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Research, Policy and Planning
The Journal of the Social Services Research Group

Special Issue on Child Neglect

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Special Issue – Child Neglect

The papers in this special issue provide evidence of neglect being more widespread than is commonly assumed. Despite this, practitioners and policy-makers seeking clarity on how to address neglect will have found few clear answers to guide their practice in the previous literature. This special edition provides a unique insight into what is meant by neglect, its effects on children and young people's development, behaviour and outcomes across a range of areas including education, employment, housing, crime and health. **Gardner and Cuthbert's** helpful review of current definitions clarify what is meant by neglect and **Devaney and McConville** bring a clearer understanding of the role of neglect in the lives of children in care and those in the wider child protection system in Northern Ireland. This will help practitioners and managers alike to better understand children's needs.

Most importantly, the papers review the strength of evidence about many of the strategic and operational interventions that have been used to address neglect and to improve the subsequent outcomes for children and young people who have experienced neglect. Those wishing to develop their services and practices can draw on these messages to inform their work. For example, **Taylor and colleagues** and **Pithouse and Crowley** review the efficacy of using the Graded Care Profile to improve consistency in recording about neglect.

Previous systematic reviews in children's social care (e.g. Liabo *et al.*, 2013[i]; Stevens *et al.*, 2009[ii]) note a number of serious shortcomings in the quality of the evidence base. These include the dominance of small scale studies, paucity of experimental or control designs, over-reliance on single sources of data and lack of long term follow-ups, limiting the capacity to generalize from their findings. The potential for robust evidence to inform the field of social care therefore remains limited. This collection of papers provides a stronger evidence base on what works in relation to neglect and thereby contributes to professionals and service managers' capacity to develop a culture of evidence-informed practice in the sector. This will, in turn, increase value for money by decreasing wasted resources on approaches that do not work.

Gray *et al.* (2013)[iii] have shown that in social work even when 'sound' evidence is available it is unlikely to be acted upon and thereby reflected in service provision. Practitioners and service providers will use research if it is perceived to tell them 'what works' and if it provides evidence relevant to their issues of concern. The strategies and interventions reviewed in these papers will 'speak' to practitioners, service managers and policy-makers as they address the current major areas of concern and provide evidence of efficacy of the approaches used.

Crucially, **Daniel and colleagues** remind us of the importance of listening to children and young people. They provide evidence of young people who are afraid to raise issues with adults but want teachers, for example, to make the first approach. Throughout our work with children and young people who have experienced neglect, it will be critical to create the space and time to actively listen and draw on these papers to help us to understand what we hear.

I commend these papers to the readers of *Research, Policy and Planning* as they provide a valuable source of evidence and guidance for practitioners, service managers and policy-makers in children's services across the UK.

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Special issue on child neglect – research, policy and practice across a devolved United Kingdom – an overview of the field

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Abstract

This special issue of Research, Policy and Planning takes a fresh look at the enduring challenges that child neglect still presents to practitioners, researchers and policy-makers across the four nations of the United Kingdom, even in this, the second decade of the twenty first century. Although constitutional or political differences may arise, there remains a richly creative knowledge exchange within public services and research across the UK, exemplified in this publication. The four papers that follow, written by experts on the subject, bring together data and insights on neglect that reflect the diverse heritages and social contexts of Scotland, Northern Ireland, Wales and England. In this overview of the field we aim to identify some common threads and points of divergence in the papers, and set out some questions to provoke reflection and debate.

Keywords: Neglect, prevention, research, policy, practice, trends

How neglect is defined and described – research challenges and achievements

Internationally, child neglect is defined by the World Health Organization (see Butchart & Finney, 2006, p.10) in the following way:

> *Neglect includes both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and wellbeing of the child – where the parent is in a position to do so – in one or more of the following areas:*
> - *health*
> - *education*
> - *emotional development*
> - *nutrition*
> - *shelter and safe living conditions.*

While definitions of neglect vary across the four countries of the UK, they retain key phrases:

> *The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:*
> - *provide adequate food, clothing and shelter (including exclusion from home or abandonment)*
> - *protect a child from physical and emotional harm or danger*
> - *ensure adequate supervision (including the use of inadequate care-givers), or*
> - *ensure access to appropriate medical care or treatment.*
> *It may also include neglect of, or unresponsiveness to, a child's basic emotional needs* (see Working Together to Safeguard Children, HM Government, 2015, p.93).

However, the Welsh Government has recently removed the reference to 'persistence' within the Social Services and Wellbeing (Wales) Act 2014 and the following definition now applies to a child or an adult:

'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. (Social Services and Wellbeing (Wales) Act, 2014, p.1)

This change is profoundly important in recognising that severity and persistence are not necessarily the same and that, as with other forms of harm, single instances of neglect can be lethal. Scotland and Northern Ireland have their own slight variants, with mention of 'non-organic failure to thrive' (although 'faltering growth' is now a more frequently used term across UK and other administrations such as Australia). Norway and other jurisdictions use categories of concern rather than a single definition (see Horwath, 2013). Other definitions, such as that used by the National Institute for Clinical Excellence (NICE, 2009), refer to the cumulative nature of neglect.

While these definitions offer pragmatic guidance for practitioners, typologies of neglect are also used that reflect theories of its aetiology. Crittenden (2016, p.184) for instance, on the basis of clinical practice, says that 'in cases of child neglect, normal parenting and care-giving fail to occur. When nothing the child does makes any difference, learning cannot occur'. She describes the primary carer's mental state in such cases as typically either depressed, dangerously unpredictable, or disoriented.

Definitions of neglect include various deficits of care. However, the challenge described here is how to access and use the evidence to identify and remedy parenting that is not meeting children's needs and to do this through an asset and strengths-based collaborative approach, boosting family and community resources to lower the future incidence of neglect. In this endeavour, the four papers that follow provide many important reference points and, collectively, stand as something of a benchmark of current progress in addressing neglect across the devolved countries of the UK. By way of introduction to these essays we first set out key demographic and conceptual features of child neglect and then consider the efforts made to tackle this highly damaging and costly form of maltreatment.

Trends across the United Kingdom

Radford *et al.* (2011) found that nine per cent of 18 to 24 year olds across the UK reported severe neglect while under the age of 18. While we do not know the prevalence trend since then, measures of reported neglect show no real abatement. For example, neglect was by far the highest proportion of contacts to the NSPCC Adult Helpline in the year 2015/16, with over 16,000 related calls (an average of 45 every day of the year); on the other hand, neglect was one of the *least frequent* concerns for which children received Child Line counselling (Bentley *et al.*, 2016). This could be due to children not recognising the care they receive as neglectful and/ or instead seeking help with an underlying problem behaviour such as a parent's substance misuse (as described by Gorin, 2016).

