

Child neglect: policy, response and developments in England

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Abstract

Despite headline reactions to child sexual exploitation and abuse or murdered children, child neglect continues to be one of our most pervasive and intractable child protection problems. It is the main reason why children's social care services become involved with families. Moreover it has the largest impact on future outcomes for both children and society. In England the child protection system has evolved largely in response to high profile child protection inquiries, but remains vague on what it considers to be its cornerstone: professional judgement about when a threshold for intervention is reached and at what level. Current austerity measures and funding cuts exacerbate the problem. Nonetheless there are a number of promising initiatives and models that highlight what can be done to help neglected children and families and an emerging evidence base that illuminates those areas where most ground can be gained. The role of place and community in neglect is increasingly being seen as the new frontier for intervention. Sustained involvement with families over the long term, interpersonal supportive yet firm interactions that keep children central are costly to deliver and are not crowd-pleasers. Nonetheless such programmes are key in making a difference for neglected children.

Keywords: Neglect, England child protection policy, assessment, community models

Introduction

Although physical and sexual abuse seem to be uppermost in the minds of members of the public, population-based self-report studies consistently estimate neglect and emotional abuse to be the most common type of maltreatment (Lindland & Kendall-Taylor, 2013). This is borne out by the fact that for many years neglect has been the biggest reason why local authorities become involved in family life. Nonetheless it is the area of study that has over many decades failed to receive the attention it deserves (Wolock & Horowitz, 1984; Ofsted, 2014; Haynes *et al.*, 2015). Professionals are increasingly becoming aware that not only is neglect the biggest child protection issue faced by families, but that it also has the biggest impact on the future life course of affected children.

For both professionals and lay people though, neglect is a particularly challenging concept due to difficulties in definition, seemingly moveable thresholds for intervention and uncertainty about when a line has been crossed. There is often a feeling of fatalism and that all attempts to intervene will be futile (Daniel *et al.*, 2011). This is not only prevalent in the non-professional population: practitioners also find neglect difficult to understand and assess (Horwath, 2010; Barlow *et al.*, 2012; Daniel, 2015). There are grounds for some optimism, however, with the gradual emergence of new research showing how to understand, assess and intervene effectively in neglect (Gardner, 2016). In this paper we outline how policy and practice in England is responding to neglect and highlight recent interventions that are currently being evaluated. We focus particularly on those offered by the National Society for the Prevention of Cruelty to Children (NSPCC) where neglect has been a major focus over the last six years.

Policy overview in England

In common with many child protection systems in high income countries the English system has evolved over time, often as a direct response to high profile child protection inquiries such as that following the death of Victoria Climbié. The latter led to a wider debate in England around

the narrow child protection focus of the then system and subsequently a shift to a much wider approach 'to prevention whilst strengthening protection' (Parton, 2006, p.976).

The current system is enshrined in primary legislation (UK Parliament Children Act 1989 and 2004) and supported by Statutory Guidance, *Working Together to Safeguard Children* (HM Government, 2015). There are a number of ways into services based primarily on the professionals' judgement of whether a child is 'in need', or 'suffering or likely to suffer significant harm'. If a child is deemed as in need, then engagement with services is voluntary (s17 Children Act 1989). Compulsory state intervention in family life is only triggered if the threshold of 'significant harm' is reached. However, there is no absolute definition of significant harm and *Working Together* guidance states that judgements should take into account the nature and severity of abuse, premeditation, impact on the child's health and development, parental capacity to meeting the child's needs and the child's wider social environment (HM Government, 2015). This is even more difficult in cases of neglect, where the point at which suboptimal parenting becomes neglectful is difficult for many practitioners to pinpoint and articulate.

Multi-Agency Safeguarding Hubs

In England Multi-Agency Safeguarding Hubs (MASH) operate in different areas in different ways, but fundamentally are designed to prevent children slipping through the net, allowing better decision-making and more timely intervention (HM Government, 2015) – which is essentially where actions for neglected children very often fail (Daniel *et al.*, 2011). Each MASH has a shared data system to help identify repeated concerns, acting as a single reference point for child protection referrals. Qualified social workers triage calls from concerned professionals to help them identify the issues and respond in an appropriate manner. Co-location of the multiprofessional safeguarding team allows prompt strategy meetings and information sharing. In theory if not in practice, the aim is to build capacity in universal services, whilst not taking the responsibility off the worker. The first MASH was established in 2011 and there is early evidence that decision-making is improved (Centre of Excellence for Information Sharing, 2015). MASH evaluations abound and it is clear that they are largely positively received, but as yet we do not have enough information to ascertain definitively whether they are effective for neglected children.

