response is: 'well, I got raised this way, my nieces and nephews get raised this way,' you know 'I think you are wrong'". P16*

The practitioners describe cultural norms of some of the parents, their poverty and lack of aspiration and agency that raise their profile with statutory agencies (Hay and Jones, 1994). They also acknowledge lower professional expectations of the quality of children's experience of being parented in the areas where they mainly work (Revell and Burton, 2016). The next extract suggests a tacit, collective understanding and ready heuristic for the embedded norms of the locality transferred to culturally relativistic professional thresholds:

*"...we have pockets in this area that are renowned for a particular problem such as crime or substance use. So, it's very much the view taken 'well they're no different from family B up the road and they are not involved with us". P1*

In most narratives there is an implicit recognition of parents' own needs and adverse experiences, but no strong indication that this is manifested as the more accommodating professional response suggested by Stevenson (2007). This might be because most practitioners interviewed were working with case-loads where neglect and/or abuse are palpable concerns. However, the discourse is not generally fatalistic - it is optimistic and does not assume that parents cannot break the cycle, or that parenting inevitably gravitates toward the lowest common denominator within their local culture. Whatever the parenting culture or levels of deprivation, many of the parents will be experiencing immediate and significant and debilitating personal problems.

#### *Parents' Significant Needs and Circumstances*

The association between child and adolescent neglect and parental alcohol and substance abuse, domestic violence, mental health problems and learning disabilities, are consistently reported by the practitioners and in the literature (Brandon *et al.*, 2012, Bywater *et.al* 2016; Cleaver *et al.*, 2011; Jütte *et al.*, 2014). Alcohol and substance abuse and learning disabilities were the most likely to be reported. In the absence of the other debilitating factors and/or a formally assessed condition, parents with learning difficulties are generalised by practitioners in terms of innate low capabilities as parents. The consequence of the presence of one or more of the factors was often stated as the inability to prioritise their children and to meet their needs, to the extent that the children are recognised as in need/in need of protection. The complex, interacting cause and effect of features in each case of neglect was generally recognised by practitioners, for example:

*“Because if you have parents who are engaged with drugs and alcohol, then that has an impact on finances and their ability to provide obviously; and they’re are not available to their child emotionally, those kinds of things as well, I suppose because their life is consumed by something that they perceive as more important than their children; or at the same time it could be a means of coping as well, to kind of get through the day”. P24*

Practitioners saw these difficulties as problems to be resolved, often frustrated by parents’ lack of engagement and agency. However, the discourse was not critically judgemental or simplistic about why parents failed to take steps to address them, or to respond to help offered. The challenges for the individual parents whose problems have complex histories and long-lasting impact, were recognised, for example, in relation to domestic abuse, describing the practitioners’ practical experience of complexities of cause and effect and the potentially enduring impact on individual agency:

*“Now, we can sit and say this parent who’s in an abusive relationship is wilfully neglecting their child by maintaining the relationship. Or is it because of something within them, means they have to have that relationship, and that’s capacity. Yes, there are things they can do, but have they got the capacity to not do that? And that’s complex”. P7*

There is a consistently similar view expressed in relation to the challenges for parents with learning disabilities or mental health problems. Their difficulties are often reported as beyond their own control and difficult for them to change. Their motivation to parent better is compromised by lack of capability:

*“I’ve had families where the parents try their absolute damndest, but they don’t have the knowledge or the skills to meet the needs consistently”. P20*

*“Initially started off relatively positively, but she’s appeared to lose interest, really, and just started going out in the day and really not taking much notice; to the point where she... kind of... moved off and didn’t have contact with the child for 5 weeks”. P23*

In the second case above, motivation is an issue, but the practitioner argues that in this case the mother does not have the capacity to maintain motivation. The contested issue of employing long-term support to maintain families where there are unresolvable capacity issues is further discussed in terms of *dependency and individual agency* in Chapter 5.



The response to parents whose substance misuse impacts detrimentally on their children is more nuanced. The views of use of drugs and alcohol occupies a spectrum from lifestyle choice through to physical dependence and, within that, degrees of expectations of positive resolution through the parent's self-agency, for example:

*"In cases like that it is very much, in my view, very much more black and white and I am able to say: 'look guys we will help you as long as we can to address these issues of substances, but you know clearly if you go out Friday night and go and take a host of other substances that you are not prescribed and then we learn of that, we really can't come back from that'". P16*

The cause and effect issues in relation to substance abuse are complex. For instance, the association between parental substance abuse and neglect is well-established (Cleaver *et al.*, 2011), but achieving the goal of parental abstinence does not necessarily have a universally positive effect. For example, Galvani (2015) obtained the views of children whose parents are receiving support services for substance problems. The children reported that getting help with the use of drugs and alcohol can have significant negative effects on the quality of the close family relationships, making the case for more holistic services that can also address the fall-out.

The phenomenon of *engagement and compliance* features strongly in the discourse about substance misuse. How these might influence practical judgements and decisions is discussed further in following sections and chapters. The use of alcohol, drugs and other substances is an aspect of parental behaviour where there are discernible levels of professional subjectivity regarding parents' choices, perceived agency and moral culpability. There is similar subjectivity applied to the causes and effect of poverty discussed below.

### Poverty and Neglect

The possible causal link between poverty and neglect (Bywaters *et al.*, 2014; Hay and Jones, 1994; Sedlak and Broadhurst, 1996), or its broader association (Cicchetti and Toth, 1995; Stevenson, 1998) was explored with the practitioners. Links and co-occurrence were consistently reported, but poverty was not identified by them as a simple, direct cause of neglect. For example, low income might cause parental stress and negatively impact on their capacity to provide for their children:

*“I don’t think it’s the sole reason, from my own experience that I have seen over the years that probably poverty comes in to it and it causes them to have low confidence and feel that they don’t go anywhere in life and depression creeps in”. P4*

Bywaters *et al.* (2016) suggest that the family stress model is central in most accounts of the consequences of poverty, reporting the strong population level association between poverty and child abuse and neglect, and making the case for improving outcomes by challenging inequalities. Poverty, however, was not considered by the practitioners to be an enduring reason why children should suffer neglect, although the relationship is complex:

*“In the vast majority of cases that we work with there’s some level of poverty, and it does tend to be very clearly linked to neglect in my experience. There’s no causal link is there? Because you are poor doesn’t necessarily mean you’ll neglect your children. So, I think that would be something that could be argued possibly differently by the parents themselves”. P21*

Lack of money to meet children’s needs was also associated with parent’s poor organisational skills or it being spent on other priorities. Whilst variations of this viewpoint are reported, there is a parallel common perspective that, for the practitioner, poverty is a matter of fact or circumstance, regardless of ascribed responsibility. It is an ameliorable in terms of averting immediate crises, with an appropriate focus on the acute presenting problems (e.g. substance abuse), but the narratives do not describe a systemic, environmental approach to addressing root cause and effect.

Sedlak and Broadhurst (1996) describe the association between low income and the occurrence of neglect, pointing to problems associated with poverty that may contribute to maltreatment, e.g. higher rates of emotional disorders, less adequate social support systems. The practitioners generally support Howe’s (2005) observation that many neglectful parents have histories of loss and lack of family stability, and patterns of care associated with lower engagement with their own children, for example:

*“... we’re talking about emotional neglect... there can be all of those other factors that are in place, but if they haven’t built up a relationship with the child – if they’re not emotionally available for them – then there’s that sort of neglect plays into it”*

P11.

This extract introduces emotional neglect, and it's significant that it doesn't refer to emotional abuse, as the omission is not implied as being intentional. The practitioner had earlier linked 'lack of availability' to the parent's experiences of being parented, and a perspective that neglectful parenting is a circumstance - an outcome of interacting cause and effect generally. Bywaters *et al.* (2016 p.30) comment on the reported 'toxic' combination of mental health, learning disability, substance misuse and domestic abuse (Brandon *et al.*, 2012), suggesting that poverty's association with the occurrence of stress, and neglect makes the case for its inclusion.

The narratives do infer a link between poverty and issues of parental responsibility, but the message is inconsistent. The relationship between poverty and neglect is the most ambivalent of the cause and effect discourses, particularly in relation to individual and collective agency. The practitioner can use their proxy-agency to alleviate immediate needs (SSWB Wales Act 2014 s.49), but they are reliant on others to address the long-term individual and societal causes and implications of chronic poverty. There is a general narrative discourse that, whether defined as neglectful parenting or social inequality, the impact on the children is evident. The matter of the individual parent's contributory agency is now considered in the following section.

### *Perspectives on Responsibility and Agency*

The broader discourse defines abuse in terms of intent and active commission and neglect in the context of unintentional parenting omissions. When practitioners are asked about their experience of 'wilful neglect', it was generally interpreted as meaning intentionally or cruelly neglecting children to the point that it was definable as abuse - it was rarely personally experienced by practitioners in these terms. This extract was one of only two that suggested knowingly harming or an intention to do harm:

*"I've got one particular case I can think about where, obviously, he knew what he was doing was wrong, because he hid it... So, yes; wilful, but he would try and justify it". P22*

Dingwall *et al.* (2014) discuss the ascriptions of deviance and moral character, suggesting that *"deviance is a matter of judgement, a charge made against one person by another, rather than an inherent property of certain acts"* (p.105). Specifically, when some rule or

convention has been broken, in this case a parent avoidably mistreats a child, and there was intention to mistreat the child, on the basis that they knew how the child should be treated but chose to do otherwise. Only one practitioner strongly expressed a view:

*“There are cruel parents; there are parents that don’t care; and that’s when you can’t work with them and you don’t work with them. Nothing will change. But if you can find the reason for neglect there’s a way of working”. P14*

The narratives implicitly describe another layer in this ascription of deviance: ‘disguised compliance’ (Reder *et al.*, 1993 p.106) where parents who knowingly hide the neglectful impact of their poor parenting from the view of statutory agents. Practitioners’ most common negative judgement can be paraphrased as ‘not wilful but careless or lazy’. A minority of practitioners did equate harmful choices or circumstances (e.g. substance abuse) with wilful neglect:

*“I’ve got some wilful neglect at the moment and ‘you know you are choosing alcohol above your child, you need to address that - I can’t do anything until you address that’. I am much more direct with those cases than I am with the unintentional neglect because of limitation”. P3*

There is a complex narrative link between a view of applicable agency, a ‘condition’ arising from parental choice and abuse, and as an illness caused by adverse experiences. A practitioner tells the story of a mother with long history of health and relationship difficulties whose children are on the register for neglect. The practitioner reported the mother acknowledged her part in the neglect that impacted on her children’s health, but that it was only neglect and not doing any damage to the children. This practitioner suggests that parents struggle to recognise neglectful parenting whilst understanding physical abuse because it is in the press, and that they should not smack their children as there are possible consequences for doing it. In this case, was mother wilfully harmful, or simply unaware of the impact of her actions? The answer might shape the approach to achieving change, but not the outcome of the neglect. Practitioners are consistent in reporting the families’ active commitment as central to meeting the casework objectives, agreeing with Lewin and Heron’s (2007) findings that professional judgements draw more strongly on parents’ exercise of their agency and the quality of care and relationships, than on the impact of poverty and social disadvantage, for example:

*“... for me, assessing people’s motivation to change is about how much they’re willing to do for themselves. You know... because they know what the issues are, we tell them: “You know this is your issue; what have you done about it? We’ll tell you what we’re going to do about it; what are you going to do for yourselves?” P18*

Practitioners’ narratives inferred their experience of the ‘apathy/futility syndrome’ in neglectful families described by Howe (2005), but this did not appear to negatively impact on their approach to practice and their casework objectives. Whilst this was generally the case, there are a few examples of professional despair. This practitioner was reflecting on the development of her understanding of neglect:

*“I think I’ve always realised that it’s very serious, but I think the more experienced you get the more you really appreciate it. I’m going to sound a bit cynical, I personally feel you start seeing how hard it is for parents to, or unlikely they are to change, especially if they are a long way down the neglect cycle”. P8*

The narratives do not suggest practice is founded in a ‘rule of optimism’ (Dingwall *et al.*, 2014) but realistic professional goals. The practitioners were presented in the interview with a binary representation of neglect as: (a) a consequence of parents with potential capability, but who placed their own lifestyle priorities ahead of their children’s needs; and (b) parents who lacked capacity to meet their children’s needs as consequence of, for example, a lack of early role-models, learning disability or mental health problems. They recognised the different challenges, but their fundamental approaches are the same. Firstly, to focus on the impact on the child, and in response, facilitating better parenting (assess needs, support change); and secondly, the measurement of success (the outcomes for the children):

*“I don’t like blaming parents because I think most of the parents have lots of emotional issues at the very least, but they are, if anything, the ones that are trying the hardest. They are trying the hardest, they are doing their best, they are doing everything we’ve asked of them and they still can’t do it, we still can’t wait”. P7*

The practitioners’ operating assumption is that most families are somehow reachable - a motivating belief that is central to their task. Their professional motivation is consistently reported as achieving change for the better for the children. The parents’ responsibility for the neglect does feature as an issue, but less important than accepting the responsibility to change. At the centre of this is the child: meeting their needs and making them safe.

Understanding the roots of the parents' neglect of their children is vital if the contributory problems are to be addressed. The recognition, deconstruction and response to neglect are nested in complex practice-moral notions of cause and effect and of parental agency and responsibility. For the practitioners the aetiology of the condition in each case is important to understand, but the consistent discourse is that the issues for the practitioners are: what is the impact on the child and what can be done to ameliorate the harm? This will mean coming to judgements about interventions based on the presentation in the context of their assessment and an organisational consensus based on the application of thresholds. The issue of threshold, which is central to all the narratives, is discussed in the following section.

### **4.3 Setting the Boundaries for Intervention**

Neglect is the most prevalent and contestable form of child protection registration categories. As a form of maltreatment, it is located at the extreme of a continuum that extends from the best of good enough to the worst of poor parenting. Neglect is not defined in terms of binary phenomenon, in which the balance of probabilities points to a defined abusive act. It is the child's lived experience that, in the absence of co-existent physical, sexual, or emotional abuse, is not easily described in terms of medically defined trauma or a criminal offence. Practitioners generally report that, whilst there is a reasonable level of agreement across professionals of different disciplines about defining neglect, the difficulties emerge in agreeing when definitions are applied in specific cases. The practitioners also recognise individual differences amongst their social work colleagues in the interpretation of assessment data, in making judgements about its impact on the children and, on the implications of potential alternative intervention pathways. Practitioners' views concurred with Stone (1998 p.9), that *"no simple litmus test will reveal the presence or absence of neglect"*. The challenge of disentangling the meaning of cause, effect, parental agency and responsibility, carries over into grading judgements in individual cases of neglect. The result is that the boundaries are set, not in terms of comparable thresholds, but the bureau-professional allocation of casework status.

## Professional Benchmarks

*"It's one of reasons that we struggle with neglect, it has no top or no bottom or no sides". P21*

Practitioners confirm Dubowitz's (2007) view that locating neglectful parenting on a continuum spanning grossly inadequate care to excellent care is problematic. They are required to identify and make judgements about the point at which it becomes maltreatment that is statutorily definable as significant harm (Children Act 1989; WAG, 2006). The practitioners describe a broadly common understanding of the organisational parameters of neglectful parenting and the expected consequent services and interventions. Shared concepts of process and praxis are embedded in the narratives.

The practitioners often spoke about 'threshold' and 'having threshold'. As a bench-mark it appears to be singularly case-specific, located in its history, present circumstances and prospects. This makes it necessary to accept their capacity to discern 'having threshold' in the particular, without defining it in general. However, practitioners need common descriptors to communicate when important lines in cases have been crossed. Central to this are the concepts of 'good enough parenting' and 'significant harm'. Practitioners' use of the term good enough has two different contexts and meanings. The first of these is a simple, unquantified descriptor in an individual context, for example:

*"...what matters is what the child's experience is, and if that child is not experiencing an adequate life and home conditions and experience, then that's not good enough"*  
P8

The second use is in the context of 'good enough parenting' (Winnicott, 1953; Bettelheim, 1987; Hoghughli and Speight, 1998; Donald and Jureidini, 2004; Kellett and Apps 2009; Rastnapalan and Batty, 2009). The term good enough parenting is often used in the narratives but not clearly described. It is reported by practitioners as a binary threshold, i.e. good enough or *not* good enough. There are no metrics attached to it. Kellett and Apps' (2009), description "*providing unconditional love and affection, and meeting the child's most basic needs*" (p.27), or Woodcock's (2003) list of characteristics are reasonable representations of its application as a benchmark. It implies and respects individual parental agency. It is family-specific and based on a balance of what parents do or do not do in the

interests of their children, such that they are positively or adversely affected. As a threshold, it is also reported as particular to social work.

*“Other agencies compare thresholds to what they feel is acceptable in their own homes. We compare thresholds and good enough to what we consider is good enough. There is no general template for what is good enough” P3*

The culturally relativist nature of neglect and the subjectivity of its personal and professional location is encapsulated by a practitioner who was born and raised outside of the United Kingdom. She reported that some parenting identified as neglectful in Wales would not be considered as neglect where she grew up. This meant that she had to work on her values and attitudes, which she describes as having been difficult for her.