The four papers in this issue endorse the evidence (Bentley *et al.*, 2016) that numbers of children within the child protection system have increased across the UK since 2002, and that neglect and emotional abuse (or in Northern Ireland, physical abuse) are the two highest categories of harm. As we shall see, categories of child protection concern recorded in Scotland usefully reveal that a combination of (any or all of) parental substance misuse and domestic abuse and emotional abuse and neglect of the children affect between nearly 4 in 10 of all families that come to notice. This complexity is entirely consistent with findings in the other nations and with research into the exponential severity with which multiple adversities impact on outcomes in childhood and far into adulthood (Brown *et al.*, 2009). Parental issues (such as substance misuse, mental health needs) can compromise and mask parenting capacity, making the involvement of services for adults absolutely vital to success in efforts to deal with child neglect. However, we see as yet little published evidence of success in joint working across child and adult services.

Research responses

Measurement approaches to child neglect are inconsistent, partly because there are differing notions of what aspect of neglect is most significant – some researchers suggest that three distinctive types of neglect – physical, psychological and environmental – should be studied separately (Dubowitz *et al.*, 2004). We still struggle to measure many constructs with precision. It is very important for service developers and practitioners to seek, and researchers to provide, accessible accounts of methodologies and their limitations. In the papers that follow there are useful references to evidence on neglect from a variety of sources – practice inspections and individual case reviews, service evaluations, national reviews of policy and practice in Wales and Scotland, and Action for Children's UK-wide review (see also Burgess *et al.*, 2014). In addition to these sources, features of child development such as emotional control, cognition and neurobiology, have been studied in depth and longitudinally with clear evidence emerging of harms associated with parental neglect (see, for example, www.cardiff.ac.uk/coreinfo). Indeed, we are starting to see research that is highly relevant to the prevention and treatment of child neglect (but not always labelled as such) emerging from a variety of other disciplines and acting as a catalyst for new understanding (Gardner, 2016).

In this context, it is encouraging to note that the authors of the four papers (based in six research centres across the UK) have extensive policy and practice links, and with multiple partners have formed a consortium to seek funding for a UK-wide Neglect Observatory and associated Neglect Improvement Project. The consortium initiative, led by Professor Brigid Daniel in Stirling, is based upon the premise that child neglect is a major public health crisis requiring transformational change to improve responses to currently neglected children, to develop more effective ways to intervene much earlier where there are signs of neglect and ultimately to prevent it. The aims of the consortium (Daniel, 2016, p.1) are to:

> *...drive comprehensive improvement in the experience of, and outcomes for children in the UK who are vulnerable to the neglect of their developmental needs for any reason by:*
> - *leading a three year, large-scale action research project, informed by improvement science, focused on establishing and overcoming the current barriers to the implementation of the evidence-base about what can help neglected children;*
> - *creating a multi-professional hub with a unique lens upon neglected children that would be a national repository, analytic body and interpretive centre on child neglect for strategic leaders, practitioners, researchers and interested public.*

Such an initiative is both timely and welcome; were it to be successful it would have considerable potential to enhance practice, shared learning and help generate better outcomes for children.

Policy responses

The authors in this special issue are agreed that dealing with severe or recurrent neglect places a high, and growing, demand upon resources in the community in terms of the skills and services required to identify and respond to concerns. This includes family support workers, teachers, social workers, health professionals and the police. Yet the cost of a 'wait and see' approach to child neglect is surely much higher in human and economic terms than a preventive and proactive one. Loman & Siegel (2004) calculated that the costs associated with families in the US who chronically neglect their children to be seven times those associated with non-chronic families, and there is no reason to think that the UK is any different (see also Gilbert *et al.*, 2009; Holmes *et al.*, 2010). As always, economic stringency tends to create a reductionist approach to research and development with single lines of enquiry into single issues and, potentially, loss of deeper contextual data that could offer preventive solutions (Hardiker *et al.*, 1991). For instance, Barton & Welbourne (2005, p.191), concluded that 'a major weakness with the 'what works' culture… is that an explicit consideration of the impact of the *context* for joint working is not built into the evaluation of its performance'.

The papers that follow show that, in different ways and with more or less strategic leadership, all four nations are working towards a more systemic understanding of neglect and a better coordinated response at both national and local levels, with some real progress to report. The differences seem to be in the degree to which there is effort to create a wholly 'balanced system' that is fully coordinated (Gascoigne, 2015), as opposed to initiatives insulated in discrete parts of the system such as 'child protection' and 'early intervention'. In this regard Andy Pithouse and Anne Crowley argue convincingly that Wales, with its strong anti-poverty drive and a national focus on improved data on risk indices, has successfully raised the policy profile of neglect (see also Stevens & Laing, 2015). They describe a range of Wales-wide family support initiatives across the age-range together with a new government sponsored strategic partnership framework focused on child neglect as the driver of change over the decade ahead. Similarly, in Scotland, Brigid Daniel, Jane Scott, Cheryl Burgess and Kate Mulley report on the strategic levers of government policy that shape the supportive and protective responses required of those working in both universal and targeted services with the aspiration of providing seamless services for children. Their paper examines the success of these initiatives and provides fascinating insights from a review of neglect in Scotland which draws on the views of children (gathered as part of a wider study in the UK) to better grasp the nature of the response to neglected children in Scotland. Their paper suggests that Scotland is in a strong position to develop a holistic framework to tackle neglect but that a number of tensions need to be addressed to ensure this direction of travel.

John Devaney and Paul McConville describe how, despite the challenging history of sectarian conflict in Northern Ireland, the issue of children's protection from abuse and neglect has remained at the forefront of public and professional concerns. They outline how the system for promoting the welfare of children, and addressing the issue of neglect, has evolved over recent years. In particular they discuss major events that have shaped the child welfare landscape and the reforms that have been implemented following the devolution of political powers to Northern Ireland in 1998. A recent example that comes to prominence is the introduction of Family Support Hubs, or collectives of services (to which families can self-refer or be referred), set up in 29 local areas, covering every household in Northern Ireland, and bringing together local statutory, voluntary and community organisations.

In England, the scene is set by Marian Brandon, Alice Haynes, Dawn Hodson and Julie Taylor, who examine the pervasive and intractable nature of neglect which scars so many children's lives. While the authors recognise how austerity measures and funding cuts exacerbate the problem, they nonetheless identify a number of promising initiatives and models that help neglected children and families and an emerging evidence-base that illuminates those areas where most ground can be gained. They note that the role of place and community in neglect is increasingly being seen as the new frontier for intervention. They argue persuasively that sustained involvement with some families over the long term may be required. Interpersonal, supportive but firm interactions that keep children central are costly to deliver and are not crowd-pleasers, but they continue to make all the difference for neglected children.

The authors suggest that in England, despite the periodic media glare that follows high profile Serious Case Reviews, policy on child neglect has not dramatically moved forwards over recent years. Welcome calls to support professional judgement (Munro, 2011), to mobilise civic society and for a wider role for universal services in early intervention (Action for Children, 2014; Haynes, 2015; Haynes *et al.*, 2015) have as yet failed to translate into wholesale change on the ground. This is probably unsurprising given the impacts of austerity policies. More encouragingly, local campaigns and place-based change programmes such as the Big Lottery Fund's *A Better Start* are applying the principles of early intervention and seeking to develop and test new ways of working in localities. The Local Authority Research Consortium (LARC) has produced two informative pieces of research on local awareness raising and preventive work on neglect (Easton *et al.*, 2013; Buchanan *et al.*, 2015).