There is also a drive to move prevention further upstream with the concept of early help, a central mantra in policy and service provision (Field, 2010; Allen, 2011; Davies & Ward, 2011; Knapp *et al.*, 2011; Munro, 2011; Easton *et al.*, 2013; Haynes, 2015). The ambition is to encourage early integrated professional work to provide help early in the lifecycle of neglect, thus preventing deterioration of the problem and improving the outcomes of neglected children. Local Safeguarding Children Boards (LSCBs) in England are required to publish their plans for early help. Evidence from the Westminster government inspection organisation, Ofsted, about early help shows that while some children are benefitting from better focused and coordinated support earlier, the quality of early help is very variable, with assessments and plans often being poor in quality (Ofsted, 2015). At the time of the thematic review the situation was not being monitored, with very few LSCBs auditing whether children were receiving the right type of help; neither were LSCBs holding each other to account for their early help work (Ofsted, 2015). The Wood Report (2016) on the role and functions of LSCBs in England indicates that little has changed, identifying problems with accountability and ensuring the duty of agencies to cooperate under section 10 of the Children Act 2004. Although early help is key in preventing neglect, one respondent to the Wood Report claimed that the requirement to deliver early help was diverting attention from neglect, thereby underlining the tension between early intervention and later help for neglect.

Early help and CSE [child sexual exploitation] can devour LSCBs while neglect is getting less attention and that is where our most vulnerable children are.

(Wood, 2016, p.115)

The Wood Report reinforces the move to local determination whilst adding little new central Government mandatory guidance as to the way to provide both the statutory and non-statutory support. This is in an environment of the biggest cuts in public funding in a generation. So at a time of greater autonomy and increased aspiration and expectations of support from families and professionals alike, there are huge reductions in services (Towers & Walby, 2012). This is particularly so for those at the child in need or early help level. The funding environment thus raises the real risk that some local authorities will focus solely on their primary statutory functions of child protection and legal responses, unable to resource less urgent cases of need.

The impact of these changes in the wider community environment is having a real reduction on the ability of local authorities to support individual families locally. This particularly impacts on those families who are managing currently only to provide an adequate quality of care for their children because they are receiving ongoing non-statutory support. If this support is withdrawn or reduced then it is almost certainly likely to have a direct impact on the quality of care provided with a subsequent increase in suboptimal parenting and child neglect. In terms of macro factors, neglect is more prevalent in families affected by environmental factors such as poverty and the absence of social support (DePanfilis, 2006).

Assessment

There is strong evidence that the identification and assessment of neglect present particular difficulties for practitioners (Daniel *et al.*, 2011; Radford *et al.*, 2011; Barlow *et al.*, 2012; Brandon *et al.*, 2014). A multidisciplinary survey across English LSCBs showed inconsistency in the criteria for establishing the presence of neglect; confusion about definitions; fear of making negative value judgements; assumptions about cultural factors and children's resilience; and many examples of children left in damaging situations without support (Gardner, 2008). Serious Case Reviews, where neglect is evident in more than 60 per cent of cases, show the very harmful consequences of neglect for some of these children (Brandon *et al.*, 2012; 2013).

Gardner and Telford (2010, p.2) identified that understanding the true nature of neglect within a family was difficult: *'Neglect characteristically arises from multiple, interacting factors which involve numerous systems within families, professions and social groups'*. Evidence from a range of sources has identified that although practitioners are good at gathering information about children and families, they find it challenging to analyse complex information in order to make judgements about whether a child is suffering, or is likely to suffer, significant harm (Barlow *et al.*, 2012).

The key aim for the practitioner working with neglect is to ensure a healthy living environment and healthy relationships for children (Brandon *et al.*, 2013). With the right knowledge and support, it is both possible and realistic for practitioners to make a difference with neglect (Gardner, 2016). A number of standardised tools are emerging as being useful to support practitioners in the assessment of neglect. However, the use of these tools comes with some cautions. There is some evidence that practitioners might manipulate the outcome of decision-making tools, or that the tools can create false positives, and that the widespread use of these measures could impair the development of professional expertise (Sampson *et al.*, 2011). There is an ongoing debate about the relative merits of structured decision-making aides and their fit with professional judgement, with many commentators concluding that the two approaches are not incompatible (Barlow *et al.*, 2012). Two such well received tools in Barlow and colleagues' systematic review of methods of analysing significant harm have been further tested by the NSPCC: the Graded Care Profile and the North Carolina Family Assessment Scale. We now describe and address these two programmes in more detail.