The two reports demonstrate the situated context of neglect, within which the individual practitioner is reflexively and professionally engaged (Edwards, 1995; Parton *et al.*, 1997; Daniel, 2000; Woodcock, 2003). The second quote illustrates the need for ‘*sturdy relativism*’ (Taylor and White, 2001 p.55) and reflexivity “... which means that practitioners will subject their own and others’ knowledge claims and practices to analysis” (ibid., p.56). It is uniquely experienced and negotiated by families (Azar and Cote, 2002; Ward *et al.*, 2014); and the organisation ultimately determines it (Parton, 2014). It has no definition in statute. Practitioners reported different thresholds for good enough and neglectful parenting dependent on whether the relationship with the child was in a professional context or as a member of their own family/social network (Kellett and Apps, 2009 p.27). A practitioner compared her different response to an extended family member’s home where domestic standards are not always up to her expectations, and that of a similar family she might be involved with through work, where the assessment was based on likelihood of harm. The practitioner may apply the same definition of what is good enough, but her response to benchmarking and its significance is both emotionally and practically divergent. The following extract suggests agreement with the views of Lord Justice Mumby (2015), that not all children can nor will experience the best of parenting:

*“...there are a lot of children that might be better off in care; but that’s not how we judge when we take into care. The family has to be “good enough”, not “better than” the alternatives”. P20*



The apparent contradictions in this explanation (e.g. why should children not be placed where they 'might be better off'), reflect the consideration of the *impact and resilience* phenomenon, and the operational and strategic perspectives, that children should be supported to live with their families unless the threshold for a care order is met. For the purpose of anchoring assessments and decisions in a common professional and administrative understanding, concepts of good or not good enough parenting are defined in terms of administrative and statutory thresholds. It is these that we now consider.

### Administrative and Statutory Thresholds

In this section, administrative thresholds for neglect are defined as the outcome of the application of bureau-professional assessments and judgements. They are defined by the process in each case. Practitioners did not provide qualitative or quantitative measures of technical thresholds, or reference threshold matrices. The discourse describes an implicit understanding and case by case application. The following practitioner provides a stark representation of the reality of a rationed resource:

*"There's this emphasis on good enough. It's a difficult one because good enough for who really? Would it be good enough for my family or if I had children? Probably not really, but that's not the kind of benchmark we work to. It's something that I struggle with then. But that's reality of it really, because otherwise we'd probably be overwhelmed as a service..."* P24

Other practitioners describe the shifting thresholds that moderate supply and demand. One suggests an intervention threshold that was raised in response to the authority's strategy to reduce looked after children numbers, was later dropped in response to a critical inspection finding. The impact of finite resources is implicit in the narratives. It is expressed as frustration about delays in accessing the services that practitioners have assessed families as needing. Less than a quarter suggest that thresholds are directly linked to the availability of services, or in the case of this practitioner, the level of demand and a specific policy respectively:

*"I have experienced duty teams, I know what that's like, the number of referrals that come in daily. I think a lot more families would be open under child in need if we had the money, the resources and "bums on seats"."* P3

Practitioners were asked for their experience of levels of administrative thresholds in neglect cases, particularly whether the thresholds were too high or too low, and how this might impact on meeting need/addressing risk of harm. Some responses do not provide a comparative level. Others suggest more than one level during the narrative and some are superficially contradictory, reflecting the situational and complex nature of working with neglect. Just over half suggested that administrative thresholds are too high, particularly at intake/initial assessment level. Of these, a quarter are concerned that this means that some opportunities to avoid significant harm are missed.

*“I think perhaps when you’ve had 3 initial assessments on a family and no work has been done there’s a question there: why? Because sometimes we can get a case over and you can look and think why weren’t we involved in this case sooner? Looking at that, our levels are too high. But you also have to look at resources; you have to be practical about these things”. P14*

This comment reflects the finding by Broadhurst *et al.* (2010[a] p.362) of a “*pattern of repeated initial assessments of escalating severity*”. The practitioner describes the outcome in terms of bureau-professional applications of threshold that are professionally assessed and measured against an administrative standard for service provision. Where perhaps the need itself was insufficient to cross the line, and that it required added weight (e.g. an incident or other professional voices) to carry it over. An identifiable *rule of progression* in neglect cases emerges from the narratives: whatever the case status, the presentation of new significant concerns will raise it one step up to the next administrative level or tier of service. The remaining responses are divided between administrative thresholds being about right, and interventions viewed as being too intrusive/too early. One response suggested that the application of thresholds is inconsistent and might be any of the above.

Excepting immediate health and safety risks, or child abandonment, there was no description of simple thresholds for services or interventions. The term *significant harm* used by practitioners, is defined only by its potential to meet a statutory threshold (Woodcock, 2003 p.94) and a managerial and legal opinion, based on experience and knowledge of current organisational and Family Court benchmarks (Dickens, 2006). Government guidance in Wales recognises that there are no absolute criteria for judging significant harm (WAG 2006 p. 143). The practitioners’ narratives suggest that immediate

harm or prospect of physical harm from abuse or neglect as being easily identified. The dangers of chronic neglect are only rarely so easily identified and are often challenged as this practitioner demonstrates:

*“I hate it when you get to court, and the solicitor says to you ‘yes but why are you coming today, what’s the immediate danger’? I say ‘well if it was physical abuse I would tell you the immediate danger is none, because they might not get hit tomorrow or a week’s time, but they’ll probably get hit within a month. Neglect is going to happen today’. Neglect is always immediate.” P6*

The neglect described by practitioners may present immediate and clear danger to a child, but more often it is the enduring lack of parental attention to the needs of their children, an underlying lack of care and a continuing series of more or less significant identifiable omissions or actions that is continuously impacting on the child. Demonstrating impact is recognised as a challenge, and there are no references to metrics or tools that measure it. The critical measures of severity, chronicity and impact of neglect are not simply calibrated (Platt and Turney, 2014). Neglect is defined by practitioners as a deficit - that it is not good enough parenting. To be good enough there should be no prospect of immediate harm and a balance of parenting omissions and good care that meet the minimum expectations. The demonstration of the sustained absence of identifiable child protection issues in the family is a threshold that allows the case to be defined as ‘child in need’. The absence of enduring sub-child protection related needs will be case closure. However, as this practitioner describes, this is not often a simple, linear process.

*“... invariably there’s a step back and a step forward. There’s relapse effectively isn’t there? I’ve never worked on a neglect case where that hasn’t happened; and things have stepped back a bit or there’s been another incident, something else has impacted and things have deteriorated again, and it has to start almost from scratch. That’s why, I think, probably neglect cases tend to be the ones that are open and closed and opened and closed; or open on a long-term basis - things never get quite good enough to close”. P21*

Platt and Turney (2014) describe the linear concept of ‘threshold’ in neglect cases as an over-simplistic, technical–rational model. The practitioners’ accounts of their practice concur with their view that thresholds are only meaningful in terms of the nature and timing of the decisions to implement them. The narratives describe an implicitly technical-rational process, but it is the values and experiences of the practitioners that set the boundaries and

inform the judgements in individual cases. It is also arguable that practitioners' interpretation of the practice-moral phenomena in individual cases influence their approach to threshold. The contribution of professionals from other disciplines and agencies to the deliberations about threshold are reported in the next section.

#### **4.4 The Multi-Agency Interface**

The practitioners consistently reported that there was not a common multi-agency understanding of thresholds for intervention in cases of neglect. The detail of the responses demonstrated that this was not a simple matter of all agencies consistently having lower or higher thresholds than social workers. However, the initial response from most of the practitioners is that they are lower:

*"I don't think there's a common threshold... I think that a lot of our partners, and a lot of health visitors, school, that kind of thing, feel that we have got very high thresholds... I mean, there is this idea of what is "good enough"; and it doesn't sit comfortably with everybody". P18*

The practitioners' more reflective views recognise many circumstances where the opposite is the case, and there are consistently expressed themes related to specific circumstances and groups of other professionals, e.g. specialist health professionals with high thresholds in familiar cases, for instance:

*"... its not to discredit those professionals - the midwife and the health visitor I've worked with for a long time, and they're very good, and they're very professional – but because they've known that family for 10 years, I did feel that their judgement was slightly clouded". P25*

The pejorative implications attached to familiarity in this last extract could equally be expressed as the foundation for informed and sensitive professional judgements based on extensive knowledge and mutual professional/family trust. The dichotomy describes the different nature of the relationships between families and professional disciplines. For example, health sector professional/service user relationships could be categorised as knowledge-led, consultative and advisory. Regarding social workers, the family might contest their interpretation of the 'facts' of the case, view their role as ultimately directive, and the relationship as one in which they, the authority's representatives, make the decision.

The narratives include examples of why thresholds are different, and an acknowledgement that these differences can be reasonable and acceptable. The multi-agency construct of safeguarding (WAG, 2006) is fully embraced by the practitioners. Other agencies/ professionals' specialist opinions are actively sought and welcomed:

*"Well I don't just do it on my own. I mean in all that, I should probably have said that before, if I am the case holder or not, I am a member of a group of professionals and I think that's absolutely vital". P4*

The practitioners acknowledged and accepted their role as the professionals with a pivotal child protection function. They report confidence in challenging the other professionals' opinions and judgements about matters located in the ambit of social work responsibilities and activities. Responses to the question about the extent other agencies expressed opinions influence their judgements in cases of neglect varied widely:

*"...it's managing other people's perceptions – anxieties – and working out the reality for that child, and what's going on; and what that child's experiencing". P23*

*"Opinions wouldn't change my judgement; evidence would change it". P17*

*"I hope I do listen and take on board and kind of allow that to filter through my thought process, ultimately, I'm responsible for the decision I take" P1*

Whilst the engagement and input of all relevant organisations/professionals are both welcome and valued by the practitioners, there are reported operational and cultural differences to be worked through in establishing a consensus. The practitioners often personalise the impediments to achieving a multiagency view, the discourse reflecting recent experiences of challenges, opinions about specific schools, and the reluctance of groups of professionals to contribute beyond the confines of their practice remit:

*"It's also difficult when you're working multi-agency; everyone's got their own view on their particular [area] so the health visitor is particularly concerned about 'this' bit; school are particularly concerned about 'this' bit; or you might have just the school very concerned, and the other agencies not; it is hard to get a holistic multi-agency view on things". P20*

Conversely, professional expertise is recognised and there are examples where the diversity of experience is welcomed, and at other times, as providing opportunities to reflect on practice:

*“I remember the few cases I’ve had in the probably posher areas of [the Authority], where schools would possibly not be so used to child protection cases, they would be very alarmed over things that actually are still good enough. But I think that’s really helpful as well because sometimes you have to remind yourself: why should those children miss out because people say: ‘that happens here all the time’. I don’t ever want to fall into that”. P5*

Differences of opinion between agencies or professional disciplines was not characterised as simply a lack of a common understanding of the parameters of neglect and its impact. Explanations included the focus/priorities of different agencies and the purpose of the profession (Boehm, 1964) e.g. police focus on the presence or lack of criminality in a case and the priority of obtaining convictions:

*“... allegations are made, and Police will say... ‘this child has made an allegation against a parent, no contact’. Depending on the allegation, you can put that in place for a little while, but then you are kind of saying: ‘well no, it’s now 6 weeks, you’ve had 6 weeks to complete this investigation, this child needs this contact’. They don’t get that, in their view it’s very much it’s a legal process”. P1*

Another explanation put forward for differences of opinion is a lack of understanding of the limitations of other agencies’ statutory remits, including the variable effectiveness of summary interventions in promoting children’s long-term well-being, e.g. removing children from parents.

*“Sometimes schools expect you to meet with teenagers and tell them to go to school and the teenager is going to do it. It doesn’t work like that. Schools can expect a lot of social services to change home lives just by being involved. It goes back to the thing ‘you don’t have a magic wand’”. P5*

The practitioners do not refer to the multi-agency arrangements in general, or to the strategic work of the local safeguarding children board. The practitioners’ ambit and concerns, as reported, focus on the mechanics of multi-agency casework. The narratives suggest that, whilst imperfect, multi-agency working relationships are an accepted routine and productive means of delivering the statutorily prescribed services to safeguard children. There is a clear sense that there is not a critical level of dysfunctionality, nor that differences

are a consequence of bad faith, but that they reflect the inevitable subjective and professional range of experience and perspectives.

The focus of this chapter has been the first line of enquiry, "*what are practitioners' and managers' understandings of neglect and the thresholds for intervention?*". The consistency of self-reported robust professional agency and confidence was not hypothesised. Similarly, there was an unexpected convergence of reported experiences and perspectives in relation to why parents neglect their children, the parameters of intervention and the experience of multi-agency working. Importantly, the responses were not uniform, and there were contradictions within and across the narratives, but the overall messages were consistent. The following chapter reports on how the practitioners describe the delivery of their core responsibilities.

## Chapter 5. Delivering Social Work in Practice

This chapter focuses on three of the research lines of enquiry: *how do practitioners and managers assess needs, risk and the impact of neglectful parenting; how do they subsequently form judgements and make decisions; and what services do they identify as being effective in working with neglected children?*

While the narratives describe a common responsive, iterative and flexible underlying approach to the process of arriving at decisions in neglect cases, the direction and content of interventions are unique to each family. In each case they are the product of the changing circumstances of the families, how they engage, and the interventions and judgements of differently constituted groups of professionals. The individual contribution of practitioners, and their influence on the direction and outcomes of cases is apparent from the narratives.

In this chapter the practitioners confirm their understanding of the mechanisms, parameters and imperatives of their area of practice. They describe relationship skills that allow them to work professionally and empathetically with the families. The narrative discourse suggests a more informal and relational, and a less technical-rational approach to the process of coming to judgements.

### 5.1 Assessing Needs, Risk and Impact of Neglect

As agents of the local authority, practitioners are delivering its statutory duty to undertake assessments of children's needs and risk of harm as set out in the *Social Services and Well-being (Wales) Act 2014* and the *Children Act 1989* respectively. The outline frameworks for the assessments and the processes and procedures to be followed are described in statutory regulations and guidance (NAW/HO, 2001; WAG, 2006; WG, 2015[b]; WG, 2015[d]); all-Wales procedures (AWCPPRG, 2008) and in Family Court guidance and regulations (WG, 2014; WG, 2016[a]).



### Semi-Structured Assessments

Twenty-two practitioners make direct or indirect reference to undertaking and completing core assessments<sup>17</sup> using the electronic format required by the Integrated Children's System (ICS)<sup>18</sup>. Whilst none said that the assessment provides a simple answer, a number suggested that it does provide a location and an organisational framework for the data they collect:

*"The assessment framework is always going to have its place; it's usually the backbone of my assessments in terms of setting out quite clear headings, to make sure you don't miss anything; and I think that's never going to go away". P18*

The obligatory completion of a core assessment suggests a potential for a level of consistency. It also means it is a process box to be ticked. A practitioner reported the advice from a supervisor that she should *"complete a core assessment and close the case"*, which suggests that its prescribed requirement might mean that its role is subverted from an active tool to a repository of 'facts' and pre-formed opinions, required to complete the paperwork. In both the localities the ICS-prompted 'tick-box' version of the core assessment has been replaced by a more narrative-based approach. The limitations of the form-filling approach are described by Munro (2005) and Broadhurst *et al.* (2010a; 2010b), and the changes are welcomed by all those practitioners one of whom commented:

*"I've found the questions – the yes or no questions – of the old assessment not very helpful whatsoever. And there was just too many. It was just... I think people got a bit too bogged down by those; and by the time it came to then do your analysis in whatever domain, by the time you've answered 10 or 15 "yes or no" questions – which are not particularly relevant in every situation – most of them, I don't even think, were very relevant to the cases – your head's not really in the mind space then to do a detailed analysis". P11*

This 'fragmented' view created in the process and output of the ICS core assessment is reported by Trowler and Goodman (2012 p.21). Hall *et al.* (2010), describes how the child is constructed through a series of boxes which list 'needs', and parents or carers in terms of

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<sup>17</sup> Following the implementation of the Social Services and Wellbeing Act (Wales) Act 2014 (SSWB Act 2014) the prescribed initial and core assessments introduced in conjunction with Framework for Assessment have been replaced by a single "Proportionate Assessment" WG [Welsh Government] (2015[b])

<sup>18</sup> See Government Archived Fact Sheet

<http://webarchive.nationalarchives.gov.uk/20101008142207/http://dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/integratedchildrenssystem/abouttheintegratedchildrenssystem/about/>

how they address those needs. The parents' attributes are seen in terms of deficits and difficulties, the child is viewed as having *"a set of attributes and problems, but these are to be reported in isolation from issues concerning their families or communities"* (p.403). A practitioner comments positively on the new structure of core assessment *"... you actually have to think again"* (P4), suggesting that the assessment process was about assimilation, experience and using reflection rather than following a prescribed approach. It is arguable that the process of writing and arranging gleaned information in order to form a view has potential in terms of engendering understanding and insight.

The practitioners often locate their descriptions and assessments of neglect in terms of organisational or legal thresholds by focusing on the living environment, children's physical presentation and lack of supervision. These factors, and others such as lack of routines and boundaries, non-attendance at school, not keeping health appointments or not seeking medical advice, are tangible, quantifiable and more amenable to being addressed with the parents.

*"So, like missed appointments for health; not giving the child the stimulation or emotional warmth they need – that sort of thing. The littler things, that may not be littler for the child, they then start to become part of your assessments more readily as you have more years of experience". P2*

More challenging, and arguably more relevant for the children, are the assessment and benchmarking of their physical, intellectual, emotional and social development suggested as important in the extract above. There is no evidence of a systematic child development framework being applied in these areas. Health and education services are reported as taking responsibility for measuring physical and intellectual progress, whilst the important development and emotional well-being benchmarks described below are less objectively measured:

*"I think it's the definition of neglect, because it's so wide. It can range from emotional neglect, where you come in and home conditions are brilliant, and the fridge is full of food and you find that every time, but the children are still neglected because they aren't really supervised, or they are not encouraged, they don't get boundaries so that's really neglect as well". P4*

Measuring the impact of neglect on children's development against parenting behaviour provides both indications of risk and harm and evidence (albeit contestable) for later decision-making. It is arguable that, to make sense of these indicators, they can only be given meaning when located in the child's experience of their family life.