The practice response

Practice, typically, still tends to respond to bad news rather than good, and all the contributors report on lessons from inspections and case reviews in relation to child neglect. Yet, forward looking changes are also being made. In the voluntary sector, Action for Children, the Big Lottery Fund and NSPCC, amongst others, have funded and evaluated innovative practice, and some statutory agencies have defied cuts to trial promising or tested approaches to neglect. Examples of all of these are described in this issue and begin to demonstrate ways in which we can tackle neglect with greater determination and impact.

Hurdles that remain

While organisations such as the Early Intervention Foundation (www.eif.org.uk) encourage evidential rigour, the lack of longitudinal outcome research across the UK means that we still know disappointingly little about what works with whom, why some families engage with services while others drop out and with what results, and how interventions compare. Continued and increased investment in outcomes-based research remains vital. Poverty and environmental neglect (poor housing, lack of infrastructure and crime) still place a heavy strain on many families and create unacceptable barriers to parenting capacity and to children developing their full potential. There is no causal connection between poverty and maltreatment (including neglect) and the parents of neglected children may be financially well-off (Butchart & Finney, 2006). But the stressors and stigma associated with aspects of poverty are often overlooked by practitioners (Hooper *et al.*, 2007). Many programmes described in later papers aim to address inequalities of access and offset disadvantage.

In the policy arena, despite the positive tone of these papers, unremitting pressure on public services has meant an increasingly residual approach to service development with some communities remaining relatively neglected. The context of austerity and crisis management can create a drain on creativity and brake the drive to find solutions.

The vision of prevention is almost universally accepted and endorsed, and yet remains a distant prospect in practice. In regard to the latter, the practice arena, the selection and retention of skilled staff and their post-qualifying supervision, training and professional growth in work with child neglect are all key areas that are subject to considerable reform and call for scrutiny (and another journal issue). Where there have been successes to celebrate, we must disseminate these and transfer that knowledge for adaptation and replication.

Conclusion – questions for reflection

- How can services for adults and children achieve a genuine 'whole family' perspective when jointly working with families?
- Can we successfully demonstrate a strengths and asset-based, collaborative approach to neglect that boosts family and community capabilities, whilst picking up the warning signs effectively when things may be going awry?
- Can we use population data more effectively to identify groups and areas where children may be vulnerable, and better allocate scarce resources such as specialist assessments?
- How can we fund longitudinal outcome research to build evidence about the factors that best help to resolve family stress, support optimal parenting and child development outcomes, using some of the initiatives described here as a starting point?

These are critical questions that if addressed with vigour can surely start to change the ways we tackle neglect and, together with the sorts of initiatives outlined in the papers that follow, can help build a better platform for interventions, evaluation and learning. We commend this special issue to the RPP readership and beyond and thank the editorial board for this opportunity to contribute to what we believe is an important repository of key developments in practice,

research and policy in child neglect across the UK. This overview is scarcely the last word on this very complex and corrosive social harm but hopefully it will serve as a statement of progress made and, more importantly, a waymark to the lengthy journey ahead in making all our children safer from neglect.

Acknowledgements

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Noticing and helping neglected children in Scotland: *'... sometimes it's just too hard to talk...'*

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Abstract
This paper sets out the policy context for noticing and helping neglected children in Scotland. The overarching framework, Getting it Right for Every Child, now enshrined in legislation, provides the context for a response to a broad range of concerns about children whose needs may not be fully met. Supportive and protective responses are required of those working in the universal services and in targeted services with the aspiration of providing seamless services for children. The paper reports on evidence gathered in a review of neglect in Scotland and draws on the views of children gathered as part of a review in the UK to explore the nature of the response to neglected children in Scotland. The paper suggests that Scotland is in a strong position to develop a holistic framework to tackle neglect but that a number of tensions need to be addressed to ensure this direction of travel.

Keywords: Child neglect, Scotland, protection, support

Introduction

This paper is primarily informed by a review of neglect policy and practice in Scotland (Daniel *et al.*, 2012), augmented by material drawn from two of a series of UK wide neglect reviews, one that focused on children and parents' views and one that explored prevalence and responses across the UK (Burgess *et al.*, 2014; Burgess *et al.*, 2012). Undertaken between January and April 2012, the Scottish review was guided by three questions:

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

Full details of the methodology can be found in the final report (Daniel *et al.*, 2012), but in brief it included:

- Analysis of statistics and policy documents
- Survey responses from 25 returns to a survey of all 29 Child Protection Committee Lead Officers in Scotland on neglect statistics, policies and services
- 15 multi-agency focus groups with a total of 147 practitioners and managers representing social work, education, housing, child protection roles, health, voluntary sector, police and the Scottish Children's Reporters Administration (SCRA) in six representative areas (one voluntary sector representative interviewed separately)
- Scrutiny of responses from Scotland to a UK-wide poll undertaken by YouGov in 2011 (Burgess *et al.*, 2012) on neglect from 173 adults in the general public and 190 professionals (made up of 12% social workers, 11% police, 14% health professionals and 62% education staff including primary and nursery school teachers and assistants)
- Scrutiny of interviews and focus groups held in Scotland with 11 young people aged 8 – 17 children in Scotland as part of a UK wide review of neglect (Burgess *et al.*, 2014).

Policy context

Since the Scottish National Party (SNP) first formed an administration in 2007, policy developments in Scotland have been aimed at developing and improving the welfare and wellbeing of its children and young people. As part of achieving this vision, the Scottish Government embedded the rights of children and young people across the public sector in line with the United Nations Convention on the Rights of the Child (UNCRC). The Scottish Government's ambition for Scotland to be the best place to grow up is supported by the flagship policy *Getting It Right for Every Child* (GIRFEC):

> *GIRFEC is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports them and their parent(s) to work in partnership with the services that can help them.*
>
> *It puts the rights and wellbeing of children and young people at the heart of the services that support them – such as early years services, schools, and the NHS – to ensure that everyone works together to improve outcomes for a child or young person.*
>
> (The Scottish Government, 2016b)

The concept of wellbeing is central to GIRFEC which sets out eight wellbeing indicators. All services, universal and targeted, are expected to support all children to be safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI) (The Scottish Government, 2012). The associated national practice model incorporates the *My World Triangle* – an ecological assessment framework that covers factors relating to the child, the parents and to the wider world. The model allows for intervention proportionate to the level of need from support provided on a voluntary basis through to investigation when a child is considered to be in need of protection from serious harm (Stradling *et al.*, 2009). Given that neglect can compromise development in any or all of the SHANARRI domains; is associated with aetiological factors at each ecological level; and can encompass a wide range of temporary and chronic unmet needs, GIRFEC provides a potentially very strong model for effective responses to actual and potential neglect.

GIRFEC has been enshrined in law with The Children and Young People (Scotland) Act 2014 which aims to provide effective early years support, increase prevention and early intervention, support parents effectively, deliver child-centred support and services and recognise the rights of children and young people through a range of provisions. The act places a definition of wellbeing in legislation and duties on public bodies to coordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and report collectively on how they are improving those outcomes. Each child has a 'Named Person' who will act as the first point of contact when additional support is needed – for under-fives this will normally be the Health Visitor, thereafter the role will be held within the Education system.