The Graded Care Profile

The Graded Care Profile (GCP) is an assessment tool designed to help practitioners understand the quality of care delivered to a particular child. The structured format aims to improve consistency in the way practitioners describe and record concerns about neglect.

Johnson and Cotmore's (2015) mixed methods evaluation sought feedback on the GCP from practitioners, managers and service users with a view to informing further development of the tool. Such development could rectify some earlier problems, for example with the language used in the GCP (Barlow *et al.*, 2012). The use of the GCP was explored both through NSPCC teams and other agencies across a total of 19 sites. Within these sites the GCP was used with 121 children across 85 families. Findings indicate that the GCP can help practitioners to specify the type and seriousness of neglect, making it more 'visible' to all involved. It was also found to help in disentangling the effects of neglect on the child from all the other issues. The GCP appears to offer practical guidance to parents: it pinpointed the strengths that parents have to build on, clarified what changes they needed to make and what support was needed to achieve this. This could make things clearer for families, thereby saving unnecessary intervention. Overall, evidence from this study indicates that the GCP improves practitioners' skills and practice in recording and reporting neglect, as well as their communication with both parents and professionals (Johnson & Cotmore, 2015).

A second phase of the study tested the reliability and validity of the tool in the light of improvements which had been incorporated into the first authorised update, the Graded Care Profile Version 2 (GCP2) (Johnson *et al.*, 2015). Inter-rater reliability was found to be sound when tested by three pairs of practitioners at NSPCC service centres with a sample of 30 children. Validity was tested by checking practitioner scores for 15 children on the GCP2 against two other validated measures which had many similarities with the GCP (the North Carolina Family Assessment Scale (General Version) (NCFAS-G) and the HOME Inventory). There was found to be a close match between these measures and the domains in the GCP2.

Feedback from practitioners, managers and experts indicated that the GCP2 was working as had been intended either to some or to a large extent. Overall, the GCP2 was found to be both reliable and valid with the study concluding that the tool can be used in the knowledge that it has sound psychometric properties and is a reliable and valid assessment tool in aiding practitioners in the assessment of child neglect (Johnson *et al.*, 2015). However, there were also criticisms of the tool including some concern about identifying false positives – a common critique of scoring systems, and some views that parents' wider problems were not determined. There was comment that a focus solely on neglect could miss the impact of a child's other needs, for example, co-occurring parental mental ill-health, domestic abuse, substance misuse or sexual abuse (Johnson *et al.*; 2015). In contrast, other practitioners felt that the tool could be used to incorporate wider needs. It would appear that using the tool more widely in this way required professional judgement beyond the scoring system and indeed it was generally accepted that the scores needed to be supported by other observations and evidence.

Evidence Based Decisions (using the North Carolina Family Assessment Scale)

The NSPCC's Evidenced Based Decisions (EBD) intervention was developed to improve evidence, understanding and prompt earlier decision-making in complex cases of neglect. The intervention started in October 2011 and ran for three years, to the end of 2014. In 2015 it was integrated into a new neglect service 'Thriving Families' which is discussed later. The EBD aimed to offer a way to assist social workers' professional judgement, focusing particularly on improving evidence, helping them to reflect more on their neglect cases and hence to improve decision-making. The service used the North Carolina Family Assessment Scale (NFGAS-G) and involved partnership work between the local authority social worker and an NSPCC practitioner who conduct a joint review of the family initially, and then again at a later stage (after at least three months). The intervention was evaluated drawing primarily on interviews

with social workers and NSPCC practitioners, conducted at six months (Time 1) and 18 months (Time 2) into the delivery period (Williams, 2015). The evaluation also incorporated an analysis of the surveys completed by the workers at the end of each review. A sample of 46 surveys were completed by NSPCC practitioners and 17 surveys were completed by social workers. The study also draws on the results of a comparison of NCFAS-G scores between Time 1 and Time 2.

Overall EBD was found to play a positive role in improving evidence, understanding and decision-making. Helpful features included the requirement to be evidence based; the challenge provided by a social worker; increased time given to the family; the use of numerical scores and traffic light coded charts; and the focus on strengths as well as weaknesses. When social workers already had good evidence and understanding prior to using the intervention, however, it did not enhance their practice.