### Recognising the Neglected Child

Within the context of professionals' and victims' reported experiences of the extent and severity of neglect in society (Gardner, 2008; Radford *et al.*, 2011), the narratives describe the ordinariness of neglect, often being the sum of day to day omissions, many of low significance when taken individually. But these omissions cumulatively impact on the emotional, intellectual and physiological development of the children (English *et al.*, 2005). Whilst it is recognised by practitioners as less than good enough parenting, this cumulative impact is not described in terms of a graduated, systematic recognition of the impact. Many parents who are not identified as neglectful may be guilty of parenting omissions in their lifetime as carers. The difference for the formally recognised neglected child being the impact of the product of the seriousness, regularity and persistence of those omissions:

*"I think with any parenting there will be times when that parenting is neglectful. It's whether on balance, those periods of neglect outweigh the good parenting I suppose. There will always be times when children's needs are neglected, particularly in multiple children families where every single child can't have their needs fully met at every possible minute of the day. So, that's why I say it's subjective, the level of neglect is the key". P21*

The narratives describe the challenges of observability and familiarity; presentation and concealment; and recognition and acceptance. The issue of adolescent neglect illustrates how these work through as consequences for children. The neglect of older children was raised by a small minority of practitioners. This cannot confidently be interpreted as under-recognition, but it might reflect the urgency or importance the agency attaches to them as a group. The practitioners who raised adolescent neglect recognise that it is often a continuation of earlier childhood neglect (part of a familiar and accepted continuum), but that the resulting adverse experiences and consequences for the young people are as significant for them as for younger children (Rees *et al.*, 2007). The adolescents' own agency, the greater facility for negotiation, accommodation and concealment, the lessening

of dependency and of the immediacy of health and welfare concerns, meant it was not as easily recognised, as in the case of young children where thresholds are less contested. Descriptions of the risks arising from the neglected adolescents' behaviours begin to run in parallel with the parents' failings in the narratives. The children's neglected status becomes overshadowed by the pressing requirement to manage their behaviours.

The practitioners' descriptions of neglect are often located in the indirect, physical elements of what parents do not do, e.g. do not provide clean, safe homes; food and warmth; ensure attendance at school and health appointments - all of which directly affect the children's physical and intellectual development. The children's happiness and emotional welfare is acknowledged by practitioners as linked to the children's experience of the quality of relationships between themselves and their parents and others within their communities. A theme of the discourse is that, within the home, poor physical care alone does not make them unhappy, a lack of parental empathy and availability is the critical issue, and less easily recognised and difficult to measure. In the community, it is the children's presentation, the consequence of poor physical care, that raises a negative profile. There is also an acceptance of presentations of neglect that suggests that their responses are moderated by familiarity and organisational culture, for instance:

*"I think that part of the problem is that when you work with neglect you become accepting of it, and that's an issue. You could possibly lower your standards, and you make excuses for it". P14*

The practitioners generally acknowledge the familiarity issue, but it is not clear from the narratives, to what extent it might bias their assessment, or how they are responding to organisational norms. Like the phenomenon of cause and effect and of agency and responsibility, that of familiarity and accommodation adds further complexity to the challenge of 'recognising' neglect and defining practitioners' locus of responsibility and activity. This contrasts with earlier findings that the practitioners were confident and comfortable in delivering the agency's social work task. The apparent contradiction reflects the requirement that they professionally mediate the certainties of a familiar, bureaucratic task, and the uncertainties of families' lives, where their knowledge is partial, and facts often contested.

### The Child's Perspective

There are consistent themes of communication and dialogue as the foundation of practitioners' relationships with families. The narratives describe a bias towards the relationship and communication with the parents and concerns about what they do or do not do, and less on the children's stories. The balance moves towards the children as they get older, reflecting that, to a significant degree, the younger children's agency is both permitted and limited by the influence and actions of the parents:

*"Obviously, what we rely on a lot there, are parents really, and unfortunately parents are not always open and honest, and we want to try and gauge what's really going on, and particularly for this child". P24*

Practitioners were not asked directly whether they used a methodology or technique to communicate with children. Except one practitioner's description of using drawings to represent how they experience daily life, no other techniques or established models (Lefevre, 2010) are referenced, nor are there accounts of how the process of obtaining children's wishes and feelings are organised or structured. The following extract demonstrates what might be seen as good practice regarding working directly with children:

*"I do work a lot with children directly, with babies and toddlers I actually put them on my arms because they can't speak to me, I'll be there when they get changed and I am quite thorough I think" ...and with older children... "I will spend quite a lot of time with them, engaged in play with them, speak to them, and let them show me their bedrooms and things do come out". P4*

It demonstrates that the task is not simply restricted to dialogue with children (Holland, 2010), but using all the senses and opportunities to better understand their lived world. For instance, the challenges associated with the recognition and labelling of neglect in families with disabled children were raised by the specialist practitioners. These included the expectations of the parents to meet the potentially higher level of the children's needs and the lack of generic developmental benchmarks applicable to the children. Conversely, the children's conditions sharpened the focus on identifying their needs. A practitioner commented that because of the disability element, the team have to think about and analyse the child's circumstances more because, often, they cannot ask the him or her what their life is like. The practitioner describes the importance of attaching meaning to

presentation, reflected in the outcomes for a particular disabled child who was observed and recorded to be consistently under-stimulated at home and not engaged in family life, but who achieved new levels of capability when provided with the necessary care and appropriate stimulation. It demonstrates the central importance of diligent recording in terms of analysis and in supporting judgements.

There is a clear impression from the narratives that communication is on the families' terms, with no reference to systematic use of communication techniques beyond a semi-structured interview supported by observation and social engagement. The use of specific social work/therapeutic methods and the application of theory are discussed in the following section.

### Drawing on Theory

The explicit use by practitioners of social work theories, methodologies or systematic approaches to direct work are incidentally reported by a minority of practitioners. Only three practitioners made a passing reference to theories of child development, and only one in terms of their practice. Similarly, patterns of attachment and the importance of foundation of early years' experience, secure attachment and brain development (Aldgate and Jones, 2006) were directly raised by only two of the practitioners. Attachment was referenced by others, in terms of the impact or viability about decisions to remove children from their parents' care, the implications for the impact of existing attachments when seeking placements or accessing therapeutic services. The following practitioners are two of three exceptions:

*"A lot of the Child in Need are to do with children who've got behavioural issues, or challenging behaviour; or teenagers on SERAF<sup>19</sup>; and when you look at their histories, they've had a very emotionally-deprived upbringing... you know... for relationships, attachment difficulties, that sort of thing. So, attachment difficulties – that sort of emotional neglect – is very predominant in our cases". P23*

*"... [mother] had unmet attachment needs and so that there was going to be that vulnerability there unless she was referred to counselling". P24*

The lack of reference as a cause of a child/parent's difficulties raises the question about the level of conscious application of attachment theory in practitioners' work, given that it is

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<sup>19</sup> Sexual Exploitation Risk Assessment Framework (see Clutton, S. and Coles, J. [2007])

taught as a foundation of understanding and practice in social work training, and is a key element of Assessment Framework (Daniel *et al.* 2010; NAW/HO, 2001).

Whilst theories might underpin their thinking, only a few are mentioned by name but not described in any detail (one practitioner mentions crisis theory in relation to families' responses). The narratives do not represent the assessment process as a self-contained, deductive, technical–rational activity that systematically applies knowledge of research and theories of human developmental and behaviour. This practitioner is one of only two who reports using research in her daily practice:

*"I remind myself of research as well, and as I said it was really helpful to have the student there as well because sometimes you can get into practice... in the beginning you read all that and you try to see it in your practice, you internalise it, but you don't want to get yourself into a trough and go about your business without referencing it". P4*

Practitioners were not asked about social work theories or research material. It cannot be presumed that the fact that were not often mentioned means that they go about their business unaware of, or not applying, either or both. For example, a practitioner made a relevant reference to 'disguised compliance' (Reder *et al.*, 1993), and half of the practitioners refer to attachment in relation to making a decision about separating children from their parents, although its implications are implied but not detailed. Fook (2002) suggests that the diversity of the theories applicable to social work practice, and of the experience of practice, requires an inclusive approach to understanding of theory. The narratives suggest a process in which, the practitioners link knowledge and the experience of the case using an inductive approach to analysis, they do not impose the structure of a theory or methodology. It is reasonable to assume that the practitioners had internalised theory, methods and research evidence, but as Blom *et al.* (2007) report, do not engage with families on the basis of 'book-based facts' but with their own practice experiences.

The next section focuses on the use of tools in assessments. The findings suggest they are inconsistently used and valued by the practitioners, and as with theory and research knowledge, are not the starting point in the engagement with families.

### The Use of Assessment Tools

Whilst there are some recommendations and exemplar tools in the Assessment Framework package (Horwath, 2001; NAW/HO, 2001), the use of specific methodologies and assessment tools are not prescribed. Both local authority research sites use their own Local Children Safeguarding Board 'neglect toolkits'<sup>20</sup> and associated guidance. The toolkits include an adapted version of the Graded Care Profile (Barlow *et al.*, 2012; Pithouse and Crowley, 2016; Srivastava and Polnay, 1997). Twenty-two practitioners acknowledged the neglect tools and made comments on their use. Only seven commented on the neglect tool training each authority provides. Analysis of the practitioners' expressed or inferred views on the use of tools in general suggests that 12 are positive, 15 ambivalent and 2 are negative. There was a measurable tendency for the most recently qualified practitioners to be positive about their use. A supervising practitioner, who promotes the use of the tool to the level of a requirement in each neglect case, reports the positive impact it had for a new member of her team, whose confidence had risen because she had a standard to which to work. Another supervising practitioner (P23), describes the breadth and depth of the neglect tool in terms of the hierarchy of needs (Maslow, 1970) and its value as an interactive/ observational tool. A third supervising practitioner, having prefaced her comment with the explanation that they did not use a lot of tools, provided a different view on the toolkit:

*"I find it quite unwieldy, and I think that's what all of the staff said, you know; that... and that really, you knew what it was going to prove before... by sort of going in and speaking, gathering information from other professionals and going into the home".*

P19

Practitioners expressed a view that the generality of the details assessed and the use of an aggregate total, particularly the neglect tool-kits, can blunt their effect as the metric for making judgements, being unable to reflect on the impact of unequivocal risks (e.g. a toddler on a busy road/mother's choice of partners) or very influential positive factors (e.g. child's agency/resilience). Srivastava and Polnay (1997) found high inter-rater agreement for all GCP domains, which points to its potential to provide consistency in the working field. Practitioners expressed concerns about quantified outcome score as its simple numerical

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<sup>20</sup> This is a generic term. The local titles convey the same meaning but each differently worded.



location on a scale could be open to a range of interpretations, dependant on the perspectives of the family or professional. Further, that the presence of unpredictable and uncontrollable acute risk factors makes it difficult to use the scoring element. This practitioner used the example of a mother with a history of abusive partners:

*“There’s nowhere in the neglect tool about that. So, whilst this mother had done better on the neglect tool – so, in her mind, ‘I’m doing good, things are getting better’ – and no matter how many times I tell her ‘But we’ve still got this issue here,’”*  
P20

The narratives suggest that its usefulness and effectiveness in practice are linked to the levels of its adoption by the user. Practitioners with a positive view on the neglect toolkit particularly valued it as a focus of engagement with families, and as an opportunity for benchmarking with other professionals, although experiences varied:

*“I like to go in and use the neglect toolkit in the house with the health visitor. They say use it in core group, but I like going in with parents first. Use it with parents; parents get to read it so they know. Hopefully they can try and understand it; go through it there and then I’ll take it into core group and get the other members’ views on it. Quite often it’s different and it gives us a level.”* P14

*“I’ve used it once with a family who are very engaged, and it worked really well. But with a family who are not engaging, it just makes them feel picked on, got at, ‘being negative about everything I’m doing’, because they see what they’re doing as okay”*  
P22

A locally adapted version of the GCP is at the centre of the multi-agency neglect toolkits. It is generally reported as easy to use and accessible to families and a range of professionals. Each of the local authorities provides training for its practitioners (one volunteered the comment that it was useful). Assigning values to the elements of parenting is reported as useful as a measure of progress or regression over time. There is less confidence expressed about value of the cumulative score.

Chronologies are referenced by 10 practitioners. Those who commented described their use as critical to managing neglect cases. They reported that, looking back through chronologies, they identified missed opportunities and patterns of behaviour that inform their decision.

*“I think the chronology is a significant method with neglect. And not just your own; health and education’s, so you can look at the impact on those children and consider the future impact on them”. P9*

The use of chronologies in neglect cases is described by a practitioner as *“Something that we are getting much better at...”* (P1). Chronologies are a required element of evidence provided in PLO proceedings (WG, 2014), but only mentioned as part of list of tools in the ‘Assessment Framework’ (NAW/HO, 2001). Chronology templates are provided within the Integrated Children’s System. The value placed on chronologies by these practitioners is not strongly represented in the literature, e.g. only its functionality is described in Horwath (2010) and is not mentioned in Holland (2011).

Parenting assessment tools were referenced by 10 practitioners, either generically or named variations, and usually in relation to assessing capability and not their capacity to make and maintain changes in behaviour. Five practitioners made a passing mention to a ‘model of change’, but only one gave it a name (Prochaska and Di Clementi, 1982). Two practitioners (a manager and social worker from the same authority) mentioned the use of *Signs of Safety* (Turnell and Edwards, 1999) in their area but made no comment on how it was used or if they found it useful.

The broad approach to assessing the parents’ capacity to make and sustain changes described by practitioners is based on an unstructured evaluation of past and current behaviours. Practitioners are apologetic about the degree to which they do not formally use tools as a part of their assessments:

*“I think that the problem we’ve got, we’ve all got into the culture of probably not using the tools as much as we need to, but now with the new PLO and the fact that we have to evidence- base everything, those are things that we are being trained on and going to be using more and more really”. P10*

In one location, the use of the in-house neglect tool was required when children are placed on the child protection register under the neglect category. Whilst the reported use of tools in core groups is, on balance, considered to be positive, there is criticism of the blanket requirement, reflecting an earlier theme of the use of a tool as a chore to be completed:

*“I’m slightly cynical about it because I just feel that it hasn’t been used as a tool. I don’t think it’s been used to enhance practice. It’s been rather put out there as this is*

*something that you do in your core groups, and workers come to their second or third group and think 'I've got my conference coming up I'd better do my neglect toolkit' and it's not used to compliment and enrich their assessment". P1*

The need to provide evidence for the new PLO process (WG, 2016 [b]) is cited as a driver for using tools, as the local authority is required to be further ahead with assessments before issuing applications to the Family Court and fewer independent specialist reports are being commissioned:

*"So, there's moves afoot for everybody to improve those, and to make those a lot more robust and rigorous. But also, even prior to going into court with a PLO process to... we're trying to do a lot of that stuff up front". P23*

The practitioner discourse does not support a view that the assessment process is a pure or simple technical-rational process (Schön, 1995). The assessment framework and the format for recording the information have developed from research (Horwath, 2002; NAW/HO, 2001), and the tools available for their use in assessments are based on and evaluated by research (Srivastava and Polnay, 1997; Sen *et al.*, 2014). There is a strong inference that assessment proformas and tools organise the recording of the process and, like the use of chronologies, they provide both evidence and some insights. However, the narratives focus on the collecting and sifting of information about the child, the parenting and the environment as it is observed. 'Knowing your cases' is reported by practitioners as important, as is how the practitioner processes the information.

*"I think the massive training for people is about analysing the impact of [neglect] in your assessment" P9*

*"... sometimes social workers do not see the wood for the trees because you are going into a family home and there are so many issues that you get caught up in not being able to decide in fact what the important things are against what the not so important things are". P1*

It appears that tightly focused tools that categorised information and helped weigh options would support the practitioners' tacit knowledge and intuitive, inductive analysis. When used, tools are generally described as providing a framework that helps codify professional observation and historical analysis, and as supporting, not leading assessments nor dominating judgements. The overall impression is practitioners are not averse to using tools and that generally - they would like to use them more.

The assessment of neglect is described as an iterative process of testing parental engagement and their ability to make and sustain changes, whilst mitigating the risk of significant harm through the provision of targeted services. It is informed by multi-agency contributions and co-working. Embedded in process, practice and procedures, it is not a single, discrete activity. A finding that emerges from the narratives is that the assessment of neglect is not a *technical-rational process*, the minimum requirement for which would be agreed metrics and consistent use of tools to provide replicable measurements. Whatever tools might be applied to measure aspects of neglect, ultimately, it is professional judgement that defines and labels it. This and the process of decision-making are discussed in the next section.

## **5.2 Coming to Judgements and Making Decisions**

Whatever the methods and timeframe of the assessment, whether there is only partial information available, or a comprehensive overview completed (Munro, 1996; Taylor, 2017), the practitioners will, sometimes daily, be required to continually make and review judgements about the quality of current and future care, and the level of risk to children.