The Scottish Government's strong commitment to early years and early intervention is threaded through a range of other policy and legislation. The Early Years Collaborative is a coalition of Community Planning Partners including social services, health, education, police and third sector professionals and is committed to ensuring that every baby, child, mother, father and family in Scotland has access to the best supports available (The Scottish Government, 2016a). The Early Years Collaborative (EYC) was launched in October 2012 and its focus on strengthening and building on services using improvement methodology enables local practitioners to test, measure, implement and scale up new ways of working and high impact interventions to improve outcomes for children and families in the areas of early support for pregnancy and beyond, attachment, and child development and learning.

National Practice Guidance on Early Learning and Childcare (2014) sets the context for high quality Early Learning and Childcare as set out in the Children and Young People (Scotland) Act 2014 (The Scottish Government, 2014). The guidance seeks to support practitioners in all settings and areas of Scotland who are delivering early learning and childcare. This builds on the Curriculum for Excellence introduced across Scotland in 2010 which was designed and implemented to achieve a transformation in education in Scotland by providing a coherent, flexible and enriched curriculum from 3 to 18 years. The curriculum aims to ensure that all children and young people in Scotland develop the knowledge, skills and attributes they will need if they are to flourish in life, learning and work, now and in the future, and to appreciate their place in the world (Scottish Executive, 2006).

In 2015, Scottish Government launched the Universal Health Visiting Pathway, which has been designed to underpin and guide the foundation of the refocused Health Visitor role for NHS Scotland and integrate the Named Person role (Scottish Government, 2015). The Pathway presents a core home visiting programme to be offered to all families by Health Visitors as a minimum standard. Along with core home visits, Health Visitors will be required to be available and responsive to parents to promote, support and safeguard the wellbeing of children by providing information, advice, support and help to access other services. The programme consists of 11 home visits to all families – eight within the first year of life and three Child Health Reviews between 13 months and four to five years.

A recently announced programme of action on child protection (March 2016) will review current legislation to ensure there are appropriate and effective measures in place to protect children from actual or risk of harm; develop a holistic picture of neglect across Scotland; and test existing models to implement the best to effect practice improvements. Neglect has been identified as a key strand in that work and in February 2016, Angela Constance, the then Cabinet Secretary for Education and Lifelong Learning, announced in the Scottish Parliament that:

> *Professionals tell us that neglect is the primary maltreatment issue children in Scotland currently face. We have a clear understanding of the devastating long term effects of neglect on children. We must support practitioners to recognise and respond to neglect appropriately and dynamically if we are to break what is often an inter-generational cycle.*
>
> (Constance, 2016, p.3)

This policy context is congruent with the evidence that suggests that neglected children's unmet needs often cross disciplinary boundaries and require an integrated response. It also builds on evidence that neglected children are best supported when their unmet needs are identified as quickly as possible and they are provided with authoritative and sustained child-centred services that support their parents, build their family and social networks and address their needs in all developmental domains (Daniel *et al.*, 2009; Horwath, 2007; Stevenson, 2007).

How many children are currently experiencing neglect in Scotland?

Assessing the scale of neglect depends very much on how neglect is defined because it can potentially apply to a wide spectrum of children from those experiencing some unmet needs on a temporary basis to those with chronic and highly compromising global unmet needs. As described above, the GIRFEC model aims to encompass this range, with formal child protection proceedings reserved for those at higher risk of harm, but at the time of writing there is no one national statistical return associated with the full range of responses to children who may be in need of support, including need for protection. This is related to the fact that Scotland still has a somewhat hybrid child protection framework (Hill *et al.*, 2002) and is reflected in the fact that information relevant to neglect is found in two different national datasets: national statistics for Scottish Government; and national statistics collected by Scottish Children's Reporter Administration (SCRA). Aspects of a forensic-investigative model, very similar to those in other parts of the UK, are embodied within the national child protection procedures about which

national statistics are available (Scottish Government, 2014). The operational definition of neglect within these procedures, although not exactly the same as in the other countries, has similar elements:

> *Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'non-organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time.* (Scottish Government, 2014, p.12)

Since 2012, child protection data in Scotland has been collected at individual level and 'concerns' rather than a main category of abuse are recorded. The number of children on the child protection register has fluctuated regularly, but there is a general upwards trend. The total number of children on the register increased by 34% between 2000 and 2015 from 2,050 to 2,751, which means that 3 in every 1,000 Scottish children under 16 were on the child protection register in 2015 (Government, 2016). Because multiple concerns can be recorded, the total number of concerns is higher than the number of children registered and it is not possible to state how many children are on the register because of neglect. However, of the 6,769 concerns recorded in relation to the 2,751 children, the most common concern identified was emotional abuse (39 per cent) closely followed by neglect (37 per cent) and parental substance misuse (36 per cent).

In parallel is the distinctive Children's Hearing System that is built around an explicitly welfare-oriented model. Decisions about whether children may be in need of compulsory measures of supervision, whether they have committed offences or whether they are in need of care and protection, are made by lay tribunals[1]. A number of grounds for referral to the Children's Hearing may be of relevance to children who are neglected, but the most obvious one is that:

> *… the child is likely to suffer unnecessarily, or the health or development of the child is likely to be seriously impaired, due to a lack of parental care.*
>
> (Children's Hearings (Scotland) Act, S67(2)(a))

The statistics collated by SCRA show that in 2014-2015, 27,538 referrals were made to the Children's Reporter on behalf of 15,858 children (Scottish Children's Reporters Administration, 2016) representing a decrease of 14.8% from the previous year. 6,017 of these children were referred due to lack of parental care. Not all of the cases referred to the Reporter are referred on for a Children's Hearing, but there were clearly sufficient concerns about the adequacy of the parental care received by these children to warrant a referral to the Reporter.

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[1] Where matters of evidential fact need to be considered the case is referred to the Sheriff court for what is known as a proof hearing where matters of evidence are considered, if grounds of referral are proved the case returns to the Children's Panel for disposal.

Currently, there is no published cross-referencing of the data held by SCRA and Scottish Government although the trend data is compared. This means that statistics are not available about how many of the children appear in both datasets. Further, the child protection statistics cover *registrations* for concerns rather than referrals, whereas the SCRA figures show how many children are *referred* for lack of parental care, but not how many are subject to *compulsory measures* of because of lack of parental care. The increase in the number of children on the child protection register at a time when referrals to SCRA are falling means that the smaller number of referrals being received by the Reporter are potentially of a more complex nature. It would be surprising, however, if some children did not appear in both sets of statistics.

Taken alone, though, without scrutiny of figures in relation to the other grounds, the SCRA figures show that for every 150 children living in our communities, someone has a concern that a child is experiencing some degree of neglect. That this is a much larger figure than the picture from registration underlines the extent to which the concept of neglect encompasses a spectrum of concerns. It remains to be seen whether the full roll-out and embedding of the GIRFEC framework will allow for collation of more comprehensive statistics about the number of children affected by unmet needs. As Radford *et al.* (2011) found in their prevalence study, as many as one in ten children may be affected by neglect. Judging by the responses in the 2014 review, children and young people adopt broad definitions of neglect that may well indicate levels of unmet need on that kind of scale:

> '*Left at home alone with no food*';
> '*It was hard for a child to have fun with friends'.* (Burgess *et al.*, 2014)

How good are we at recognising children who are at risk of, or experiencing, neglect?