The evaluation did not seek the views of families, and we do not know what families made of joint reviews, the scoring system nor the degree to which they were involved in the process. From the practitioners' viewpoint, the evaluation did find, however, that reviews were ineffective where parents were unable to comprehend the changes that needed to be made, or could understand but were not willing or able to make the changes needed.

Some social workers said NCFAS-G produced better evidence than the Common Assessment Framework triangle's three domains (i.e. child development needs, parenting capacity and family and environmental factors) against which a child's needs can be assessed holistically (DH, 2000). Others also valued the partnership with the NSPCC, saying that the evidence produced by NCFAS-G combined with NSPCC backing gave social workers the confidence needed to champion neglected children. However, there were also criticisms of the value base and structure of the scoring system. Some were concerned that the scoring criteria were incorrectly problematizing a number of areas, including being in receipt of state benefits, not belonging to a religious group and being born with a disability. Additionally, the tool was criticised for failing to highlight a situation where a mother did not undertake any activities with her child.

Although both the GCP and EBD can work well, these assessment tools are clearly not without flaws, some of which are inherent in the use of standardised tools and scoring systems. Another difficulty with the focus on assessment in both tools is that there is insufficient attention to what can be done to help and address the underlying reasons for neglect.

Whilst in some locations the children's charity sector is able to provide the resource and intensity for bespoke services aimed at neglect, this is not reflected in the standard services provided by local authorities and thus application across England in this regard will not be uniform. Whilst the two models we have described here are concerned primarily with assessment, there are other practice interventions for working with neglected children that are also showing promise.

Helpful models for neglect

Evidence is emerging of some effective models for working with and helping families where neglect is the primary issue. The following section describes three of these: Video Interaction Guidance, Triple P, and SafeCare.

Video Interaction Guidance

Video Interactive Guidance (VIG) is a supportive programme of parent counselling that uses video to focus on positive interactions between parents and their children to help parents become more attuned and responsive to their child's communications, both verbal and non-verbal. VIG is being used by a number of children's organisations where concerns have been

expressed over possible parental neglect in cases where the child is aged 2-12, but where a formal child protection plan has not yet been instigated. One study measured the impact of VIG and explored the parents' experience of the programme, reporting on any barriers and facilitators to success (Whalley, 2015). A before-and-after design compared three measures completed by parents at the start and end of the programme: the Strengths and Difficulties Questionnaire (SDQ); the Parenting Scale; and the Parent-Child Relationship Inventory.

Findings were compared with historical NSPCC family support services data and were intriguing. These showed greater change for conduct and pro-social strengths in the VIG group with greater emotional, hyperactivity and peer problems in the comparison group. However, the findings were not statistically significant so it cannot be concluded that one intervention was more effective than the other. We should also note that only on one measure (SDQ) were the comparisons made. Earlier studies have reported improvements in the behaviour of disabled children (Dowrick, 1999), infants (Robert-Tissot *et al.*, 1996; Benoit *et al.*, 2001) and in educational settings (Hitchcock *et al.*, 2003), while later ones have reported on the increased sensitivity of parents to their children (Bakermans *et al.*, 1998). A meta-analysis of 29 studies on the use of video feedback to parents (Fukkink, 2008) concluded that on completion, parents were more skilled in interaction with their children and have a more positive perception of parenting.

Whalley's evaluation, like earlier studies (Fukkink, 2008; Kennedy *et al.*, 2011) showed that parents reported statistically significant improvements in their relationship with the child at the end of the programme, specifically in their own parenting strategies and communications, and in the child's emotional and behavioural difficulties. The programme often gave parents the confidence to try new approaches with their child when things seemed difficult. The commitment and flexibility of the VIG practitioner was felt to be crucial. However, the findings also reveal the high level of need reported by these families even though they were not in the child protection process at the start of the VIG work, and that high levels of need were still present at the end of the intervention. This highlights the implications of the lack of longer term follow-up services for neglected children and their families, where ongoing support in maintaining and improving parent-child relationships is crucial.

Pathways Triple P®

The Australian Positive Parenting Program (Pathways Triple P) is a widely known and well evidenced multilevel parenting programme, with nearly 700 published papers and around 250 clinical trials and evaluations to support its efficacy (Triple P, 2016). Triple P focuses on behavioural and emotional problems in children and young people, but until recently has not been used widely with neglected children. However recently, in England, the programme has been delivered as a home visiting model to individual parents where there are specific concerns about neglect of children aged between two and 12 years. The original version of Triple P is delivered as group work, so the England version differs from this somewhat, but has been evaluated both quantitatively and qualitatively with 100 families across a number of intervention sites (Whalley, 2015).