### *The Location of Judgements and Decisions*

Whilst judgements are informed by contributions from other agency professionals, responsibility for coming to judgements and recommending 'best interests' decisions, lies ultimately with the social worker and the immediate line-manager. The narratives are clear: it is at this organisational level that these judgements are formed. In the following sections, the making of judgements is located with the social worker, who appraises and makes recommendations, and the responsibility for decision-making lies with the agency (Taylor, 2017). The practitioners' narratives are consistent with the view of Forrester (2016) that a key social work role is to come to judgements and deciding whether a family needs a social worker is part of the social work process. For example, a practitioner reported rehearsing a speech to parents that she was not there to judge them, and being told that she should take care, as she was there to judge them - to undertake an assessment and make a judgement on whether the child is safe.

Whilst practitioners describe child protection social work as being often directive and always intrusive into family life, their accounts concur with Forrester *et al.* (2012), that these imposed relationships are not inevitably unhelpful or unproductive. There is an element of negotiation about the rules of engagement- adjustments are made, reflecting both the weakness of the families' negotiating position and an element of realism on the part of the social workers. Parents have little choice but to accept the judgement on their parenting and to sign-up to the plan. It is to issues of engagement and compliance that we now move.

### Engagement and Compliance

Parents are asked to prove they are capable of sustaining good enough parenting, by addressing and eradicating the identified deficits through their own agency, underpinned by guidance, direct services and personal change programmes within the umbrella of a supervised plan. This starts with the parents understanding of the need to change:

*"If they are accepting that there is a need – if they can see that this is impacting on their children – that the professionals are concerned, and why they're concerned, and the impact; then you're already on your way to helping them to progress with that change. But if you got the parents that are adamant that this is good enough, or that there's no problem; then it can make it that much harder to move on". P20*

Becoming capable, good enough parents requires a parent's personal commitment to change, measured by their engagement with a supervised plan and the evidence of sustained improvements. The following extracts describe the balancing of evidence of compliance versus engagement:

*"In supervision, we go through the child protection plan and we identified the areas of concern; we looked at what sort of action we could take to try and address those concerns and we look at the outcome of that. If the outcome is 'yes, I have attended every appointment I have had with this service because you said it would address this issue, but I am still actually doing it in my behaviours' then yes, they have met in terms of complying with the plan, they haven't met it in terms of making the change". P2*

*"Basically, what I find is, when I get into the house, mum's very engaging; she's very nice to professionals, and you can see the children. The difficulty is, I visit there more than I visit anywhere; and I can hardly ever get in. So, 'disguised compliance'". P25*

Whilst the practitioners are generally explicit in setting the primary goal as parental engagement, the narratives suggest a more accommodating approach. In neglect cases practitioners are looking for progress and improvement that reduces the immediacy and level of concerns. If compliance alone delivers that change, whilst the issue of motivation might inform their confidence in sustainability, the narratives infer that they proceed on the basis of the prospect of improved outcomes for the child that follow.

### Trigger Events

The literature consistently reports that, until an adverse event triggers precipitative action, the management of neglect cases is characterised by extended periods of social worker oversight and unfocused intervention (Horwath, 2002; Tanner and Turney, 2003; Dickens, 2007; Stevenson, 2007; Farmer and Luteman, 2014), even to the extent of ignoring neglect cases until there is a specific incident of physical or sexual abuse (Gibbons *et al.*, 1995). The narratives describe a more nuanced situation. The trigger event may be a discrete abusive or catastrophic event, but it will often be the gradual uncovering of the evidence that confirms suspicions. In an example provided by a practitioner, involving drug-misusing parents and neglect concerns, the parents presented at a health service under the influence of substances. The agency staff, knowing that the parents had children in school, had raised their concerns, which initiated a preventative intervention. The problem for the children in this family were the consequences of their parents' substance abuse. This was known to the agencies involved, who would have suspected or known that parent's might not always be capable of caring for the children. The trigger was the visible confirmation that gave the authorities the opportunity and responsibility to intervene. In this case the response may have been timely, proportionate and appropriate, but the visibility/reaction issue raises a question about the identification and response to need. To what extent are agencies balancing their responses against defensible organisational risk? As an earlier practitioner observed, a balancing is required, otherwise they would "*probably be overwhelmed as a service*". Stevenson (2007) describes the combination of the recognition of the parents' personal challenges, and optimism that they can be helped to change, as leading to chronic indecision in neglect cases. One practitioner with supervisory responsibilities described her experience:

*“I get frustrated when social workers say: ‘there’s no trigger here, there’s no evidence, there’s not enough evidence or there’s not enough wrong’. It frustrates me because, for me, severe neglect is easy to see, easy to spot. It’s just being a bit smarter at how you describe it and how you record it”. P6*

Practitioners reported the role of adverse incidents in initiating judgements about risk and the need for higher level, more intrusive interventions, but not in simple binary terms. The narratives do not suggest that case-management and judgements are predicated on the need for an incident, but that incidents are part of the wider neglect scenario, for example:

*“Families can go into crisis, but if they’re in continuing crisis, or there’s crisis after crisis – so sometimes it can be a numbers of incident things so, it could be a number of small things that have led to a more concerning picture of an environment”. P23*

Practitioners describe trigger incidents that range from significant, in terms of the harm or risk involved, to not significant as a single matter, but as the last in a series of accumulated concerns. Incidents are not isolated events, they are the more visible and tangible manifestations of the everyday life lived by the neglected child. The three extracts below use the same cumulative threshold:

*“You do find you have the majority of trigger incidences when you get to court, but sometimes when you got such chronic, historic neglect, sometimes you just have to say: ‘enough is enough, there’s no change’”. P3*

*‘...you’ve got to go in every time and witness the neglect for so long until you say: ‘alright, enough is enough now’. There’s no direct, kind of, precipitating event sometimes, it’s just that you are not making any changes’. P5*

*“I say ‘just because we won’t get it passed them, we are not going to try. Forget that, if you can say to me enough is enough then we will go to that solicitor’”. P6*

The narratives describe how the conclusion that ‘enough is enough’ is reached, regardless of whether it is a significant incident, the culmination of lesser adverse events, or simply the passage of time with no improvement. There is a challenging requirement to test and re-test the ground for legal intervention, but not to delay, balancing the different elements of the case, whilst holding the child’s best interests at the centre.

### Impact and resilience: Balancing Best Interests

Assessment is often described by practitioners as involving a second chance (or other multiple chances) given to parents to improve the care of their children. This provides two simultaneously held objectives: (a) if the issues can be fixed and the parents achieve good enough thresholds it will deliver the best available outcome for the children; and (b) the family's failure to make the necessary changes provides the evidence for a Family Court intervention. Practitioners found this area of the work challenging, requiring that they weigh the potential ongoing harm to the children, parental and children's rights and the need for evidence to make a case that a threshold had been crossed, for instance:

*"But it seems to be that, in terms to remove a child because of neglect they need to have experienced it, and by that time they have been affected by it. And so, working with it is very difficult..."* P5

*"We have to balance the fact that if we had stepped in too early, would we then be thinking to ourselves, how do we know that it could not have changed better for the family?"* P2

When considering the child's future in terms of remaining with or separation from the parents, in the balance of the judgement are the respective weights of the prospect of continuing significantly inadequate parenting and the quality/disruption of attachments:

*"I think it's about their attachment at the time, as well; and I think it's easy to sort of see that there would be positives if that attachment isn't as secure as it could be; I think it's a lot more difficult where you feel that there isn't that change, but the attachment is quite positive and strong. But then you have to sort of balance their continual development and... it's really hard. It's very, very difficult".* P11

The narratives infer a principle that presumed positive change was the goal when setting out in each case, and only protracted lack of progress and/or adverse events would reverse that presumption. They contain clear messages that an assessment of continuing palpable harm will lead to their removal, whatever the quality of the children's attachment. The practitioners' approach to making judgements about the best interests of children is summarised by one of their colleagues for whom the judgement is essentially the mitigation of consequences of neglect:



*“...what’s best for the child in terms of how we go in, to cause the least amount of harm”. P20.*

Whilst there is no indication of a structured methodology, there is a process associated with coming to judgements in neglect cases. The process described is one of discussion and reflection about the continued accumulation or dissipation of concerns. The description of the interactions between practitioners and managers is consistent with those of an organic and rationally constituted bureaucratic organisation (Burns and Stalker, 1994; Silverman, 1970). There is a clear presumption that the question to be asked is: why should we act? This applies to the interconnected provision of supportive services at all levels and to meeting thresholds for directive interventions. There are no discernible differences inferred between the thresholds applied across the two authorities, and the ‘managerial’ levels at which specific judgements are made are similarly the same. These are the subjects of the following two sub-sections.

### *The Matter of Threshold*

The narratives describe the decision to initiate the PLO as being based on the confirmed judgement of senior managers and legal advisors that: the parenting is not good enough and cannot be made to be; and that the legal threshold, that the child is suffering/will suffer significant harm, is met. It is the latter, rather than the former condition that appears to tip the judgement. Practitioners’ narratives suggest a tacitly understood gap between the two conditions: the condition where the parenting is not good enough but either (a) not such that there is a level of significant harm that would meet a threshold in court; or (b) is tolerated on the basis that, over time it can be ameliorated, or evidence collected to meet the court threshold. Daniel (2015 p.86) describes this as a broad threshold with practitioners negotiating “...the gulf between neglect (as defined by unmet need) and ‘neglect’ (as defined as an official category)”. The legal meeting process and thresholds for PLO are reported generally as being constructive and consultative. This practitioner’s account reflects the wider experience:

*“There’s been quite a few times where I’ve said: ‘can I have threshold on this please because I am concerned about it’. Generally, I’ll flag them up with my manager in supervision anyway, so she’ll know they are coming, and you know we’ve had that threshold and they’ve said: ‘you’re not meeting it’ and I’ve said: ‘well I disagree’, but*

*that's fine but I'll go away, and we'll do some more work and we review and sometimes it's worked out and I've said: 'actually it's not met'". P1*

This quote illustrates and reflects a wider description by practitioners of an organic/consultative approach to communications and decision-making (Burns and Stalker, 1994) within the social work teams and management structure. There are criticisms of legal planning meetings, but no significant concerns in terms of being obstructive or out of balance with the operational perspective. Two practitioners raise the same feature of decision-making in neglect cases in the absence of significant developments or incidents: the 'why act now' question (Gardner, 2008). This practitioner observes that compared to physical abuse, the risk of harm is constant and observable:

*"Neglect is going to happen today. Neglect is always immediate. It does go with that argument. That's the other thing: 'why now, what have you done'? Getting that past the solicitor or getting it past the court is the other challenge really". P6*

The need to make a decision focuses the 'why now' question, where a court will view "...a dramatic event as more convincing in the court room than a lengthy history of inconsistent care" (Gardner, 2008 p.64), it exposes the reality that neglect is not a single event and may be years' of a child's life. Whilst practitioners describe the impact of a new caseworker's 'fresh eyes' in terms of positive intervention and a review of past judgements in a case, there's not a discourse about practice from the perspective of the 'start again' syndrome (Brandon *et al.*, 2008). Conversely, there is an acceptance of the "...opened and closed case..." (P21) revolving door, to the extent that another practitioner describes it in the following terms:

*"Agencies have a huge reluctance to put in referrals, they think nothing happens to them because their view is, unless somebody goes out there and then they've wasted their time. But it's not, it's that tapestry with neglect. Building up that pre-[case]-opening tapestry is so fundamental to our work". P7*

This overtly pragmatic view of threshold, as a developing picture managed within a step-up/step-down case status process, (Broadhurst *et al.*, 2010[a]), reflects the general discourse, although not all are quite as comfortable with its apparent inevitability and the impact on the children involved. Central to this process is the relationship between practitioners and managers, which is discussed in the following section.

### The Practitioner/ Manager Interface

The role of managers in developing judgements and decision-making is described as generally supportive, consultative and creatively challenging. This comment reflects the general tone of the practitioners' narratives:

*"We'd have a discussion with the team manager, and we'd make those decisions together; but obviously, she would have the overriding decision... you know... we've got a great team manager; I feel quite safe in challenging, if she says: 'I think we can just shut this' or 'I think we need to bring these children in'. But she would have the ultimate decision, but it's done in a discussion."* P22

The supervision process is consistently reported as central to changing the status of a case. Reference to significant professional differences between social workers and their immediate manager were exceptional and case-specific. Team managers made positive references to their working relationship with their own line-managers. Whilst the content and quality of the supervision are not explored in-depth in the interviews, the narrative content is consistent with the findings of Egan *et al.* (2016), that it is a positive experience based on mutual trust. Practitioners often reported case discussions with managers that took place outside the context of formal supervision, suggesting that these occurred as the urgency of the circumstances required:

*"Supervision is my tool. If I am acutely concerned I will speak to my manager in between".* P4

There are very few indications of managers imposing an overt, strategic agenda when engaged with practitioners in the process of making decisions about the progression of individual cases. All describe a consultative casework decision-making process. A minority give examples where practitioners interpret the outcome in tactical terms. This practitioner's managers did not agree with her assessment of the need for a child's removal from home, but qualifies her complaint:

*"I think it's the way... I think this local authority isn't helping it... I think it's the way the government has designed the system where you have to do everything before you can keep the kids safe".* P8

Practitioners generally reported that their proposals to access/provide services or to raise the level of interventions are accepted and agreed by their managers. They also report on the advisory/gatekeeping element of the meetings:

*“I always come out of a legal meeting and have something new flagged up to me that I hadn’t thought of and its benefited going and the service manager has said ‘well you need to do this’ and you think ‘okay’”. P5*

There is not a perceived problem of veto, but there is an implicit indication in the narratives that *“conscious attention is the scarce resource”* (Munro, 2008 p.96) and that practitioners have sacrificed or adjusted their expectations of the range and level of services that might be provided in line with their experience of what is achievable (Simon, 1997). This is structured in to the management of case progression, which the narratives suggest follows a pattern of graduated step-up/step-down of intervention levels, moving towards the decision to close the case or issue care proceedings.

The interpretation of the information obtained through assessments is not a simple diagnostic process with a fixed start and end-point. New information and events are constantly updating judgements about the children’s needs and the parent’s capacity to meet them. The narratives do not suggest the significant professional or organisational dissonance/ dislocation in relation to thresholds and decision-making across the operational, tactical and strategic stratum of their organisation. The unanimity about the provision of direct services is discussed in the following section.

### **5.3 Provision of Services**

The services most valued by the practitioners were those that directly supported the resolution of the children’s future status, focusing on services that fix the families’ problems as framed by organisational child protection imperatives set out in the plan. Practitioners discussed lack of services to meet needs in terms of insufficiencies or re-balancing resource allocation within the parameters of delivering the agency’s overall approach. They did not suggest re-focusing resources on meeting broader family and community engagement and development. Practitioners do raise the dependency and individual agency phenomenon. They acknowledge the tension between casework objectives of sustaining family base on long-term direct support and dependence, and the practical, financial and moral concerns in

the ambition to engage in progressive co-agency that supports their sustained independence of action.

### In-House Services

Half of the practitioners explicitly identified social workers' professional relationship with the family as central to their effective practice, and their own time for direct engagement with families as their most important resource and service they could provide. The pressures on their time are not generally expressed as a matter of complaint or concern, but as a matter of fact that impacts on their individual capacity to work effectively with the families. This may, in part, explain why practitioners looked primarily to services providing practical support that meets immediate deficiencies in parenting. For instance, the authorities had similar family support teams that provided practical support, advice and guidance with basic parenting, e.g. routines, boundaries, supervision:

*"Family Support do a lot of work in helping parents change their routines, loads of boundaries work, supervision, cleaning the house, basic parenting stuff really". P10*

*"There is an ability for those services to go past the monitoring, obviously, it's to support the families, explore if they go on getting the children to school on time; explore bedtime routines; explore morning routines; to go and support them along that process". P12*

The reference to a monitoring role in the second quote suggests that it is important to the practitioner as an extension of their safeguarding oversight.

The higher tier, goal centred crisis intervention services were highly valued. In both authorities, the teams worked with families where children are at risk of becoming looked after/being rehabilitated with their parents. IFST was also generally well received:

*"I like the approach, it's based on theories; it's based on proven models. I think the jury is out about whether it really is effective or not". P6*

There was less experience of amongst practitioners of using IFST, and some criticism of its accessibility, narrow focus, the time-limited structure, and insufficient capacity to meet identified need. They reported a move away from long-term support for parents that are committed to care for their children, but who have gaps in their capability. The following extracts summarise this well. In the first a practitioner described the case of parents with a

history of being poorly parented and having no family or peer support with the imminent prospect of their child being removed from their care:

*“... the senior was saying ‘well, we shouldn’t be involved forever’ ...but why? If that’s what they need, for that situation, why not? Because if us being there, supporting them, is making it work, as good as it could be for them, why is that not better than the child being removed”?* P11

This second extract describes the revolving door syndrome and suggests a rush to a conclusion and closure.

*“... [parents] can make an immediate change, and perhaps we’re too ready to retreat at that point. The only way to test that, is to stay involved long-term, and we don’t have the... we don’t have the right to stay involved with somebody who’s child in need basis long-term, because they obviously don’t want social workers; and also, we don’t have the resources to”. P12*

The practitioner describes the challenge of keeping children’s welfare at its centre, whilst accommodating organisational imperatives that require defined beginnings and endings to interventions that do not fit with the chronic/sporadic nature of some families’ needs. There is evidence for the effectiveness and associated family engagement with time-limited, task-centred interventions, which can be effective in responding to specific problems or crisis (Forrester *et al.*, 2013, SQW/Ipsos Mori, 2014). Payne (2005) argues that these interventions are less effective in cases where the withdrawal, deterioration and long-term psychological health are main issues. The importance of long-term support is a practitioner priority reported by Pithouse and Crowley (2016). Conversely, practitioners express concerns about sustaining children in neglecting families to test parental capacity. They do not set out a consistent approach to the tension in the dependency/individual-agency phenomenon. They describe limited organisational support for long-term solutions that compensate for permanent lack of parental capacity, with no sense of a policy or methodological approach. It would appear that each case is considered on its merits, and it is presumed that the all of the *practice-moral phenomena* are included in the considerations.