Recognition is also affected by definitions – and the responses to the survey illustrated the ways in which recognition of neglect is affected by all these policy strands as reflected in the use of the language of GIRFEC, the Children's Hearing System and the child protection registration system:

> *Does the formal definition matter? Is it not more about the impact on the individual child and the need to intervene early before there is too much impact on them?*
> (Survey respondent, Daniel *et al.*, 2012)

> *We're not really using the word 'neglect' in a practice context. We are framing children's risks and needs through the five Integrated Assessment Framework (IAF)/GIRFEC questions (e.g. What does the child need? Can I provide it? If I can't provide it, who needs to?). We use the My World Triangle to identify areas of risk rather than using the term neglect. We would look at what needs to be put in place to identify gaps in care – for example, is parenting work needed? Or is housing the issue?*
> (Survey respondent, Daniel *et al.*, 2012)

> *Sometimes I think neglect is used as a category even if it is really emotional abuse. Neglect may better be called 'lack of parental care'. For example, in this area we have great variation in social and economic backgrounds, with child protection issues in the most middle-class families but this would be more lack of parental care/exposing young people to danger, for example letting them drink and party at home. This is neglect – but in a different way.*
> (Survey respondent, Daniel *et al.*, 2012)

Survey responses and focus group discussions reflected a general consensus that an increasing number of children who may be neglected were being identified by staff from across all agencies. The general view was that there is, now, a better understanding of the signs and effects of neglect and a widening range of formal processes in place by which professionals can share knowledge about children about whom there are worries.

In health services, midwives, Accident and Emergency staff, GPs, paediatricians, school nurses, psychologists and dentists were all identified as helping with the recognition of signs of neglect. Health visitors were seen as ideally placed to assess and identify the risks for children in the home, but the majority of health visitors in focus groups expressed frustration about the constraints of high caseloads limiting the amount of contact they have had with many of the families. It would be interesting to re-visit this discussion once the new health visiting pathway, described above, is rolled out.

In educational services nursery and primary school staff were considered key for recognising signs of neglect in children as daily contact with parents, as well as children, enable them to see changes in behaviour and whether, for example, the child is being collected by numerous people or other children. Examples were given of guidance and pupil support staff and school counsellors in secondary schools raising money for 'hardship funds' for toiletries and essential items for young people, and providing opportunities for young people to talk about any difficulties at home. Some schools have Home School Link staff who go out to homes and can, in some cases, obtain a holistic picture of the child's living circumstances. However, a strong message from children in the 2014 review was that these kind of supports may not be sufficient and that teachers need to be proactive in reaching out to children they are worried about:

> *I think it's the adults who need to approach children if they think something's not right, it's not up to the children to approach them. It can be a big burden for a child to ask for help. Teachers need to ask: 'How are things?, 'Are you comfy at home?' Or there could be a box that you could write your problem down and put it in if you were too frightened to speak to someone.* (Young Person Focus Group Respondent, Burgess *et al.*, 2014)

Criminal justice staff and the police were also described as playing a role in identifying neglected young people and Police Scotland have processes in place across Scotland for identifying and referring children who come to their attention during domestic violence incidents or other call outs.

Most areas were able to describe multi-agency groups aimed at the early identification of children who it appeared were not being cared for adequately. In some areas these were well-established groups, for example those based in schools but with representation from other agencies. Others were issue-specific groups, for example when domestic violence or parental substance misuse was raising concerns for children. Some groups described were locality-based; some discussed several children at a time and others considered individual children on a case-by-case basis:

> *We have put a lot of effort into early identification, by way of multi-agency groups which enables the safety net to be quite wide. We've taken a systems approach in that a wide range of children are considered and that can escalate issues, which we are conscious of, but it's getting the balance so that we catch children with potential difficulties early.*
> (Focus group respondent, Daniel *et al.*, 2012)

It does appear, therefore, that the policy agenda has drawn practice towards the broader interpretations of what might constitute neglect. Some participants reported that, while on the whole this was clearly a positive development, there were sometimes difficulties in targeting help at those most in need, because of the 'big haystack' of referrals. It is also the case that, whilst the Scottish Government has tried to ameliorate austerity measures, they have had an impact on families and on services. Voluntary sector agencies working in communities and housing schemes that aimed to be responsive to parents who self-referred for help were finding that, as resources became more stretched, such services were increasingly being targeted and 'gate-kept' by social work services who had commissioned them, thus reducing capacity for self-referrals. In some urban areas there was also felt to be what was described as 'a cultural acceptance of neglect', particularly where inter-generational low standards of care were prevalent:

There is a role for education about how we teach our young children about what is normal and acceptable in terms of living without domestic abuse, neglect and unacceptable parenting. In some areas we have to address where neglect sits within societal norms.

(Focus group respondent, Daniel *et al.*, 2012)

In some areas the numbers of children who were living in these circumstances were almost overwhelming and poverty was clearly part of the issue for some of these families, coupled with low aspirations and little or no hope of future change and improvement in their lives and those of their children. Respondents also talked of 'neglected neighbourhoods' and commented on the importance of the living environment for families and the benefits of improvements in these. There was frustration that good work and progress with families was often seriously tested or undermined by not being able to address issues of poverty and unemployment in the wider neglected communities. A Scottish Government commissioned independent report on poverty and inequality in Scotland suggested that whilst Scotland is performing better in relation to relative poverty than the rest of the UK, much more still needs to be done. Housing costs were identified as a significant factor in exacerbating poverty (Eisenstadt, 2016).

The review in Scotland was undertaken at an earlier stage of GIRFEC implementation and before it was enshrined in legislation. Austerity measures were also relatively new. The potential impact of both on recognition of neglect is perhaps best summed up in the words of one respondent:

We do what we can better, but what we can't do grows.

(Focus group respondent, Daniel *et al.*, 2012)

How well are we helping children at risk of, or currently experiencing, neglect?

The YouGov poll indicated that the general public are in support of services being provided to help children and their parents (Burgess *et al.*, 2012). Members of the public clearly saw a role for services aimed at prevention and based within universal services. Projects that supported families and children before problems got worse polled 57% of their vote followed by preventative services (45%). Forty-four per cent of those asked saw a role for health services such as specialist health visitors and 38% thought that school based services would be helpful. This was broadly similar to the rest of the UK, but more of the Scottish public recorded that better approaches were needed for tackling problems relating to drugs and alcohol compared with the UK response (37% and 30% respectively), reflecting the fact that more children in Scotland are affected by parental substance misuse (The Scottish Government, 2013).

Survey and focus group respondents gave information about services across Scotland that provide help for children, support their parents and monitor whether children are being cared for well enough. The routes by which these services are accessed by children and families themselves and by professionals seeking a service on their behalf vary in different areas. To an increasing extent the organisation of routes to services is being shaped by the ways in which the overarching GIRFEC framework is being adopted. In summary, services described ranged from early years parenting support and nursery provision to Family Centres and additional support in schools, for example Nurture Groups in Primary Schools and support provided by Guidance Teachers in High Schools through to targeted help for teenagers and their parents, run by both social work services and voluntary sector agencies.