In England, the evaluation suggests that parents report statistically significant improvements in their relationship with the child, including communication and giving appropriate autonomy; in their own parenting strategies and overreaction to the child; and in the child's behaviour. Parents value practitioners who are flexible with new ideas and suggestions, are non-judgemental in their approach and are reliable in their time-keeping. The Pathways Triple P can give parents practical ideas for things to try with their children when the situation appears to be 'stuck' in difficulty (Whalley, 2015).

SafeCare

SafeCare is a programme that originated at the National SafeCare and Training and Research Centre at Georgia State University in the USA. There are over 40 international research papers demonstrating the effectiveness of this behavioural training programme including one 10 year longitudinal study in Oklahoma (Chaffin *et al.*, 2012) and one conducted in England by the NSPCC (Churchill, 2015a,b). SafeCare is a preventative programme working with parents of children aged under six based on a home visiting model and delivered over 18 to 20 sessions. It focuses on three areas: parent-child/infant interaction; home safety and child health. The England evaluation incorporated quantitative and qualitative methods in relation to a maximum of 32 families who began the programme, and considered the perspectives of referral agencies, practitioners and parents.

Before receiving SafeCare, the 32 families who attended the programme were assessed by practitioners to be presenting difficulties significant enough to warrant a statutory intervention for neglect. By the end of the programme, 21 (66%) of those families had improved to a point where statutory intervention was no longer considered necessary. SafeCare was valued by referrers – all referrers who responded to the evaluation survey said they had seen positive changes in the families they had referred, particularly in the areas of home safety, parent child-interaction and health (Churchill, 2015a). There was, however, a high level of attrition with only 27% of the families completing the whole programme. Nevertheless, practitioners recorded a range of positive outcomes even among families who left the programme early.

The role of place and community

Research from the US co-investment advisors' Centre for the Study of Social Policy claims that:

Families do better when they live in strong and supportive communities. In short, place matters. Yet many communities face challenges of high poverty, unemployment, failing schools, and housing instability.

(Community Capital Management, 2015, p.3)

Internationally there are a number of place-based initiatives being developed, including at the Australian Centre for Social Innovation (TACSI), where there is a focus on people being the experts in their own lives, the underlying concept being that the best innovations come from working alongside the people who face the worst challenges (Cundy, 2015). The growth in community based initiatives and concerted efforts to form accredited safe communities is now a global phenomenon (National Safety Council, 2016). Whilst to date these have concentrated primarily on issues such as road safety and injury prevention, a focus on family welfare is beginning to demonstrate results worldwide (International Safe Communities, 2016).

These community initiatives find resonance with the family rights and relationship focused work of Featherstone *et al.* (2014), where they call for a reimagining of child protection, being more humane with families. The primary reason for a neglect intervention may be the need to assess whether children should be removed from parental care, or to reunify a child who has been in care with their birth family (Cundy, 2015). However, from a family perspective this may be better defined as 'families who are stuck; families in and out of crisis; families moving on after a crisis; and families wanting more help' (Vincent, 2015, p.57). Early evaluation findings of the TACSI approach are very positive, with 80% of families reaching their goal by the end of the first stage and 90% in subsequent stages (Westhorp, 2012). Analysis of post programme questionnaire results showed that the strongest impact was on individual internal factors, such as self-esteem, choice control and a positive orientation to the future (Westhorp, 2012).

As with all such programmes, those discussed here are based on wider principles of what we know works for neglected children – sustained interaction over the long term (Turney & Taylor, 2014). But we need more longitudinal and continuous research and evaluation to really know

which interventions work best for whom in what circumstances. Two examples in England show promise – Better Start and Thriving Communities. There are of course many others, but the features of these interventions tend to be similar and we now present some detail of these two.

Better Start

In England, the Big Lottery's Better Start Programme is a well-funded charity initiative that focuses on place and community. The aim is not only to focus a number of programmes in the most deprived localities, but also to recognise that the most vulnerable time in a child's development is the first three years. The objective is to promote a systems change in the way that local health, public services and the voluntary sector work together to put prevention in early life at the heart of service delivery and practice (Big Lottery Fund, 2015). Whilst laudable and intuitively 'right', it is too early to assess the evidence for impact and success.