Neglected children identified as in need/in need of protection, have multi-agency plans which will include the provision of direct services delivered by statutory and third sector

organisations. Practitioners' comments on their use of and engagement with these services are discussed in the next section.

### Therapeutic and other Direct Work

Whilst practitioners consistently raised the unavailability of services to address the emotional and mental health needs of both children and their parents, the impact of parents' adverse childhood experiences on their parenting capacity (Bellis *et al.*, 2013 and 2015; Farmer and Lutman, 2014; Rees *et al.*, 2011) and the need for parent-focused therapeutic services is reported by less than a fifth of the practitioners. None of the practitioners described structured therapeutic work they had undertaken. Acknowledging the broader lack of therapeutic capacity, one practitioner commented on the focus of children's social work services:

*"Personally, I think a lot of our interventions are very task centred, goal centred, whereas what we are not doing is having as look at 'why'". P1*

This reflects the acknowledged primary objectives of mitigating risk and averting family breakdown, but there is recognition that individuals' underpinning emotional welfare is not being addressed, and the practitioners are not able to fill the gap in the services. The comments about Child and Adolescent Mental Health Services (CAMHS) are consistently negative with regards to the span and availability of the services in both localities, with broad agreement about a significant deficit in therapeutic interventions for children, and an inferred expectation that CAMHS should be meeting the need:

*"... they've got their own agenda, and what they've got to work to, haven't they, you know? Whilst we want children to be supported whilst they're perhaps disturbed and emotionally damaged; whilst they want them settled before they'll work with them. For some of these children, they're never going to be in a settled place for them to work with them, and things like that, so... we have our issues with CAMHS, and I'm sure CAMHS have their issues with us". P9*

The absence of services for those who do not meet the "medical model" criteria for CAMHS is an area that most exercised practitioners. For example, a practitioner raised children's bereavement counselling as an unmet and invisible need, identifying loss as a significant hidden issue. The narratives suggest that both practitioners' knowledge of, and families' access to therapeutic services is piecemeal and inconsistent. Only one practitioner

referenced the existence in her area, of a registered independent service that counsels children and adults who have suffered traumatic experiences. The practitioners' narratives suggest a mix of experiences of accessing and working with specialist service providers in the third sector. The value of drug and alcohol services is acknowledged by those practitioners who referenced their involvement.

There was not a strong practitioner focus on the generally positive roles of fathers in families. Whilst there is no explicit bias towards placing responsibilities for protecting children from harm or addressing issues of neglect onto women (Farmer and Owen, 1995), the vast majority of practitioners' casework examples focus on the role of mothers. Fathers feature when they are sole carers. The need for services that work with fathers is generally linked to the domestic abuse identified as a significant issue in neglect cases. Fathers are not discussed as actual or potential protective factors. The practitioners describe the almost normative status of male family violence in some of the communities in which they work:

*"...we get a lot of domestic violence, in our area – and we see that a lot in those cases; where you've got mothers sort of saying 'Well, I watched my mum be battered by my dad, and I'm fine', but that similar sort of mindset. I think I see it less in the neglect cases, but I have known cases where I've seen that similar level; where that's how they are brought up, so that's what's good enough for them". P20*

The issue of domestic violence also highlights the compounding effect of non-protective, collusive, extended family members that reinforces the need for a community education approach to direct work with fathers, mothers and other family members. In this case of domestic violence, the practitioner comments about mother's denial of problem:

*"So even though she's not able to see it – and we could do some work with her around that – her family seem to be the same; as if there's an acceptance there, so... grandparents sometimes are not as protective as we'd imagine they would be". P22*

The narratives concur with literature reports of under-recognition of the need for engagement with fathers in social work with families, particularly in child protection cases (Tanner and Turney 2003; Scourfield, 2006; Farmer and Lutman 2014). There is evidence of practitioners referring fathers to men's groups in one area, but the locus of the social work remains with the mother. The practitioners recognise men as often being the problem in the



household, but discourse does not extend into developing men as their core business in terms of engagement and positive contribution (Scourfield, 2015).

### Early Interventions

Compared with the self-reported competence within the child protection, the narratives suggest that practitioners are less engaged with the potential for community and early intervention as opportunities to reduce the occurrence and impact of neglect. Practitioners did recognise the value of services that provide primary support and the potential to promote changes in parental understanding/ behaviour. This practitioner was very enthusiastic about community based early-interventions, including Home Start, Supporting People, and broad-based service provider: who did 'absolutely everything' including parenting training, emotional support and relationship building:

*"They effectively go out and do their own initial assessment, and then look with the family at what, from their massive range of things that they could offer, would be best suited for that family". P20*

There was not a generally expressed view that early intervention should be better embedded with greater mainstream access. Only three extended the argument for coordinated, non-stigmatised interventions in communities, suggesting that parenting standards in the wider population were not as good as they should or could be. For instance, asked about currently unavailable services that would help the children she worked with, a practitioner replied:

*"What's really missing? I think is a parenting course for all parents. [Interviewer: All parents?] Yes. All people who are about to become parents, during pregnancy, antenatal classes but for parenting". P21*

Practitioners with experience working in differently located teams and with a range of families, particularly those which included non-child protection 'in need' status were generally more likely to value early intervention/ community-based services:

*"Conversations I've had with parents who are involved in the Flying Start stuff - they find that less threatening because they are with families of a similar background who are kind of struggling with the same issues, and it's nowhere near as threatening as a social worker coming in and pointing a finger at them". P10*

Only six practitioners directly referred to third sector early intervention solutions, and none to services provided by the authorities' community-based provision in their local areas. In the limited instances where communities are described by practitioners, the context is often their negative influence in terms of social norms and role-models, and not as providers of support or constructive opportunities. Whilst there are examples of grandparents taking on the care of the children (not always successfully), when extended family members are mentioned, they are often reported as part of the problem. The inference is that the parents live in poor neighbourhoods and are themselves financially poor, with few assets and prospects. Practitioners from one of the Authorities were more likely to identify inherent capacity issues and community norms as significant influences.

This chapter has covered a broad area of the critical and central work of social workers, and the duties of children's services. It describes a complex, interactive set of statutory, legal, societal, professional and human imperatives and conditions, the unseen part of an iceberg, the visible tip of which comprises the professional relationship, the social worker's judgement and the family's agency. As with the previous chapter, the similarities in individual approaches and experiences are greater than the differences. The narratives make a complicated process familiar and accessible. To a greater or lesser degree, it is a human response to a human problem presented as a mediative, bureau-technical task. It suggests that the practitioners' professional skills are adaptable and transferable should we wish to tackle the focus, approach and practice of child and family social work. The potential and need to do this are discussed in the following chapter.

## Chapter 6: Discussion, Implications for Future Practice and Conclusions

This chapter draws together the themes that have emerged from the research question: *What are the factors influencing social work practitioners' assessments, judgements and decision-making in cases of neglect?* The first two sections discuss the findings under the broad headings *managing neglect* and *the balance of service provision*. The third section considers *implications for future practice*, and the final section provides summary *conclusions*.

### 6.1 Managing Neglect

This section focuses on the findings that suggest some unresolved or unrecognised practice questions and tensions that influence how neglect is recognised, measured and managed. It is structured to follow the lines of enquiry in relation to assessment, judgments, and decisions and to report the key findings.

#### Locating Social Work with Neglected Children

The practitioners' operational field in response to neglect is located between a social work construct of good enough parenting and Family Court thresholds of significant harm. There is recognition of neglect as a graduated condition and its progressive impact on the neglected children. It is a continuum, from its ordinariness - often chronically present as the background to more pressing family problems - to the significantly harmful. The extent of the co-existence of neglect with other categories of maltreatment (Brandon *et al.*, 2012) is confirmed by the practitioners. Except for those working with disabled children, the practitioners report that neglect is a feature of most of their cases, even where it is not the primary reason for involvement. It is described as a usually visible form or category of child maltreatment, and the 'perpetrators', in terms of commission or omission, are readily identifiable (Glaser, 2002).

Practitioners' narratives place their professional responsibilities within the statutory requirements of the Children Act 1989<sup>21</sup>, that have underpinned the interpretation of their duties for over two decades. The descriptions of the assessment and decision-making

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<sup>21</sup> At the time of the interviews the Social Services and Well-Being (Wales) Act 2014 had not been implemented

processes in neglect cases suggest two parallel obligations. Firstly, delivering the statutory multi-agency procedures within the recognisable (if not quantified) organisational parameters of risk and intervention. Secondly, supporting the rights and ability of families to live independent lives. They describe their role as mediators and facilitators, responsible for implementing statutory requirements and societal expectations, often in terms of their relationships with their client families, and their understanding of the families' situated perspectives.

The narratives set the locus of the practitioner's work as being defined by the current political interpretation of law; the strategic priorities of agency; the organisational structure; and ultimately, what Horwath (2007 p.1299) summarises as, "*perceptions of social work services and the practitioner's own working context*". They describe an integrated, multi-layered set of interactions and interventions that proceed and develop, until such a time that either the case is closed, or the children are separated from their parents. Their roles and responsibilities are delivered through the powers and resources of the local authority and the exercise of their individual/proxy-agency. The discourse is clear that, notwithstanding the weight of the bureaucratic exigencies and imperatives, the focus of their practice is their relationship and co-agency with the families. They shared the view of other colleagues across Wales who described building up a trusting and enduring professional relationship is central to "*motivating and engaging parents in changing behaviour and parenting children in safer ways*" (Pithouse and Crowley, 2016 p.31).

The practitioners present themselves as a distinct professional voice within a multi-agency safeguarding service. Yet, despite many decades of working in this way, and significant public scrutiny, the degree to which they feel that outsiders do not share that understanding is arguably as true today, as when Pithouse (1998 p.4) described social work as an '*invisible trade*'. The singular combination of their legally defined and bureaucratically interpreted responsibilities that are professionally mediated through relativistic, value-based practice, means they inevitably challenge broader society's normative expectations of their roles (Davies, 1985; Parton, 2014; Payne, 2006; Philp, 1979).

### Value based Assessments and Judgements

The practitioners' concept of good enough parenting, better characterised by the term 'only just good enough parenting', is a professionally interpreted organisational construct that is situational, family and time specific. The discourse concurs with the view of Daniel (2000), that a social worker's use of good enough parenting may mean that the child is "... receiving consistent and optimum physical and emotional care or they may mean that the child is receiving a minimal amount of care" (p.91). They present a common professional understanding of the concept but do not locate it within a set of quantifiable coordinates. It arguably falls short of good enough parenting as a standard described in the literature (Hogghughy and Speight, 1998; Rastnapalan and Batty, 2009; Winnicott, 1953) and is significantly short of expectations of good enough parenting in their own families and social networks, and possibly those of colleagues in other professions/disciplines (Kellett and Apps, 2009). Its meaning for the practitioners is set in relation to judgements about case status and service eligibility, ultimately anchored in family case-law. They do not define it in terms of a simple threshold or summation of concerns that place families inside or outside a quantifiable frame of benchmarks. Social work assessments and judgements are influenced by a complex network of values. Practitioners describe decisions made on the basis of judgements that emerge from an iterative process of parallel assessment, planning and activities undertaken across different agencies. The different actors bring their own professional contexts and pragmatic perspectives. The fundamental question, '*is this good enough parenting?*' is accepted as, in part, a value question. Referring to social research, but applicable to social work judgements, Hammersley (2014) states that well formulated factual questions can produce a single correct answer - value questions do not, and that the answers produced may not be treated equally.

The practitioners describe their interventions with families in terms of the implicit professional culture and the explicit operational parameters of their employing organisation. They exercise individual and proxy-agency, but they are not free agents. Their daily work is also informed by their values, personal experiences, professional training, previous practice and awareness of the socio-organisational context of their work. It is, as Horwath (2007) describes, *a practice-moral activity*. In the process of quantifying the severity and impact of neglect there will be situational contexts, and more than one

reasonable interpretation, compounded by the different perspectives of the multiple stakeholders who have an interest in the questions being asked and the conclusions reached. The earlier chapters report the practitioners' experience of the situated nature of formal thresholds for services and interventions linked to neglect. They describe professional subjectivity at individual and group levels in the process of linking the 'known facts' about a family, and their location in relation to the thresholds. It is generally described as a *rational* but only *partially technically* delivered. As an example, the next section considers the practitioners' engagement with assessment and decision-making tools.

### *The Use of Tools in Assessment and Decision-Making*

The practitioners describe a semi-structured approach to the casework plan, with flexibility in methods of engagement with the family, particularly in relation to the use of assessment tools. There is a range of practitioners' positive and negative views on the value of tools in supporting their core assessments in cases of neglect, with the underlying messages from the narratives that their part in the process is becoming embedded in principle and in practice. Familiarity with tools and practice experience should contribute should contribute to their natural use, increased expertise and professional ownership by social workers. Conversely, if their use was inviolably prescribed in all cases and at set junctures, there is a sense their effectiveness would be predicated on how much they were valued and trusted by the individual practitioner. The challenge of delivering universal use of tools is summed up by the findings of WNP reported by Pithouse and Crowley (2016):

*"... no tool can capture all aspects of neglect; nor is there some simple and universal screening tool available to all practitioners working with children that can help identify 'first concerns'." (p.32).*

They add that the Welsh Government should endorse the GCP as a primary or recommended tool, but not such as to exclude alternative or complementary options.

The practitioners report that the inconsistent use of tools is the consequence of a mix of factors, including doubts about the added-value they provide, and that no one tool suits all families' circumstances and the focus of the casework. There is not an embedded professional approach to their use, nor a fully comprehensive organisational framework that

feeds into the assessment/decision-making process. In one authority the GCP was a required element of post-registration casework in neglect cases. However, excepting parenting assessments and chronologies in legal proceeding, the matters of whether to use an assessment tool, and which tool to use is reported as being otherwise generally a matter for the practitioner. In their survey of Welsh LSCB's Holland *et al.* (2013) found that an in-depth study in the two LSCBs indicated a more uneven take-up of neglect assessment tools than suggested in the self-assessment audit of all the LSCBs. Similarly, there are a range of practitioners' views on and engagement with assessment tools in this study, none reporting a consistently applied, structured approach to their use and interpretation. Tools might be used to support their hypotheses and/or inform their decisions, but were generally not reported to be revelatory, and never described as being definitive in terms of coming to judgements and making decisions. This practitioner is commenting on the use of the neglect toolkit/GCP:

*"It's something more to a way a psychologist works, that you go in and you have a score and a score means it's safe or it isn't safe; but the score is still subjective to your own analysis of that data. I mean I guess it's what judges want, and it creates a standard benchmark in a way but there isn't a standard benchmark because the benchmark is still your interpretation of each of those domains". P7*

This interestingly raises comparisons with a medical approach to diagnosis. To some extent it also engages with the contribution the tool can make - with a hint towards 'due process' - but then confounds its value with its reference to the subjectivity of interpretation. For example, the generation of utility-values to factors in matrix or tree formats of decision-making tools requires judgements to be made by individual or groups of practitioners, each with their unique perspectives and biases (Daniel *et al.*, 2010; Munro, 2008), and each choice and weighting of a factor being predicated on the basis of previous judgements/hypotheses (Sheppard, 1998). This perspective on the use of tools is a reality that cannot be ignored, particularly when assessing and making decisions about children who are identified as being neglected and potentially in need of alternative care. Whereas in the case of psychological assessments the process is deductive, based on testing for the existence of symptomatic elements that make up a narrow, internationally defined condition, the social work approach is more inductive, establishing patterns and associations across a broad

spectrum of interactive strengths/ weaknesses and protective/risk factors in which hypotheses are tested through reflection-in-action (Schön, 1995; Sheppard, 1998)

In the conclusions to their overview of available assessment and decision-making tools, Barlow *et al.* (2012) suggest that the application of tools (they identify for example, Graded Care Profile and Safeguarding Assessment and Analysis Framework in particular) have the potential to improve assessment practice, analysis and subsequent decision-making. They also recognise the need for research that examined the reliability and validity of actuarial tools, and their inter-rater reliability, impact on outcomes for children and “*acceptability of the proposed methods of contextual assessment*” (ibid p.13) This final element is at the centre of the contested use of tools. Holland *et al.* (2013) also raise the issues associated with transferring the theory into effective practice that makes a difference in terms of outcomes for the children and their families. It is reasonable to assume that peer-reviewed tools are based on sound theoretical principles and experiential exploration, and that, under particular circumstances, they have much to offer the diligent professional user and suitable and cooperative subjects, particularly where there is a match with subject’s perceptions of their needs and the professional’s preferred approach/services. It seems that the critical issue is transferring the implementation into them into everyday use in such a broad area as neglect in situ, the concomitant pressures on professional teams to come to a judgement, and the generic values, priorities and skills of the multi-agency child protection community.