Some areas described ways in which local authority social workers continued, or were finding new ways, to reclaim the traditional social work 'hands-on' work with families:

Social work staff are creative and tend to do a lot of the work themselves instead of farming it out to other agencies. It's good old-fashioned social work, that's how it has been described by Inspectors who identified it as good practice, but it also fits with the Munro agenda of a

return to less bureaucratic and more practical social work. Increased funding would allow us to be even better at doing this. (Survey respondent, Daniel *et al.*, 2012)

There was a range of views across the different areas about whether there were enough services in place to help all the children who are identified as needing it. Some areas stated that they were relatively well provided for although there would always be more children whose needs were less pronounced who could be helped. Services in rural areas were generally seen to be very patchy and generally limited to larger towns, with very little choice of services on offer. Families often had to travel long distances to access services and public transport was usually inadequate and expensive. If families had their own transport the price of fuel was prohibitive and fuel poverty was an issue for some. Professional staff who visited families at home had to travel longer distances and could not do so as regularly as they would have liked. In some rural areas there was limited if any voluntary sector provision available and in some the home care service was the only support which could be offered.

In two of the three large urban areas in which focus groups took place, practitioners reported that services were extremely stretched and could only meet the needs of children at 'the tip of the iceberg'. Just under half the survey respondents indicated that more services would be welcome:

There are never enough services. We cope but we could do more. There is no capacity to do pro-active work so we have to concentrate on those with higher need. But we do our best with what we have and there is good practice within what we do have.

(Survey respondent, Daniel *et al.*, 2012)

Researchers and practitioners are learning more about how services can actively encourage and engage parents and children and the hope is that a greater use of non-stigmatising, universal-based services will help with this. In relation to families moving in and out of services, there is increasing recognition that some need long-term support and the GIRFEC approach is designed to provide ease of movement from intensive to 'maintenance' type support. It remains to be seen whether this will work in practice but there was general optimism, if all levels of support are adequately funded.

On the face of it, the Children's Hearing System is conceptually more attuned to chronic neglect than the forensic investigative system that, anecdotally, tends to be triggered by acute events. However, there was a view held by some that there is a stumbling block at the Children's Hearing stage when Panel Members require more evidence of neglect to be provided. This is a perception that requires further exploration because a number of factors could be at play here. In some cases, the evidence may be available but is not being delineated in reports effectively, but in other cases it could be that Panel Members require further training on the impact of chronic or cumulative neglect on a child's wellbeing or long term development. Respondents also suggested that at proof hearings in court, parents' rights were sometimes seen as taking precedence, with solicitors arguing that parents had not had the required help to improve their parenting or that specialist support for a learning disability was required. It was thought that some solicitors and Sheriffs need to know more about the impact of neglect on the children and young people.

The majority of respondents to the survey considered that most neglected children were able to get help. Some were able to identify gaps, perhaps in relation to geographical areas (some areas of large cities or rural areas) or for certain age groups:

Universal services do support the under 5s through health and education and there is the Guidance system in schools. But it is hard to say if all older children are getting the help they need as there is a lack of targeted services for them, although there are Youth Services. They will get some help although not specifically about neglect.

(Survey respondent, Daniel *et al.*, 2012)

Recent seminars in Scotland with academics, child protection practitioners and those working in the creative arts explored how arts-based approaches with children and families could inform work with children experiencing neglect and nurture their resilience (WithScotland *et al.*, 2016). There is a need for more research on the scope for this kind of approach (Stinson, 2009) however, some important pointers emerged from the seminars. For example, many arts projects and organisations reach out to communities by providing transport for children whose parents, for whatever reason, are not able to assist their participation in activities. Asking children and young people what they want, giving them choices and involving them in the planning of activities and starting with 'small' things suggested by children and young people, are all considered important. Projects were described where the child and worker work alongside each other in a way that fosters connections and facilitates creative exchange. Many exciting and promising approaches were identified, somewhere creative arts are viewed as a deliberate medium for nurturing factors associated with resilience, some that are focused more on supporting neglected children to experience the satisfaction in the moment that comes from being 'lost' in creative flow – something that in itself may promote resilience. However, given the tendency for neglected children to have low self-esteem and low self-efficacy, a key message was that it requires practitioners who combine skill in the specific creative art with empathic scaffolding skills (Vygotsky, 1962) to provide children and young people with the right balance of creative challenge and attuned support to participate.

In common with the rest of the UK, the extent of systematic evaluation of the efficacy of services for neglected children was limited and outcome measurement was patchy. Performance management indicators and quality improvement processes are used by some to gather information about overall service effectiveness. A few areas reported using proxy measures to measure effectiveness such as a reduced number of children being accommodated, although proxies such as this could act as perverse incentives. For most areas, measuring the effectiveness of services for individuals was noted as still work in progress but seen as important. As yet there is no national approach that would allow the efficacy of the GIRFEC framework to be measured.

Reflections and discussion

The review suggested that recognition of children in Scotland who are experiencing neglect is improving. Certainly, the GIRFEC framework is conceptually well-suited to neglect because of the emphasis on a holistic assessment of needs in all developmental domains most likely to be compromised by neglect. However, whilst identification of children is a good thing, practitioners were clear that this needs to be matched with services able to offer the appropriate level of help to all the children being identified.

In the context of a policy agenda in Scotland that places considerable emphasis on early intervention, there are some concerns about whether early intervention will draw more families into the net than can be adequately supported and whether children at high risk of immediate harm may be obscured. One issue that perhaps needs further development is the refinement of what 'early' means. 'Early' can mean early in the stage of the problem – whatever the child's age. In some contexts 'early' means that help is provided quickly once the need is identified – but this may not be early in the actual stage of the problem, it may be that practitioners just have not been aware of the child until something triggers their attention.

It is anticipated that the shift of emphasis, where possible, towards a less stigmatising delivery of support and interventions by health and education service staff as outlined by the GIRFEC model, should widen the options for families by the provision of support without invoking compulsory measures of care. Child protection systems should fit within the new system and work towards being less adversarial and investigative, although clearly there will be some families who struggle to cooperate or make the necessary changes to ensure 'good enough' parenting even with the most supportive approaches. Integrated approaches, where the forensic investigative approaches are embedded within broader service responses, are optimal

for situations of child neglect because of the extent to which the risks flow from the damage caused by unmet needs. For this reason, separate 'family support' and 'child protection' pathways are not helpful for neglect; instead they should both be seen as stages on the one pathway (Daniel, 2015).