Thriving Communities

The Thriving Communities framework (Haynes *et al.*, 2015) sets out practical actions to support a strategic approach to preventing and intervening early in neglect across five different levels of society – children, parents, communities, universal services and local government.

The framework is underpinned by three principles. First is the importance of relationships. Attempts to prevent and intervene early in neglect must focus on supporting relationships, not just between the child and parent/carer, but also the relationships that surround that dyad. There is a need for local authorities, safeguarding boards and management in individual organisations across universal services and targeted services to ensure that practitioners are equipped with parental engagement skills and have access to reflective supervision.

The second key principle is the importance of equipping communities with the knowledge and awareness needed to tackle neglect. Parents, practitioners and the general public need to understand what children need for healthy development, what child neglect looks like, why it happens and how to respond appropriately and safely.

The third principle is the importance of developing and using evidence to inform and guide our responses to child neglect. To effectively prevent and tackle neglect, we first and foremost need to better understand the need at a local level. Accurate data are not collected about the scope and scale of child neglect (Action for Children, 2014), nor on how many children are at risk through exposure to parental adversities (Hogg, 2013; Rayns *et al.*, 2013; Taylor & Lazenbatt, 2014). Local government data collection needs to be improved. It is clear from the evidence that we do have that we need to get help early enough to children and families to prevent harm being done in the first place (Daniel *et al.*, 2011) and community or place-based interventions show much promise (Murdoch Institute, 2016).

Conclusion

Neglect remains one of the most complex and intractable problems in tackling child protection issues. We have strong evidence that both professionals and the public recognise neglect, but our response to neglect in England remains patchy and uncoordinated. We probably do not need any more evidence to tell us what we need to do in neglect – long term sustained and close interactions with families supported by governments and communities is fundamental (Daniel, 2015). Although we might classify recent innovations such as those we have outlined here as new ways of thinking, they are more about re-engineering the system into a model that shows promise because it is based on sound evidence and interpersonal interventions. Child sexual exploitation, child sexual abuse, female genital mutilation and so forth will continue to make headline news and we need a strong political and strategic reaction. But far more children will be affected in both the short and the long term by an inadequate response to neglect. The overarching message is that neglected children need early and sustained help, but our

approaches in England are inconsistent, under-resourced and lacking sustained political will to address them. We need to take a long view in child protection and ensure that we are not saying the same thing about neglect in the next generation.

References

Action for Children (2014) *Child Neglect: The Scandal that Never Breaks*, London: Action for Children.

Allen, G. (2011) *Early Intervention: The Next Steps. An Independent Report to HM Government*, London: Cabinet Office.

Bakermans, M., Juffer, F. & van Ijzendoorn, M.H. (1998) 'Interventions with video feedback and attachment discussions: does type of maternal insecurity make a difference?', *Infant Mental Health Journal*, **19**(2), pp. 202-219.

Barlow, J., Fisher, D. & Jones, D. (2012) *Systematic Review of Models of Analysing Significant Harm*, London: Department for Education.

Benoit, D., Madigan, S., Lecce, S., Shea, B. & Goldberg, S. (2001) 'Atypical maternal behavior toward feeding-disordered infants before and after intervention', *Infant Mental Health Journal*, **22**(6), pp. 611-626.

Big Lottery Fund (2015) *First Step to a Better Start for Vulnerable 0-3 Year Olds*, accessed at: https://www.biglotteryfund.org.uk/global-content/press-releases/england/200813_eng_lon_first-step-to-a-better-start (21/04/16)

Brandon, M., Bailey, S., Belderson, P. & Larsson, B. (2014) 'The role of neglect in Serious Case Reviews', *Child Abuse Review*, doi: 10.1002/car.2320.

Brandon, M., Bailey, S., Belderson, P. & Larsson, B. (2013) *Neglect and Serious Case Reviews*, NSPCC and the University of East Anglia.

Brandon, M., Sidebotham, P., Bailey, S., Belderson, P., Hawley, C., Ellis, C. & Megson, M. (2012) *New Learning from Serious Case Reviews*, Department for Education: Research Report DFE-RR226.

Centre of Excellence for Information Sharing (2015) *Multi-Agency Safeguarding Hubs*, available at: <http://informationsharing.org.uk/wp-content/uploads/2014/10/P0075-MASH-briefing.pdf>

Chaffin, M., Hecht, D., Bard, D., Silovsky, J.F. & Beasley, W.H. (2012) 'A state-wide trial of the SafeCare home-based services model with parents in child protective services', *Pediatrics*, **129**(3), pp. 509-515.