There is at least one area in which, arguably, the decision should be strongly influenced by the fullest use of technically thorough, predictive assessments that are less dependent on subjective heuristics. The prediction of likely future parenting patterns, as described by the practitioners, is based on the observation of best achievements of recent parenting. The future is a calculated guess, the chosen option is the “*one least likely to be wrong*” (Sheppard, 1998 p.768). Forming a judgement about the likelihood of sustained positive parental change is the critical inflexion point in deciding children’s futures in serious neglect cases. The assessment deserves the application of reliable data generation, collection and analysis techniques that provide challengeable, quantified results. For instance, Harnett (2007) describes a potentially viable approach and its systematic use (or an equally rigorous alternative model) is an effective use of practitioners limited available time. Consideration might also be given to a more strategic information-gathering role for the GCP which forms



part of the neglect tool-kits of the two authorities in this study. Notwithstanding the usefulness of the tool in daily practice, its consistent use within agencies would provide the opportunity for developing a rolling meta-analysis of the scoring against outcomes of a whole agency cohort. Used in this way it might usefully contribute to the proposed Welsh population needs assessments tool for neglect (Stevens and Laing, 2015).

### *Making Judgements and Decisions*

The practitioners describe a mutually consultative relationship with their line managers based on an open door and formal supervision arrangements. Whilst judgements may be challenged by managers and referred-back, practitioners report that decision-making reflects shared professional values and goals. The narratives describe a procedural structure in which social workers undertake assessments, and judgements are made in supervision. Decisions to increase or decrease the levels of intervention are ultimately made by the organisation, running in parallel with statutory multi-agency fora. The practitioners report that decisions are not made at the time of professional choosing, but are subject to significant adverse events, or more often, when the cumulative weight of concerns means the tipping point is reached where 'enough is enough'. The interpretation of the information obtained through assessments is not a simple diagnostic process with a fixed start and end-point. New information and events mean that practitioners are constantly updating judgements about the children's needs and the parents' capacity to meet them. Practitioners consistently report the oscillatory progress of cases, making judgements time specific. Ongoing events can easily interrupt patterns of progress, requiring radical re-evaluations of positions held. Failures or success in meeting planned goals are extrapolated as predictors of future behaviour. In their reasoning they look for patterns in similar repeated scenarios, and to previous experience in other cases. The process they describe suggests progressive hypothesis development, as opposed to comparative assessment, and that their ultimate choice of a hypothesis is that is the one that is least likely to be wrong (Sheppard, 1998).

The research design does not facilitate the comparison to documentary or third-party evidence of the practitioners' subjective accounts of the process of coming to judgements and making decisions. However, this finding arising from the WNP multi-agency/location

practitioner consultation reported by Pithouse and Crowley (2016) suggests a common approach:

*“While respondents acknowledged that a graduated response was needed to child neglect there were concerns that in those more difficult cases it was critical to spell out to parents firmly the objectives of the plan, what parents had to do, the desired outcomes for the children, and what would be the consequences if these objectives were not achieved” (p.31).*

This case trajectory appears to influence the practitioners’ practice: that engagement and assessment is predicated on a decision that ultimately must be made. The following extract describes the delivery of the parallel obligations in terms of the ‘end game’, the long reach of the Family Court and the concept of ‘threshold’. This practitioner reflects on the intake and assessment team where the casework engagement is less than a month, with the focus on making the children safe in the present:

*“But when you get to the long-term team, I think that’s when you’re already thinking “Where is this going to go? If we did this... if we did this, is it going to work?” We do have to give it a try; sometimes it is because it’s a court process.” P22*

The narrative discourse reflects the broader environmental context of the process, and organisational and practitioner bias (MacDonald 2001; Tanner and Turney, 2003), but also that the practitioners are aware of these influences and endeavour to mitigate them at a casework level. Their views are mixed on the Family Court’s command of process and influence on practice, accepting its ineluctable role and their own restricted influence in proceedings. They do express concern about the way it orders the content and arc of their case-work, and the sometimes-negative impact on the children. However, the critique was not often contextualised in terms of the wider environment and possible alternative approaches.

### *The Criticality of Agency*

There is a high level of consistency in the practitioners’ reported professional values, attitudes and practice methods, confidence in their own professional agency, and in their delivery of their roles and responsibilities. The centrality of the social work relationship with families, and a concept of co-agency involving the family members and the practitioners, has emerged from the narratives. It is helpful at this point to briefly review what the

narratives tell us about the matters of individual, proxy and collective agency (Hewson, 2010) in the progression of neglect case-work. The practitioners' proxy-agency is both constrained and enabled by the bureau-professional obligations and powers invested in their role (Sheppard, 1995). The introduction of new public management (Harris, 1998) may have reduced the practitioner's individual/proxy-agency, although this did not emerge in narrative discourse, possibly because the large majority had known no other regime. Practitioners report that their work and opinions are valued and describe how they can and do personally influence the direction of a case by the exercise of both their individual and proxy agencies. This extends to the way they work with families. For example, regardless of motivation and intent, practitioners' and parents' activities are directed to the same objective. There is, in the case examples, a discernible level of practitioners' personal engagement and co-agency with the families. The practitioners share the responsibility for actions that take the family forward.

The collective agency of children's services is arguably the sum of all the 'practitioner' proxies and the capacity for independent action invested in it. It is acted on by political, statutory and budgetary requirements, and its latitude to radically change strategic direction is constrained by the cuts in budgets, operational overspending (Local Government Association, 2017) and a lack of uncommitted resources. Austerity and increased regulatory burden (Parton, 2014) will have reduced the local authorities' independent collective agency and consequently their capacity to invest to save through, for example, the recommended development of early preventative services and intensive therapeutic interventions (Pithouse and Crowley, 2016), or a radical reimagining of the approach to child protection (Featherstone *et al.*, 2014[a]). Importantly, the narratives demonstrate that, where parents have capacity and exercise of their individual agency, they can completely reverse the fact of neglect and remove the need for professional intrusion in their lives. The issue of family members' individual agency and the way it is delivered is considered along with the other four practice-moral phenomena discussed in the next section.

### *The Practice-Moral Phenomena*

The process and direction of assessment, judgement and decision-making combines practitioners' practice knowledge, elements of a technical-rational approach, underpinned

by acknowledged, but only partially resolved, inter-related practice-moral phenomena. The five identifiable phenomena underlie the practitioners' inferred professional confidence and exercise of responsibilities, particularly in undertaking directive interventions. How they are interpreted will influence the practitioners' development, testing and selection of hypotheses (Sheppard, 1998). The judgements that follow will decide case-work trajectory and the services and interventions families receive. The five phenomena are inter-connected, and the boundaries overlap. They constitute the practitioners' practice-moral composite view of the family. The practitioners tend not to use the language of Taylor and White (2001):

*"These judgements do not rely on formal knowledge alone, but on a range of other rationalities and warrants. Most crucially they rely upon moral judgements about blameworthiness and creditworthiness, responsibility and irresponsibility". (p.47);*

but the discourse does suggest these are issues that are unconsciously considered in their dealings with families.

The first of the phenomena is the exercise of parental *agency and responsibility* in the circumstances of the children's neglect and its role in providing better care in the future. The matter of agency is a composite of parent's inherent capacity and the extent to which the parental agency is directed towards meeting standards and goals set for them. Responsibility, associated with creditworthiness, is a matter of taking ownership for past difficulties and future solutions. It is also linked to its reverse quality - irresponsibility - which includes issues of blameworthiness.

Practitioners generally agree that, in the main, parents do not wilfully neglect their children, but there is a clear suggestion that the simple lack of application of available individual agency can be a reason why they are neglected. They consistently recognise the second of the phenomena, *cause and effect*: the interaction and outcomes of the difficulties created/experienced by neglecting parents - primarily poor mental health; learning difficulties; substance abuse; and domestic violence, compounded by poverty and intergenerational neglect. There appears to be only limited interest in disentangling the different elements at a structural macro-level, and notions of individual culpability/

blameworthiness only significantly enter the discourse in relation to substance misuse and domestic financial management.

The narratives describe the twin challenges of the third of the phenomena, assessing and predicting *impact and resilience*: quantifying and linking the harm/adverse outcomes of neglectful parenting and determining the impact of the different possible future support and care options. The practitioners take ownership of the responsibility whilst acknowledging that the approach is, as Sheppard (1998 p.768) describes, inevitably probabilistic and “... *absolute certainty can never be achieved*”. The nature and degree of impact is mostly deduced from the visual presentation and the observation of the lived life of the child. Impact and resilience (particularly its mitigating factors such as attachment), are balanced when making significant decisions. Whilst there is no reported mechanism for weighting the components, the combination of acute observation, professional experience and knowledge, and the application of theory and research, should mean practitioners will exercise rigorous informal or formal ‘*comparative hypothesis assessment*’ (White, 1988 p.777).

The fourth of the phenomena, *parental engagement and compliance*, is an issue at the core of practice in neglect cases: looking to parents to commit to and engage in change, recognising that their best future predictors are past behaviours and current measures of compliance with the plan. The concept of co-agency has emerged from this practice. Engagement is valued as an indicator of future sustainability, whereas compliance, with the implications that it might be ‘*disguised*’ (Reder et al., 1993) is seen as an indicator of potentially different goals for the practitioner, e.g. sustained change leading to better outcomes for the child and for the parents, change only in appearance, and freedom from intrusive oversight of their lives.

The fifth of the phenomena are *dependency and individual agency*: balancing the practical, financial and moral concerns about sustaining family whilst creating dependence, against the ambition to engage in progressive co-agency that supports individual agency and their sustained independence of action. Practitioners describe the increasingly less recourse to long-term support arrangements in neglecting families.

The construct and practice value of defining the phenomena would benefit from further research inquiry. It may also be worthy of development as a contribution to reflectivity and reflexivity in supervision. Its interest here demonstrates the implicit and explicit practice-moral activity in practitioners' day to day assessments, judgements and decisions in neglect cases. These are a lens through which the 'facts' of the case are made sense of by the practitioner. The activity takes place in conjunction with the parallel technical-rational process, and ideally is informed by evidence-based practice (Taylor and White, 2001) and underpinned through the application of individual skills, particularly in terms of building effective partnerships with parents (Forrester *et al.*, 2008 and 2012). The practitioners' narratives suggest that there is only partial separation of the activities and processes. A bricolage of known facts, assimilated through the lens of the phenomena, and filtered through practice values, reflexivity and knowledge, represents their professional view of the child in the family at any given point in time. This does not constitute an intractable flaw in practice - the combined activities are required to make sense of what is to be done to produce a subject (the family) in objective knowledge (Philp, 1979 p.91).

The second part of the discussion that follows seeks to set these activities in the ecology of the broader service and how this influences the way social workers practice.

## **6.2 The Balance of Service Provision**

### *The Focus on Child Protection*

The narratives focus on the practitioners' work in undertaking assessments and making judgements about the children/families' futures with child protection as the primary concerns. A family support approach is seen as a means of mitigating these concerns, but also as an end in itself, particularly over the long term for some practitioners. In terms of a family services/child protection continuum (Parton, 2014), there is little evidence of a broader critique of the focus of services in their authority. They are generally welcoming and uncritical of the key services that support the families during the assessment and change processes. Whilst there is a respect for families' right of self-determination and agency, practitioners do not explicitly take a rights-based practice approach (Ife, 2012). The narratives suggest an individualism-reformism approach (as opposed to reflexive-therapeutic) (Payne, 1996; 2005). The focus is on strategies to manage individual risk, and to

facilitate improving the capabilities of individual families, by developing their capacity for self-help and independence from intrusive services.

Whilst the social workers' caseloads are more generic in one of the authorities, the separation of intake and initial assessment and long-term case management teams is an organisational arrangement replicated in both research sites. The process and practice issues raised by the separation were raised in some of narratives, but practitioners did not critique the basic structure or suggest that there were challenges to its longer-term sustainability (Jones and Gupta, 1998; Parton, 2014). The findings of an exploratory study linking the national child in need and child protection data sets in England (Hood *et al.*, 2016 p.940) describe the current children's safeguarding system as "*... a filter and funnel process designed to reserve child protection interventions for high-risk cases, but which over time seems to be using the system to manage demand*". In the Hood *et al.* scenario, the balance of practice moves towards high risk interventions, away from early preventative services, increasing early pressures and creating higher thresholds at the intake and assessment stage. This is similarly inferred in the narratives, and explicitly described by a minority of the practitioners, particularly the impact of high operational thresholds for opening child in need cases:

*"If we could work with loads of families on child in need when there's smaller issues, then hopefully, ideally, they wouldn't come back into us when it's child protection and it's too late and when we need really expensive placements for them". P5*

The discourse is generally framed in terms of delivering the local authority's duties and responsibilities, with only limited questioning of what these might be. The inequalities in society and deficiencies in the availability and quality of universal services/entitlements are acknowledged by practitioners, but not a wider role for social work in tackling these issues. Addressing inequalities are not advanced as potentially making a significant contribution to reducing the occurrence or impact of neglectful parenting that they work with every day. There is not a consistent view on cause and effect and the implications for action. It may be an understandable response from a group of professionals, immersed in the day to day responsibility for the management of high risk cases, to see the primary objective as the provision of interventions that address the presenting, immediate risks to the children.

The research evidence suggests that the team structure replicated in both the research areas is very susceptible to wider crises of confidence and increased activity arising from high profile cases such as Baby P (Jones, 2014; Parton 2014). Similarly, austerity-driven cuts in preventative services places pressure on statutory services that Hood *et al.*'s (2016) research found negatively impacts on caseloads and workforce. An increase in the proportion of child protection investigations as an outcome of referrals to children's services in England prompt Bilson and Martin (2016) to question whether the focus on the individualised, investigative approach is effective in delivering population-level change in parenting behaviours. Practitioners describe the occurrence of enduring cycles of intergenerational manifestations of neglect, and caseloads focused on child protection, with no notion of a structural approach to addressing it. Their approach to practice can be characterised as 'maintenance' social work described by Davies (1985), but possibly less benign and accommodating, with a greater emphasis on time-limited, directive interventions than at the time the approach was suggested.

What also emerges from the narratives is that matching needs and services is less effective in relation to the intake 'front door', where thresholds are perceived as being high and children are not benefiting from early social work intervention. Bunting *et al.* (2017) report how in Wales in recent years the initial funnel has narrowed with the result that:

*"The proportion of cases filtered out at an early stage has reduced dramatically, with the majority of cases now proceeding to assessment. This has been accompanied by a rise in the proportion of cases proceeding to initial case conference and registration". (p.21)*

Government statistics show a continuing upward trend in formal children's services interventions in relation to the child protection system (WG, 2016[d]), looked after children (WG, 2018) and public law proceedings (Gov.UK, 2017). The research literature evidence, the practitioners, narratives and the national trends contribute to the argument for challenging the child protection orientation and moving towards a developmental social work approach - one that promotes cohesion and informal social control in neighbourhoods (Kotch *et al.*, 2014) and to addressing the impact of deprivation and poverty, and away from



the individualisation of problems (Daniel *et al.*,2014; Featherstone *et al.*,2014[a]; Parton, 2014; Bilson and Martin, 2016; Bywaters, 2016).

### Community Support and Early Interventions

The narratives consistently describe practice that is based on the centrality of the family and which builds on its inherent capacity. As suggested above, the parallel development of wider environmental opportunities for delivering change are much less evident in the discourse. The broader, 'ecological' context and location of the social work activities (Belsky, 1980; Bronfenbrenner, 1979) are not often raised, with only a small number of practitioners making a reference to political direction, legislative shifts or research implications.

The high proportion of the most deprived wards in Wales to be found in the two research sites is evidenced in official statistics (WG, 2015[g]). The wards typically feature large mid-1900s public housing estates and old industrial villages on the outer boundaries in the authorities. These have suffered the flight of resources, facilities and upwardly-mobile residents, resulting in "... *residualisation* and concentration of deprivation" (CSJ, 2008 p.101). The literature makes a case for current deprivation as indicative of future needs for decades and generations to come (Welshman, 2008). Practitioners recognise the co-location (not causation) of poverty and high levels of children protection activity described by Bywaters *et al.* (2016), but do not generally advocate the implementation of programmes to address poverty to reduce neglect. Whilst it may be a fruitful area for future exploration, like other areas of population scale progressive interventions, it currently appears to be significantly outside the agenda of children's services' professional and administrative consideration, having neither the means nor direct responsibility for addressing it. It raises the question: if social work is about individual's rights and social justice (Ife, 2012; Payne, 1996), should this merely inform, or should it drive their practice? In their responses, practitioners did not suggest how approaches to casework or service provision might better respond to the prospect of long-term austerity policies, nor to radically re-think the response to the challenge of child neglect in increasingly marginalised communities. Their response could be characterised as 'the same, but more of it'. This is not to suggest a shift to radical social work, or a non-interventionist approach (Cohen, 1975), as maltreatment demands skilled interventions where harm or risk of harm is found. However, it does

demand consideration of how social work can contribute to structural underpinning of the nurture of families, networks and communities, and the application of greater reflexivity about engaging with the challenge of poor families' responses to deprivation, and the label of deviancy it attracts (Featherstone *et al.*, 2014).