Given the individual variability and complexity of child neglect no one intervention will be appropriate for all. In every case there is no substitute for careful assessment, discussion with the family and negotiation between professionals in order to establish the level of unmet need, the associated risk of harm and the extent of real opportunity for change without, or with, the need for compulsory measures (Daniel, 2015). As just one example aimed at improving assessment and planning, Action for Children, informed by a longitudinal evaluation of their UK Neglect Project (Long *et al.*, 2012), has worked with three Child Protection Committees to embed their Neglect Toolkit into multi-agency practice in Scotland. The Neglect Toolkit, which is an adapted version of the original Graded Care Profile (Svrivastava *et al.*, 2003) was piloted and a bespoke training programme developed to ensure its fit with local policy and practice. Additional resources have been developed with the local NHS Board to encourage health staff to use the tool and workshops held to raise multi-agency practitioners' identification and awareness of the impact of neglect. Another key component of effective assessment and planning lies in gauging parental capacity and willingness to change and, in recognition of this, there are plans to trial the use of Platt & Riches' model for assessing capacity to change in at least one Scottish local authority (2016).

Conclusion

The review of policy and practice in Scotland suggested that the GIRFEC framework coupled with wider policies offers huge potential for a more comprehensive and effective response to neglect. There is clear recognition across all disciplines that neglect is damaging to children and there are considerable efforts going into supporting individual children and into developing more effective frameworks for multi-disciplinary practice and evaluating outcomes. This would appear to be a good time to bring together the learning from across Scotland and to create an integrated approach to tackling neglect within the GIRFEC structure. But it will be difficult to gauge just how effective these developments will be until a more holistic approach to capturing data about child outcomes is also refined. Finally, a reminder from Scottish children that their needs can be expressed in very straightforward terms:

> *It's nice to know that someone cares, when older people or parents are not there for you. Attention is really important as it shows that someone cares about you.*
>
> (Burgess *et al.*, 2014)

Acknowledgements

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Tackling child neglect: key developments in Wales

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Abstract

This paper on child neglect policy and practice issues in Wales comprises three elements. First we introduce the topic in the context of current family support services that seek to offer early intervention to tackle, inter alia, child neglect and other not unconnected harms and adversities in childhood. Secondly, we set out key findings from a Welsh Government commissioned study into developing a multi-partner strategy for reducing child neglect across Wales. Thirdly, we conclude with a summary of critical ingredients that are likely to configure the development of a national response to neglect in Wales. Together these elements provide a snapshot of recent progress made in service development and strategic planning.

Keywords: Child neglect, family support, policy innovation, national focus, strategic elements, regional safeguarding boards

Positioning neglect

We do not address directly the sizeable research literature on child neglect and early intervention but introduce our paper with a selective and brief rehearsal of key themes relevant to developments in Wales. There are numerous operational definitions of child neglect but one common aspect is the emphasis on neglect as an act of omission. Unlike physical or sexual abuse, in which specific abusive acts are directed towards a child, neglect is typically defined by the absence of provision for a child's basic needs (Gough, 2005). The lack of firm consensus regarding the nature of neglect has impacted on our understanding of not only the scale of the problem, but also its causes, assessment and approaches to prevent or reduce its effects (Moran, 2009). Notwithstanding these difficulties, child protection statistics in the UK indicate neglect as the most common reason for child protection registrations or for a child protection plan (Burgess *et al.*, 2012; NSPCC, 2012). However, this may be the tip of an iceberg whereby the underlying scale of the problem could be up to 10 per cent of children in the UK suffering from neglect (Radford *et al.*, 2011). There is no single cause of neglect; neglectful families often suffer a combination of adversities with depression, domestic violence, substance misuse and poverty amongst key contributing factors (NSPCC, 2012). Recent research undertaken in Wales reveals that the more adverse childhood experiences (ACEs) a child suffers the more likely the child will suffer poor life outcomes (Public Health Wales, 2016).

Awareness of child neglect and its consequences on the development and future wellbeing of children has increased during the last two decades (Burgess *et al.*, 2012). However, its recognition remains inconsistent and referrals to services are often triggered by other events or concerns about vulnerable children (Taylor *et al.*, 2013). This is due in part to the lack of fit between the needs of children and families, how that need is expressed and the way professionals respond. Children who are neglected are unlikely to express the need for or seek help directly from statutory agencies (Cawson, 2002; Turnbull, 2015) and their parents are also likely to be poorly equipped to identify and make use of formal support services (Faver *et al.,* 1999). Neglect occurs on a spectrum and universal services, including teachers, health visitors, GPs, and the police are seen as having a key role in identifying and responding to signs of neglect, providing early support in cases of low level neglect and making appropriate referrals (NSPCC, 2015; Action for Children, 2013). Chronic neglect is often entrenched and a review of UK research by Burgess *et al.* (2012, p.20) notes a tendency for families to 'bounce in and out of services' and for neglect to become 'overtly complicated and process bound' in work processing systems.

Key challenges in tackling the often cumulative and disparate nature of chronic neglect (as opposed to acute singular incidents) reveal themselves in the way many agencies get involved and multiple interventions are attempted over time with limited impact. Families may be subject to numerous referrals and interventions over many years, with the tendency towards a 'start again syndrome' whereby new workers attempt to promote change without fully recognising a prior cycle of brief improvements and relapses by the family (Horwath *et al.,* 2010). Understandably, practitioners can feel overwhelmed by the scale and complexity of a neglectful family's needs (NSPCC, 2012) and hence the importance of standardized tools and protocols to assist in assessing, intervening and safeguarding. A review of tools by Barlow *et al.* (2012, p.10) commended the Graded Care Profile (GCP) for assessing neglect because of its comprehensive range of domains and accompanying descriptors that assist in formulating risk assessment and also its congruence with the Assessment Framework used in England and Wales. As we shall discuss later, amended versions of the GCP have been adopted by several local authorities and safeguarding boards in Wales.

Early intervention – a contested field?

In tackling neglect early on there is growing evidence of effectiveness of pre-school based interventions to support parents during pregnancy and early childhood (Schrader Mac-Millan *et al.*, 2011; Taylor *et al.*, 2013). Critical (and familiar) factors are the quality and intensiveness of programmes, fidelity to programme standards, and programme success in securing uptake and persistence by participants. Also, population-targeting around neglect and parenting issues and substantive investment in early intervention (EI) have been identified as key success factors by C4EO (2010). The need for more spending on assessment to identify neglect in its multiple social and emotional contexts, better inter-agency working, high quality pre-school education for 2-4 year olds, better maternity and paternity leave, and more support for all vulnerable first-time mothers via effective interventions (such as Family Nurse Partnerships) is advocated by Allen (2011) to tackle child development and parenting needs before these become entrenched. As importantly, Waldfogel & Washbrook (2011) note that a critical success factor is to do with those interventions that target multiple areas of need that can involve health, social care and education and which address children's cognitive and emotional development and parenting skills and capacities, as well as problems of poor environment.

While much of UK policy debate about neglect and EI in general assumes an early years indeed pre-natal response where necessary, we would assert the need for a supportive family service across the age range which can respond to not only the developing (and often disadvantaged) infant but to their older siblings and their parents/carers too. Indeed, the discussion later on about developments in Wales would suggest the nucleus of such a multilevel orientation to children across the age range. Wales like other UK countries has sought to develop its family provision against a backcloth of austerity in public service investments in recent years that has raised significant professional and media concern (BBC, 2011; 2013) about service capacity to assist all but the most pressing cases of children in need, particularly where there are protection concerns.