Churchill, G. (2015a) *SafeCare: Evidence from a Home-based Parenting Programme for Neglect*, London: NSPCC.

Churchill, G. (2015b) *SafeCare: Parents' Perspectives on a Home-based Parenting Programme for Neglect*, London: NSPCC.

Community Capital Management Inc (2015) *Place-Based Investing and the Role of the Impact Investor*, accessed 24/04/16 at: www.ccmfixedincome.com

Cundy, J. (2015) *Preventing Child Abuse and Neglect in Families with Complex Needs. Lessons from Australia and New Zealand*, London: Churchill Fellowship.

Daniel, B. (2015) 'Why have we made neglect so complicated? Taking a fresh look at noticing and helping the neglected child', *Child Abuse Review*, **24**(2), pp. 82-94.

Daniel, B., Taylor, J.S. & Scott, J. (2011) *Recognizing and Helping the Neglected Child: Evidence-Based Practice for Assessment and Intervention*, London: Jessica Kingsley.

Davies, C. & Ward, H. (2011) *Safeguarding Children Across Services: Messages from Research*, London: Jessica Kingsley Publishers.

DePanfilis, D. (2006) *Child Neglect – A Guide for Prevention, Assessment and Intervention*, Washington, DC: US Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families; Children's Bureau: Office on Child Abuse and Neglect.

Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*, London: The Stationery Office.

Dowrick, P.W. (1999) 'A review of self-modelling and related interventions', *Applied & Prevention Psychology*, **8**, pp. 23-39.

Easton, C., Lamont, L., Smith, R. & Aston, H. (2013) 'We Should Have Been Helped from Day One': *A Unique Perspective from Children, Families and Practitioners. Findings from LARC5*, Slough: NFER.

Farmer, E. & Lutman, E. (2012) *Effective Working with Neglected Children and their Families: Linking Interventions to Long-term Outcomes*, London: Jessica Kingsley.

Field, F. (2010) *The Foundation Years: Preventing Poor Children Becoming Poor Adults – The Report of the Independent Review of Poverty and Life Chances*, London: HM Government.

Fukkink, R.G. (2008) 'Video feedback in the widescreen: a meta-analysis of family programs', *Clinical Psychology Review*, **28**(6), pp. 904-916.

Gardner, R. & Telford, P. (2010) *Hope for Hidden Children*, NSPCC: London.

Gardner, R. (2016) *Tackling Child Neglect*, London: Jessica Kingsley.

Haynes, A., Cuthbert, C., Gardner, R., Telford, P. & Hodson, D. (2015) *Thriving Communities: A Framework for Preventing and Intervening Early in Child Neglect*, London: NSPCC.

Hitchcock, C.H., Dowrick, P.W. & Prater, M.A. (2003) 'Video self-modeling intervention in school-based settings: a review', *Remedial and Special Education*, **24**(1), pp. 36-45.

HM Government (2015) *Working Together to Safeguard Children. A Guide to Interagency Working to Safeguard and Promote the Welfare of Children*, London: Department for Education.

Hogg, S. (2013) *Prevention in Mind. All Babies Count: Spotlight on Perinatal Mental Illness*, London: NSPCC.

Horwath, J. (2010) *The Child's World (Second Edition)*, London: Jessica Kingsley Publication.

Featherstone, B., White, S. & Morris, K. (2014) *Re-imagining Child Protection: Towards Humane Social Work with Families*, London: Policy Press.

International Safe Communities (2016) *The International Safe Community Movement*, accessed 29/09/16 at: <http://isccc.global/>

Johnson, R. & Cotmore, R. (2015) *National Evaluation of the Graded Care Profile*, London: NSPCC.

Johnson, R., Smith, E. & Fisher, H. (2015) *Testing the Reliability and Validity of the Graded Care Profile version 2 (GCP2)*, London: NSPCC.

Kennedy, H., Landor, M. & Todd, L. (2011) *Video Interaction Guidance: A Relationship-based Intervention to Promote Attunement, Empathy and Wellbeing*, London: Jessica Kingsley Publishers.

Knapp, M., Parsonage, M. & McDaid, D. (eds.) (2011) *Mental Health Promotion and Mental Illness Prevention: The Economic Case*, London: Department of Health.