The impact of community development projects has been a long-standing contested area, for example, the Community Development Project in the late 1960s (Ho, 2016) and the recently decommissioned Communities First in Wales (NAW, 2017). Similarly, Featherstone *et al.* (2014b) sound a note of caution, arguing that the focus on early intervention, started under New Labour and sharpened under the Coalition:

*"... is a future-oriented project building on elements of social investment and moral underclass discourses. It incorporates an unforgiving approach to time and to parents—improve quickly or within the set time limits" (p.1739).*

Axford and Berry (2018) recognise and challenge Featherstone *et al.*'s assertions. They describe a range of preventative/early interventions that are layered and targeted, responding to the nature, severity and urgency of risk of harm. Further, that whilst there are well-argued foundations for the assertions, their own experience is that they are not consistently found in practice, nor are they immovable barriers to good outcomes. Policy is a matter of intent, and arguably, in delivering early intervention it should be founded on families' assets and not deficit-led. Any significant allocation of resources for preventative services should be founded on a 'what works/evidence-based' approach, and have outcome measurements, without which there would be no strategic justification, operational accountability and, most importantly, meaningful change for the target group (Axford and Berry, 2018; Forrester, 2010; Friedman, 2005). However, these need to be mitigated by a flexible, reflective approach when applied to the affect/progress for individual families.

In a signal of intent regarding recognition and empowerment, the SSWB (Wales) Act 2014 uses the terms *individuals, people and persons, adults and children* to indicate that those in the population who might need services are citizens first, with the rights to enjoy *well-being* as defined in the statute. Arguably, a social worker's professional responsibilities include not only this recognition, but its promotion through the way they work. This is a challenge when those responsibilities include intrusive interventions, unwelcome judgements and imposed

disruption of citizen's lives. It is nothing new, and social work has managed to balance empowerment and imposition with varying degrees of success throughout its history (Moriarty *et al.*, 2015). Child protection is legislatively located on the margins of SSWB (Wales) Act 2014, as its technical delivery remains in the Children Act 1989, but its broad application applies in principle across all case-work. The new statutory climate requires that this balance shifts and becomes more explicitly cooperative and progressive (Featherstone *et al.*, 2014[a]; Field and Miller, 2017; Woodman and Gilbert, 2013). The challenge lies not so much in the details but in developing and maintaining the ethos and purpose of the delivery. The following section picks up these issues in the context of practitioners' perceptions of the role of wider families and communities.

### **6.3 Implications for Future Practice**

#### *Hypothesis, Heuristic and Tools*

The practitioners describe an approach to the assessment and determination of neglect as a process of analytic induction (Sheppard, 1998). Their judgements are generalised from limited observations of outcomes of cause and effect and often small details in an incomplete picture (Munro, 1996). Practitioners report their experience of the challenges this presents for early recognition and the effective targeting of limited resources, particularly at the initial screening, where the mechanistic application of set processes do not identify the need and opportunities for effective early intervention (Broadhurst *et al.*, 2010[a][b]; Thorpe and Bilson, 1998). Failures to intervene at this stage are recognised by practitioners as likely to result in repeat assessments and escalation to higher level interventions.

There is no single solution to achieving more effective screening and diversion to evidence-based services that fit the identified needs (Kirkman and Melrose, 2014). Whilst the narratives suggest that the practitioners are confident in the responsive application of their social work skills, there are arguably areas that would benefit from development or improvement, specifically, the consistent use of assessment tools (Pithouse and Crowley, 2016). There is also a case for the development of a theoretical framework of heuristic models of professional judgements (Kirkman and Melrose, 2014; Taylor, 2017) to support,

but not direct, the informal and relational aspects of their practice (Broadhurst *et al.*, 2010[a]).

### Communicating with Children

The primacy of the child's best interest is reflected in the narratives and children's voices are often reported, although not consistently. Cases are often discussed in terms of parental failings and the implications for the children are implied. No practitioner described a structured approach in association with their communication with children (Lefevre, 2010). In conjunction with above areas for development, there appears to be an opportunity to raise children's visibility (Ferguson, 2017) and focus the practitioners' communication with them. In particular, the extent to which the practitioners explore the child's lived experience directly with them (Horwath and Tarr, 2015). These are areas in which children's services as organisations, and social work practitioners as individual professionals, have the capacity to directly influence and implement changes for the better. Improvements will only effect better outcomes for children if there is a parallel focus on the notions of reflectivity (Fook, 2012; Sheppard, 1998) in social work practice, promoted and facilitated at an organisational level, developed through *continuing professional education and learning* (CPEL) (Social Care Wales, 2018) and supported in the supervision process (Carpenter *et al.*, 2012). Neither CPEL nor practice development through supervision were generally raised by practitioners.

### Living with Neglect

An aspect of the practice-moral phenomena, dependency and individual agency is explicitly raised in the practitioner's narratives: the dilemma, if not quite a contradiction, of the parallel process of supporting the continuation of children living in families where the parenting has been determined as not good enough, such that active considerations/preparations are being made to commence the PLO, or the PLO/Family Court stages are in progress. Time is a necessary element in establishing, reviewing and revisiting knowledge and judgements about a family whose perceived crisis is complex, and for whom the implications of decisions are profound. Time is also important when balancing the paramount consideration of the children's welfare, the rights of everyone involved in their lives and the implications of significant interventions, whether in the community or within the court. The only suggestion offered here is to ensure that the process is as timely,

efficient and effective as possible. We know that this is work in progress (Dickens and Masson, 2016) and there is always a balance to be achieved, but if the sharp, high end of the process can be refined and optimised, the skills and tools can be diverted to earlier interventions. Conversely, there should be greater capacity to: enable families through access to adaptive universal services and early support; sustain families over longer periods using intermediate and longer-term interventions that allow time to embed change; and/or to maintain the unchangeable where indefinitely extended services can ensure children's welfare is not compromised.

### *Rebalancing Child Protection, Children's Rights and Family Support*

The legislative direction and practical solutions to the enduring challenge of neglected children suggests the need for a re-balancing of roles for social work, in reversing the trend away from an increasingly child protection, processing approach, to a family support (Featherstone *et al.*, 2014[a]; Parton, 2014). It means a service approach that responds to the plurality and fluidity of children and families' needs. Further, a different role for social workers might be envisioned, again shifting the direction of travel away from assessment and care planning towards the professional relationship based on partnership and empowerment of parents and children to negotiate their own futures (WG, 2015[a]-[d]). Dominelli (2004 p.230) advocates for the adoption of this humanitarian approach rooted in human rights and citizenship in which:

*"... social workers could work in ways that acknowledge the interdependence that exists between different groups of people in society and facilitate the implementation of reciprocity in their interactions with them".*

It would mean revisiting the strategic and operational approach to co-production within communities, developing an asset-based approach to service development and delivery (Field and Miller, 2017). Further, there might be a reconsideration and relocation of decision-making, aspiring to be a seamless service *"one that does not rely on the slippery concepts of threshold to trigger action"* (Daniel *et al.*, 2014 p.284).

The Summary report of year 2 of the WNP 2014/15 (Stevens and Laing, 2015) recommends an approach where the issue of chronic neglect (i.e. not so acute that children are at risk of immediate significant harm) is tackled by vertically and horizontally integrated services -

developing resilient families, communities and networks and providing social education, advice, assistance and early support. The approach was envisioned and should be reflected in the implementation of parts 3 and 4 of the SSWB (Wales) Act 2014, building on concepts of meeting need and entitlement, taking a children's rights and a broader public health approach to child maltreatment that, Parton (2014) argues, must recognise: "*Child maltreatment has cultural, institutional and structural dimensions as well as individual ones and these must be taken seriously and addressed*" (p.192). This should focus on the intergenerational cycle of neglect reported by the practitioners in this research. In doing so, it should begin the process of untangling and addressing the complex phenomenon of cause and effect identified as contributing to the neglect of children.

In the child-focused orientation of current social work, Featherstone *et al.* (2014[a]) see "...*a decoupling of the child from their family*" (p.152), arguing that whilst children are uniquely vulnerable "*this does not mean they can be seen as separate from kin and community*". This separation is not evident in the practitioners' discourse - their focus was always the child in the family. However, when it ultimately comes to judgements and decisions, concepts of 'good enough parenting', 'threshold' and Daniel *et al.*'s (2014) 'slippery concepts', an ecological approach is difficult to sustain. Featherstone *et al.*'s preference for a family focus is not incompatible with Parton's (2014) children's rights/ broad public health approach. Featherstone *et al.* (2014[a]) outline their family support project for this century based on their concept of 'humane social work'. It takes an ecological approach, focusing on the child in the family and the family in the community. The key elements are to: take care of root causes; adopt a developmental approach; be infrastructure light and relationship heavy (pp.154-6). Championing alternative models of practice will require new forms of conversations within families, between professionals of different disciplines and between families and professionals. This is not something conceptualised or discussed by any participants in this study who were understandably embroiled in individual casework with little time or incentive to consider the bigger picture. It has to be recognised that: "*The dominant approaches in academic social work do not have a strong relationship to the realities of practice*" (Forrester, 2010).

#### 6.4. Conclusions

The findings confirm the assertion that decision-making by social workers and their line managers is influenced and triggered by a complex set of factors that overlay and/or override the technical/rational assessment of the impact and response to the presentation of neglectful parenting. Further, that judgements and decisions are formally informed by professional values and the current social work discourse; contained within statutory and organisational frameworks and processes; and informally organised within their work-place culture, localised patterns of working and decision-making, and the individual's own perspectives and agency.

The narratives provide insights into the four *research lines of enquiry*: what are practitioners' understandings of neglect and the thresholds for intervention; how do they assess neglectful parenting and its impact; how do they form judgements and make decisions; and what services do they identify as being effective in working with neglected children and their families?

The practitioners describe an established approach to managing parental neglect, within and around the margin of defined maltreatment. Practitioners generally demonstrate a common understanding of their roles and responsibilities, and their narratives describe confidence in their delivery. They recognise and manage the conflicts in a public service that spans enforcement of statutes that both promote individual's rights and prosecutes to curtail them.

There is consistency in their views and understanding of the underlying causes and effects associated with neglected children and the implications for their development and happiness. The practitioners describe their responses in terms of the presenting problems. They do not deal directly with key contributory causes and effects, for example, inter-generational learning and poverty. Issues like substance misuse and domestic abuse are referred on to specialist providers. The services they value most and turn to first are those that directly support them in delivering the plans, providing practical family support and goal-centred intensive interventions. Their individual, process dominated interventions are not reported as including structured or organised therapeutic work that might address the impact of emotional and mental health issues. Acknowledging the therapeutic effect of the

professional-family relationship, and welcoming social workers' use of therapeutic approaches in their daily work, it is not a conclusion of this study that their roles should or could be significantly refocused onto delivering therapeutic interventions. There is, however, a strong case for co-location and co-working with practitioners for whom it is their role (Trowler and Goodman, 2012).

There is no discernible dissonance within the cohort between how they perceive the way they want to do, or should do their jobs, and what the organisation requires of them. Similarly, their relationships with their managers are consistently described as professionally functional and personally good, usually reported as responsive and supportive, occasionally critiqued or cynically observed, never dangerously dysfunctional. The desire to do the best they can for the children and their families is apparent, whilst the limitations on their capacity to improve experiences and outcomes is raised in terms of personal frustrations, insufficient time for working directly with the families, and shortfalls in the range and capacity of services available to meet need. There is a strong sense of empathy and understanding of the challenges faced by the parents they work with, but anger on their behalf about their disadvantaged circumstances is expressed only occasionally.

The practitioners' reporting of themselves suggests they are committed bureau-professionals, with the former describing the context of their work, and the latter how they go about it when working with the families. They generally present as advocates for the families but not champions, the exception being when they focused on delivering specific life-changing plans for the children. Whilst the practitioners inter-change the use of the words assessment, judgement and decision, there is not a sense that they are misspeaking. The structure of assessment, judgement and decision-making described by the practitioners is defined as a professional process located in administrative procedures and imperatives. It is not linear and the three elements weave together like the strands of a rope, each informing the other and setting the content and direction of the progression of interventions. Decisions about the destination of cases are more than a simple summation of a quantifiable set of answers: it is a multi-layered process, requiring formal and intuitive knowledge, practice wisdom and imagination, and relying on a subjective allocation of strengths, weaknesses and probabilities when making judgements about the future arrangements for children. The practitioners identify the critically important element of



their professional relationship with the families in the statutory bureau-professional social work process. The focus of their practice responsibilities is the delivery of the individual neglected/child's in-need safeguarding plan.

The practitioners do not articulate a radical social work perspective (Bailey and Brake, 1975), by questioning the structural barriers that families face, nor do they challenge the structure or direction taken by their organisation. This might not appear to be important, particularly as they have confidence in the application of their skills and recourse, albeit limited, to the available resources in addressing the immediate, pressing issues for the children with whom they work. Delivering a maintenance role (Davies, 1985) is central to their statutory responsibilities, social work values, code of conduct and duty of care. It is their priority. Arguably, they also have a vital role in shifting the welfare system balance through awareness in their daily practice and influencing agency policy by engaging in the organisational discourse. To deliver on this, social workers need to apply their knowledge and analytical skills to the nature and impact of the social ecology on the collective agency of the families. It will require proactive reflexive examinations of the implications of the practice-moral phenomena when deciding the direction of individual cases and the wider service. This may be an education and training issue that can only be meaningfully addressed with a strategic shift across public services. The change of direction and focus should build on the central role of the parents' children's and practitioners' exercise of their potential agency for positive action.

At the root of these conclusions is the nature and purpose of the social work/family relationship. Within this relationship is the concept of co-agency. It requires mutual trust and common purpose, fitting the SSWB (Wales) Act 2014 ambitions for cooperative, co-production/asset-based approaches to improving individual and population well-being. Social work must review and re-new its contract with families in need. It means that the concept of co-agency with families should extend to that of the organisational delivery of children's services. Social work cannot and should not cease to be the child protection lead agency, but must approach, and be perceived to approach its responsibilities from the perspective of a service that is focused on listening to children and advocating their rights whilst supporting and strengthening families. It might start with reviewing the perspective on good enough parenting, and as Rastnapalan and Batty (2009 p.239) suggest, viewing it

not as a minimum, a mediocrity or an illusion of perfection, but as an approach to progressively meet, challenge and raise standards. Thinking it right should lead to doing it right, as form should follow function.

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## APPENDIX 1: SREC Approval Letter

Thu 27/03/2014

enquiries@inprom.co.uk;

Martin Price;

Sally Holland;

Alyson Rees

Your Application ref: SREC/1220

Martin Price

Professional Doctorates Programme

SOCSI

Dear Martin

**You will shortly receive a letter from the Deputy Chair of the School Research Ethics Committee, Dr Tom Hall, confirming the following:**

Your project entitled "*How do social workers make judgements when intervening to safeguard neglected children?*" has now been approved by the School of Social Sciences Research Ethics Committee of Cardiff University and you can now commence the project.

If you make any substantial changes with ethical implications to the project as it progresses you need to inform the SREC about the nature of these changes. Such changes could be: 1) changes in the type of participants recruited (e.g. inclusion of a group of potentially vulnerable participants), 2) changes to questionnaires, interview guides etc. (e.g. including new questions on sensitive issues), 3) changes to the way data are handled (e.g. sharing of non-anonymised data with other researchers).

In addition, if anything occurs in your project from which you think the SREC might usefully learn, then please do share this information with us.

All ongoing projects will be monitored every 12 months and it is a condition of continued approval that you complete the monitoring form.

Please inform the SREC when the project has ended.

Please use the SREC's project reference number above in any future correspondence.

Regards

Deborah Watkins

Research & Graduate Studies Administrator

Cardiff School of Social Sciences (SOCSI)

Glamorgan Building

King Edward VII Avenue

Cardiff CF10 3WT



## **APPENDIX 2: Information to Potential Participants and Consent Form**

### **How do Social Workers make Judgements when Intervening to Safeguard Neglected Children?**

#### **Invitation to take part in a research project**

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve.

#### **What is the purpose of the study?**

The research study aims to answer the two key questions:

- what are the most influential factors and triggers that inform social work judgements and decisions in cases of chronic neglect; and
- how do social workers measure and balance the children's needs, parents capabilities and the impact of different interventions?

It is hoped that the study will contribute to a better understanding of the complexities of social work with neglected children and will inform future reflective practice and service design.

#### **Who is the researcher?**

The researcher is Martin Price, a qualified social worker who is undertaking the research as part of his professional doctorate at the Cardiff University School of Social Sciences.

#### **Why have you been chosen?**

The research project aims to involve 30 social workers from two Welsh local authorities who have experience of taking neglect cases through stages of child in need, s.47 enquiries, child protection registration and the Public Law Outline.

#### **What will you have to do?**

You will be interviewed about your professional experience and approach to working with families where neglect is a concern - in particular the policies that guide you; the tools you use to measure and assess need and change; and the processes of making key decisions. The interview will be audio-taped.

**What will happen to the information that you give?** The transcript of the interview and any questionnaires will only be accessible to the researcher and will be kept securely, in strict accordance with the data protection act. They will not be used for any other purpose. An analysis of the information will form part of the doctorate dissertation which will be available via the university library. It may be published in academic journals. You are welcome to see a copy of any articles prior to publication.

**Will your taking part be confidential?**

Whilst you are engaging in the research under the umbrella of the local authority, your participation is entirely voluntary, and you can withdraw at any time. You may wish to discuss your involvement in the study with your line manager or colleagues.

The researcher will ensure that any casework examples provided in the interview are generalised or identities disguised. Interviewees are requested not to give family names or other specific identifiable information during the interview. The content of individual interviews will not be reported to managers nor be attributable in the report. However, the researcher will observe whistle blowing procedures as expected under the Code of Practice for registered social workers. Should the researcher become aware of a child who, in his view is suffering or at risk of suffering significant harm, the concerns will be raised with the most senior manager engaged in the project.