Lindland, E. & Kendall-Taylor, N. (2013) "I have no idea how that works or what you would do about it". *Mapping the Gaps Between Expert and Public Understandings of Child Maltreatment in the UK*, London: Frameworks Institute, available at: www.frameworksinstitute.org/pub/mtg/childmaltreatment

Minuchin, S. & Fishman H.C. (2002) *Family Therapy Techniques*, Boston: Harvard University Press.

Munro, E. (2011) *Munro Review of Child Protection: Final Report – A Child-centred System*, London: Department for Education.

Murdoch Children's Research Institute (2016) *The Evidence: What we Know about Place-Based Approaches to Support Children's Wellbeing*, Melbourne: The Royal Children's Hospital.

National Safety Council (2016) *How Does a Safe Community Work?*, accessed 29/09/16 at: <http://www.nsc.org/learn/NSC-Initiatives/Pages/safe-communities.aspx?var=mnd>

Ofsted (2014) *Social Care: The Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2013-14*, Manchester: Ofsted.

Ofsted (2015) *Early Help: Whose Responsibility?*, Thematic Inspection Ref no.150012, www.gov.uk/government/organisations/ofsted

Parton, N. (2006) 'Every Child Matters'. The shift to prevention whilst strengthening protection in children's services in England', *Children and Youth Services Review*, **28**(8), pp. 976-992.

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N. & Collishaw, S. (2011) *Child Abuse and Neglect in the UK Today*, London: NSPCC.

Rayns, G., Dawe, S. & Cuthbert, C. (2013) *All Babies Count: Spotlight on Drugs and Alcohol*, London: NSPCC.

Robert-Tissot, C., Cramer, B., Stern, D.N., Serpa, S.R., Bachmann, J.P. & Palacio-Espasa, F. (1996) 'Outcome evaluation in brief mother-infant psychotherapies: report on 75 cases', *Infant Mental Health Journal*, **17**(2), pp. 97-114.

Sampson, N., Flynn, R., Gilligan, R., Farmer, E., Franzen, E. & Whittaker, J. (2011) *How Does Foster Care Work? International Evidence on Outcomes*, London: Jessica Kingsley.

Taylor, J. & Lazenbatt, A. (2014) *Child Maltreatment and High Risk Families*, London: Dunedin Academic Press.

Towers, J. & Walby, S. (2012) *Measuring the Impact of Cuts in Public Expenditure on the Provision of Services to Prevent Violence Against Women and Girls*, Lancaster: Lancaster University.

Triple P (2016) *About Triple P*, accessed 23/09/16 at: <http://www.triplep.net/glo-en/find-out-about-triple-p/>

Turney, D. & Taylor, J. (2014) 'Interventions in chronic and severe neglect: what works?', *Child Abuse Review*, **23**(4), pp. 231-234.

UK Parliament (1989) *The Children Act*, HMSO: London.

UK Parliament (2004) *The Children Act (revised)*, HMSO: London.

Vincent, S. (ed.) (2015) *Early Intervention: Supporting and Strengthening Families*, Edinburgh: Dunedin Academic Press.

Westhorp, G. (2012) *Family by Family Evaluation Report (2011/12)*, Mt Torens, SA: Community Matters.

Whalley, P. (2015) *Child Neglect and Pathways Triple P: An Evaluation of an NSPCC Service Offered to Parents where Initial Concerns of Neglect have been Noted*, London: NSPCC.

Whalley, P. (2015) *Child Neglect and Video Interaction Guidance: An Evaluation of an NSPCC Service Offered to Parents where Initial Concerns of Neglect have been Noted*, London: NSPCC.

Williams, M. (2015) *Evidence-based Decisions in Child Neglect: An Evaluation of an Exploratory Approach to Assessment using the North Carolina Family Assessment Scale*, London: NSPCC.

Williams, M. (2015) *Evidence-based Decisions in Child Neglect: An Evaluation of an Exploratory Approach to Assessment using the North Caroline Family Assessment Scale*, London: NSPCC.

Wolock, I. & Horowitz, B. (1984) *Child Maltreatment as a Social Problem: The Neglect of Neglect*, Ottawa: National Clearing House on Family Violence.

Woodman, J., Hodson, D., Gardner, R., Cuthbert, C., Woolley, A., Allister, J., Rafi, I., De Lusignan, S. & Gilbert, R. (2014) *The GP's Role in Responding to Child Maltreatment*, London: NSPCC.

Wood Report (2016) *Review of the Role and Functions of Local Safeguarding Children Boards*, DFE-00131-2016, available at: www.gov.uk/government/publications

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