**Contact Details**

If you have any questions or concerns that you wish to raise before or after your participation you can contact Martin Price [PriceMK@cardiff.ac.uk](mailto:PriceMK@cardiff.ac.uk) or his supervisors Dr Sally Holland [HollandS1@cardiff.ac.uk](mailto:HollandS1@cardiff.ac.uk) and Dr Alyson Rees [ReesA1@cardiff.ac.uk](mailto:ReesA1@cardiff.ac.uk).

**Consent Form**  
**How do Social Workers make Judgements when**  
**Intervening to Safeguard Neglected Children?**

Name of Researcher: Martin Price

	Please initial
1. I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason.	
3. I agree to take part in the study.	

\_\_\_\_\_

Name of participant Date

Signature

\_\_\_\_\_

Name of person taking consent Date

Signature

### APPENDIX 3: Practitioner Interview Schedule

<b>A. Practitioner Details</b>	
1. Date of interview	2. Interviewer
3. Practitioner code / Line Manager/ Team name / location code	4. Professional / Employment status
5. Personal information (optional – interviewees choice to respond) <ul style="list-style-type: none"> <li>• gender</li> <li>• country of birth</li> <li>• religion</li> <li>• age</li> <li>• parent / grandparent / aunty /uncle</li> </ul>	
6. Casework experience (general)	
7. Casework experience (specific) <ul style="list-style-type: none"> <li>a. S.47 investigations: 0 / &lt; 5 / &lt; 10 / 10+</li> <li>b. Initial Child Protection Conferences 0 / &lt; 5 / &lt; 10 / 10+</li> <li>c. Review Child Protection Conferences: 0 / &lt; 5 / &lt; 10 / 10+</li> <li>d. Core Group meetings: 0 / &lt; 5 / &lt; 10 / 10+</li> <li>e. Legal meetings: 0 / &lt; 5 / &lt; 10 / 10+</li> <li>f. PLO / Care Proceedings: 0 / &lt; 5 / &lt; 10 / 10+</li> </ul>	
8. Other relevant social care experience	

## **B. Neglect in Context**

9. What do you think are the reasons why parents neglect their children?

*Possible prompts:*

- *Do you see differences between unintentional neglect and that of wilful neglect?*
- *Do you see differences between neglect arising from low parental capacity and that of neglect by parents who have capacity?*
- *Is poverty a cause of neglect?*

10. In what proportion of your cases does neglect feature in some part in the lives of the children on your caseload?

11. Has your view of the causes and impact of neglect changed over time?

*Possible prompts:*

- *Personal experience*
- *Professional experience*
- *Society's opinion*

## **A. Assessing Neglect**

12. What in your experience are the challenges associated with assessing neglect in individual cases?

13. Have you used any tools to assess and monitor neglect?

*Possible prompts:*

- *Frame work for the Assessment of Children in Need and their Families*
- *Graded Care Profile:*
- *Locally promoted tool*
- *Individual practitioner,s choice*

14. What is you experience of using tools?

*Possible prompts*

- *Are tools useful? Yes – in what way? / No – why are they not useful)*
- *Case examples – of where a tool has clearly been helpful and / or unhelpful*

15. In neglect cases, what sort of factors might raise your concerns and possibly the level of intervention?

*Possible prompts*

- *How do you measure concerns?*

16. How do you assess parent's capacity to change sufficiently to become good-enough carers for their children?

17. How do you assess the alternative risks and benefits of leaving a child at home or removing them to the care of others?

## C. Decision-making in Neglect Cases

18. In your team or area, who is involved in making decisions about providing services or raising the level of interventions in a case involving neglect?

*Possible prompts:*

- *Who and how in relation to undertaking a s.47 investigation / to hold an initial child protection conference / to initiate care proceeding*
- *Examples of process?*

19. Is there common understanding of thresholds and interventions in neglect cases across the different agencies dealing with children and families?

*Possible prompts:*

- *e.g. Police, Health LEA and Schools might be different); Youth offending Team; Probation Service; others*
- *Case examples*

20. To what extent do other agencies expressed opinions influence your judgement thresholds in cases involving neglect?

*Possible prompts:*

- *e.g. Police, Health LEA and Schools might be different); Youth offending Team; Probation Service; others*
- *Case examples*

21. (a) Do you think that, as the social worker, you have your say in decision making about services and interventions in cases of neglect? or  
(b) Do you think that, as the team manager, you are influential in the decision-making about services and interventions in cases of neglect?

22. What is your opinion about thresholds for setting the levels of intervention in neglect cases?

*Possible prompts:*

- *- too high, such that opportunities to avoid significant harm are missed*
- *- too high, but cases of possible significant harm are identified, and appropriate action taken*
- *- too low, such that interventions are too intrusive and too early*
- *- about right, so that families are supported to make positive changes and where necessary child protection interventions are timely and proportional*
- *Case examples*

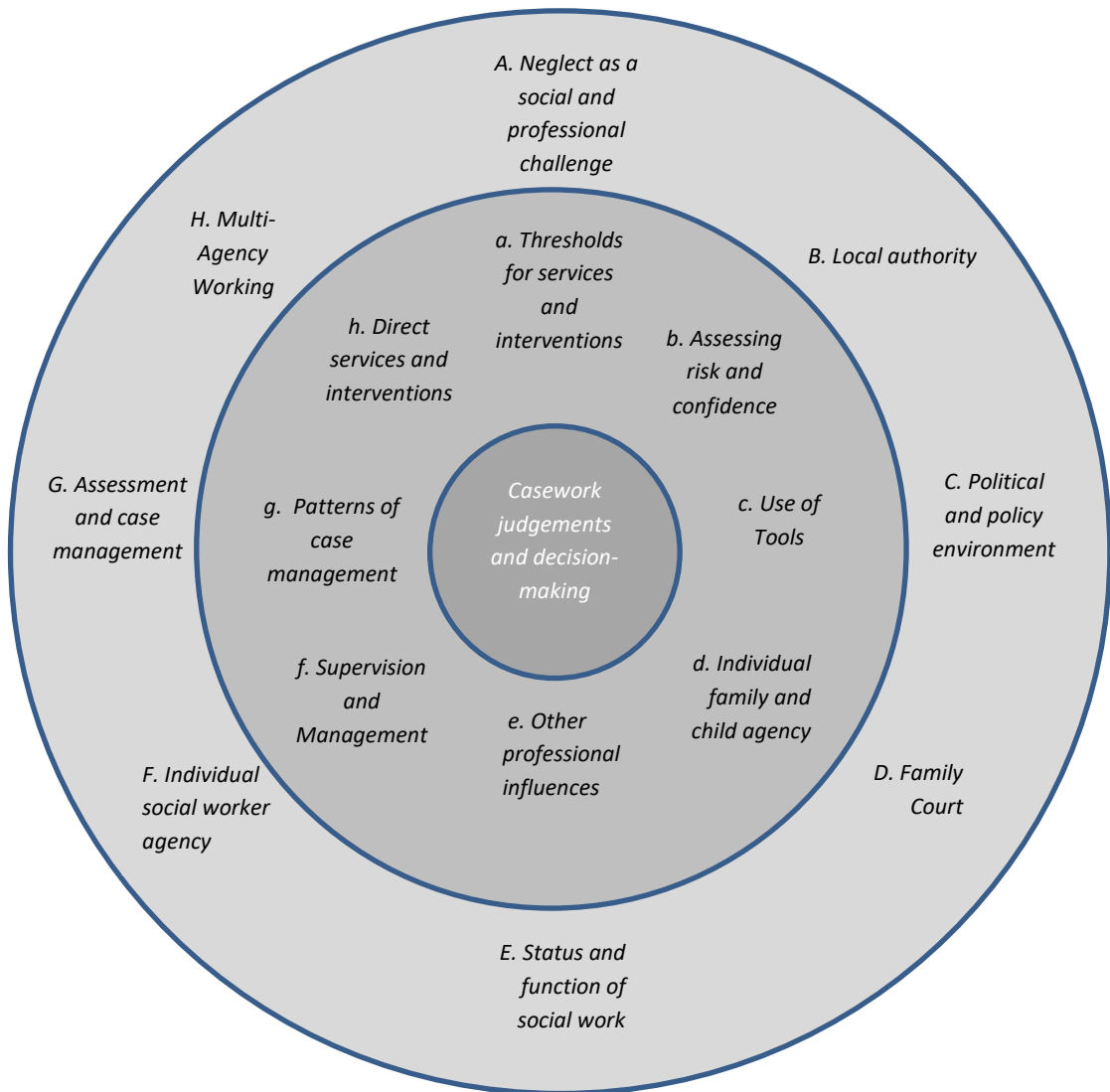
23. When it comes down to it, what in your experience, what are the factors or combination of factors that will most likely raise the intervention levels in neglect cases

## D. Support and intervention

23. From experience, what are the most effective interventions and services in improving neglectful parenting that are available to you.

24. In an ideal world, what range and level of interventions and services would improve outcomes for neglected children?

## APPENDIX 4: Topic Guide Structure



## APPENDIX 5: Extract of Thematic Framework (Identifying)

Topic Guide	Index
c.1 Views on tools	c.1.1 Positive c.1.2 Ambivalent c.1.3 Negative
c.2 Reference to tools	c.2.1 In-house neglect tool c.2.1.b tool training c.2.1.c not tool trained c.2.1.a Graded Care Profile c.2.2.1 Framework tools – non-specific c.2.2.2.1 Framework tools - specific – wishes and feelings c.2.2.2.2 Framework tools - specific – daily hassles c.2.2.2.3 Framework tools - specific – home inventory c.2.2.2.4 Alcohol Scale c.2.2.3 Framework tools - core assessment c.2.3.1 b.10.1 Other tools – Stages of Change c.2.3.2 Other tools – Seraf c.2.3.3 Other tools – IFST goal sheet c.2.3.4 Signs of Safety c.2.3.5 Parenting Assessment/PAM/Fowler c.2.3.6 AWCP Procedures
c.3 Use of tools	c.3.1 Consistently c.3.2 Often c.3.3 Inconsistently c.3.4 Rarely c.3.5 Never
c.4 Negative Views on Tools	c.4.1 Reliance on self-reporting c.4.2 Focused area of enquiry can miss bigger picture or key risk c.4.3 lack of universal applicability (which case / which tool)/ One tool fits all syndrome c.4.4 Neglect toolkit more effective with motivated parents c.4.5 Lack of time available to use tools



	<ul style="list-style-type: none"> <li>c.4.6 A tick box exercise</li> <li>c.4.6.a Using a tool requires skill and experience</li> <li>c. 4.7 Use of tool to confirm an opinion/meet a procedural requirement</li> <li>c.4.8 Use of scores / metric not generally helpful</li> <li>c.4.9 Interpretation of data can be problematic</li> <li>c.4.10 Tools are unavoidably subjective</li> <li>c.4.11 Authority not directive about use of tools</li> <li>c.4.12 Lack of confidence/skills</li> <li>c.4.13 Parents/children are no reliably truthful contributors</li> <li>c.4.13.a Engagement of parents</li> <li>c.4.14 Tick box approach is not useful/counter-productive</li> <li>c.4.14.a Tick box step-up can be rigid</li> <li>c.4.15 Neglect tool is cumbersome</li> <li>c.4.16 The neglect tool is a (distorting) lens</li> <li>c.4.17 Families that 'don't get it' can feel bullied</li> </ul>
<p>c.5 Positive Views on Tools</p>	<ul style="list-style-type: none"> <li>c.5.1 structures assessment and planning</li> <li>c.5.1.a Not the answer but provides the questions</li> <li>c.5.2 Helps standardise / identify differences between different professional's assessments</li> <li>c.5.3 Assists recording of change over time</li> <li>c.5.4 Objectivity and neutrality helps parents address otherwise difficult issues</li> <li>c.5.4.a Alternative way of explaining to parents</li> <li>c.5.5 Provides a descriptive base for formal assessments</li> <li>c.5.6 Use of scores / metric generally helpful</li> <li>c.5.7 Underpins evidence in court</li> <li>c.5.8 Tools provide a filter for honest expression by parents</li> <li>c.5.9 The need to provide evidence for the new PLO process</li> <li>c.5.10 Give confidence to unexperienced practitioners</li> <li>c.5.11 The key is in the analysis</li> <li>c.15.11.a Provides new insights</li> <li>c.5.12 Multi-agency input adds value and credibility (with parents)</li> </ul>

## APPENDIX 6: Extract of Thematic Framework (Indexing)

<p><b>Practitioner:</b> The Neglect Toolkit I think is especially useful because it's just... it's you going through and helping to plot and really helps to show the spread. I've actually found it helpful for cases that haven't been neglect, you know, their sometimes... there's one, anyway the parents... a lot of professionals kept coming up and being all like 'we are worried about such and such, we are worried about such and such' but wouldn't make a mark, wouldn't put a proper referral in, and I went and did a neglect toolkit and I thought I'm not worried about the child. I went through and I felt very clearly, and it was helpful for me for that. The home inventories I really like for the conversation it lets you have, for the prompt if you're not really knowing what to say, if you've got a difficult conversation. It's a bit hard, I've used it twice in neglect cases, and that's been quite difficult because, with little ones it's not really come up with concerns in the home, because the home doesn't capture everything; and as long as you know that when you are using a tool that's fine. Yes, it's useful for being able to say this and their good if you are working with things over time for monitoring change. When I handed over the case I was able to give them the neglect tool kit and go 'look this was where they were in March. I didn't do that so much in I&amp;A obviously but you can use it to monitor over time and you can use it to standardise between different workers. I've not had to go to court really but you know that it'll stand up in court; that it gives... I mean things like people can tell you things through the questionnaires and scales that they might not tell you to your face, you know or they might not be able to articulate, like 'oh things are fine' and actually be marking the things that actually suggest that they are depressed or anxious.</p>	<p>c.2.1</p> <p>C.2.2.2.3</p> <p>c.4.2/ c.4.3</p> <p>c.5.3</p> <p>c.5.2 c.5.7 c.5.1 c.5.4</p>
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## APPENDIX 7: Extract of Thematic Framework (Charting)

Use of Tools		
c.1 Views on tools	c.1.1 Positive c.1.2 Ambivalent c.1.3 Negative	P2/P3/P4/P5/P7/P8/P9/P13/P14/P16/P21/P25 P6/P7//P10/P11/P12/P13/P15/P17/P18/P19/P20/P21/P22/P25 P6/P17/P24
c.2 Reference to tools	c.2.1 In-house neglect tool  c.2.1.b tool training c.2.1.c not tool trained c.2.1.a Graded Care Profile c.2.2.1 Framework tools – non-specific c.2.2.2.1 Framework tools - specific – wishes and feelings c.2.2.2.2 Framework tools - specific – daily hassles c.2.2.2.3 Framework tools - specific – home inventory c.2.2.2.4 Alcohol Scale c.2.2.3 Framework tools - core assessment  c.2.3.1 b.10.1 Other tools – Stages of Change c.2.3.2 Other tools – Seraf c.2.3.3 Other tools – IFST goal sheet c.2.3.4 Signs of Safety c.2.3.5 Parenting Assessment/PAM/Fowler c.2.3.6 AWCP Procedures	P1/P2/P3/P4/P5/P6/P7/P8/P11/P12/P13/P14/P15/P16/P17/P18 /P19/P20/P21/P22/P23/P25 P7/P12/P17/P21/P23/P24 P15 (but using) P25 P3/P4/P13/P17/P20/P25 P5  P6/P13 P3/P9/P15/P23 P15 P1/P2/P3/P4/P5/P6/P7/P8/P9/P10/P11/P12/P13/P14/P15/ P16/P17/P18/P19/P21/P23/P24/P25 P3/P13/P14/P15/P21 P13/P23 P7 P3/P23 P3/P6/P7/P9/P12/P16/P17/P23/P24/P25 P4

## Appendix 8: Dimensions and Themes

Themes	Dimensions	Sub-Dimensions
<b>A. The social worker as a bureau-professional</b>	<b>1. Practitioner's Neglect Narrative</b>	a) <i>The individual professional</i> b) <i>Professional perspective</i> c) <i>Location of agency of change</i>
	<b>2. Locating the Social Work Practitioner</b>	a) <i>Mediating policy and practice standards</i> b) <i>The unique location of the role.</i> c) <i>Individual and professional agency:</i>
	<b>3 Multi-agency Working</b>	a) <i>Multi-agency context</i> b) <i>Multiagency tensions</i> c) <i>Multi-agency creativity</i>
<b>B. Identifying and Managing Neglect</b>	<b>4. Thresholds for Intervention</b>	a) <i>Diversity of Thresholds</i> b) <i>Measuring Neglect</i> c) <i>Location of social work activity</i>
	<b>5. Assessing Neglect</b>	a) <i>Assessment process</i> b) <i>Application of tools</i> c) <i>Focus of Assessment</i>
	<b>6. Key Service Provision</b>	a) <i>The social worker as a key change agent</i> b) <i>Highly valued services</i> c) <i>Focus of Services</i>
<b>C. Judgements and decisions</b>	<b>7. The Influence of the Agency</b>	a) <i>Management style</i> b) <i>Strategic agenda</i> c) <i>Framework of resources.</i>
	<b>8. Making Judgements</b>	a) <i>Engagement/individual agency</i> b) <i>Change/predicting change</i> c) <i>Impacts on the child</i>
	<b>9. Making Decisions</b>	a) <i>Practitioner's role</i> b) <i>Process not a single act</i> c) <i>Case-work arc</i>