In tackling the complex and often resistant nature of neglect there has been no resort by Welsh Government to initiatives such as England's *Troubled Families Programme* (Department for Communities and Local Government, 2012) which targets hard to reach and hard to change families whose behaviour and complex needs are thought to require intentionally assertive engagement by family workers. While there have been negative claims over the programme's early impact (see Guardian, 2013; Mail online, 2013; Fletcher *et al.*, 2012), more recent observations and small project evaluations (Davies, 2015) suggest its method of 'payment by results' to local authorities has helped generate pro-social family functioning, better parenting and better take up of training and employment opportunities by family members. Such experiments across the border in England have not gone unnoticed in Wales but to date have not influenced policy developments directly. Instead, there has been a contrasting policy narrative accompanied by a series of discrete initiatives that aim to promote a flexible mix of

universal, specialist and targeted family *support* services (see WG, 2013a). These are not overtly anchored in some narrowly crafted 'what works' programme to be implemented irrespective of problem context and complexity nor focused assertively upon some 'troubled' sub-stratum deemed in need of treatment. Reductive programmes that are overly behaviourally focused and short term have often failed to sustain the desired outcomes (see Munro, 2011), instead the policy thrust in Wales recognizes that the complexity of family need requires a responsive, durable, multi-faceted and relationship-based approach.

As in the other UK countries, threats to child development such as early chronic neglect find their articulation within a widely accepted nostrum about the first 1000 days of infancy as the most critical for emotional and physical wellbeing. This debate, positioned evocatively in the Allen Report (2011) contains the assertion informed by neuro-scientific research that sustained neglect causes disastrous damage to the infant brain and demands swift and robust intervention. Such claims have been challenged by Featherstone *et al.* (2014) who question that there is conclusive evidence about the biological embedding of child maltreatment within particular timeframes and its irreversibility. They argue that such generalizing and dramatizing dicta are likely to help ratchet up the relentless climb in referrals to children's services and subsequent protection registrations and admissions to care. Instead, they present the case for a more rounded and relational engagement with marginalised and hard to reach families exposed to chronic interwoven problems of poverty, alienation, crime, child neglect, lack of skills, and living in high-turnover risk-filled communities. They urge a response from family services that delivers early, and where necessary, open-ended practical and therapeutic support to children and families and which in some part responds to what parents *say* they need too (see also Penn & Gough, 2002; Pithouse, 2008; Davies, 2015).

The Welsh context

So what about services in Wales? People may understandably ask are these so very different from England? Well, yes and no. 'Yes', like England, we have universal early years child care initiatives and more targeted provision for families as we will outline shortly. And 'No', unlike England, there is a demographic and public service context that positions Wales, discursively at least, very differently to England. Here, the view that Wales traditionally returns left of centre governments has been made by leading Welsh politicians (see Morgan, 2004; 2006) together with the claim that this has led to a more progressive universalist welfare settlement and better protection of public services (see Drakeford, 2005; 2007). Such claims were rightly persuasive in relation to investments in children's services overall in Wales and in tackling poverty in childhood in the last decade (see Pithouse, 2011), but times have changed. The arguments once made about Wales being in the vanguard of children's public policy and services (see Butler, 2011) are today less convincing in the gloom of ongoing spending cuts since 2010 that have necessitated marked reductions in statutory and by extension voluntary provision in Wales. Thus behind a once confident rhetoric about progress on children's rights made in the first decade of devolution in Wales (2000-2010) we have seen ground lost in the battle against child poverty (Crowley, 2011). That said, cuts to statutory social services have been offset by Welsh Government decisions to protect children's services budgets from the full scale of reduction inflicted on other local authority services between 2011 and 2014 (see Thomas, 2011; Welsh Government, 2016a). Such moderating devices, while welcome, may not of course be 'felt' much by those at the frontline and here we pause to reflect on recent government statistics on children in need and what this might convey about the pressure on services and the incidence of neglect in Wales.

The most recent Children in Need Census at March 2015 (Welsh Government, 2016b) defines such children as those who receive local authority social services (i.e. have an open case for at least three months at census date) including those looked after. Some 19,385 children are so identified, or 308 per 10,000 children under 18, around 3% of the under 18 population. The figure has remained fairly constant at this level over the last 5 years. Clearly there is likely to be a much larger figure who are in need, not least amongst those one in three children (approx.

200,000) living in relative poverty in a household where earnings are less than 60% of the average wage in Wales (see Save the Children, 2016), but who have not come to notice or whose needs are deemed to be met through other non-statutory services. What we do know from the 2015 census is that 51% (9,960 children) of the 19,385 in need had come to notice because of abuse or neglect as the primary need, followed by child's disability (17%) and family dysfunction (14%). Some 68% of 2,310 children on the child protection register were there due to abuse or neglect, as were 66% of the 5,500 looked after children, as were 41% of 11,570 children who were either unborn or not looked after, or not on the CPR. As in previous years, those on the CPR are typically in the younger years, almost 70% aged 9 and under, with far fewer at 16 years and older (4%). The bulk of the looked after population are aged between 5 and 15 (3350) with the largest category 10 to 15 year olds (2025), and some 1200 aged 4 years and under (Welsh Government, 2016b).

Children in need in Wales suffer a wide educational attainment gap. At Foundation and Key Stage 2, some 87% of all pupils achieved the expected outcomes whereas this was the case for 55% of those in need. Those looked after fared slightly better in educational achievement than those not looked after but in need. Of significance are the factors appearing on referrals and, as in previous years, we see the continuing presence of domestic abuse, substance and alcohol abuse, and parental mental ill-health as the most frequent and sometimes overlapping factors instigating a referral to social services from mainly public service officials - health, police and other local authority services (Welsh Government, 2016b).

We can discern from the 2015 census that the rate of children coming into care (around 90 per 10,000) varies across Wales and overall is notably higher than the rate in England (see also Welsh Government, 2015a). Amongst the 5,500 looked after population features a preponderance of neglect cases and for many a relationship between becoming looked after and living in an area of marked deprivation. That said, there is no policy or guidance or agreed operational conventions about what might be the 'right' number of children in care in any particular local authority (see Welsh Local Government Association, 2013, p.31). It is against this backcloth of sustained public service cuts, highly pressured children's services, devolution, and chronic social and economic challenges stemming from an ageing post industrial society that we must make sense of investments in family support services in Wales that we outline next.

An emerging family support framework for children and families

Integrated and enhanced early years childcare, early intervention, and family support services are part of Welsh Government's ambitious 10 year programme outlined in *Building a Brighter Future: Early Years and Childcare Plan* (WG, 2013a) that explicitly aims to give children a better start, parents more support to train and work, and to promote a fairer society overall. We do not explore all aspects of this multi-stranded project but focus on three government funded elements that seek to intervene early in a range of needs including neglect. These comprise Flying Start (FS) for children under four and their parents in targeted areas of social deprivation. FS is a multi-agency early intervention initiative that is neither statutory nor compulsory. It offers 'universal' entitlements to families in targeted areas of disadvantage across Wales that include: (i) an enhanced health visitor service, (ii) free child care for children aged 2 to 3 years for 2.5 hours a day five days a week for 39 weeks of the year, (iii) evidence-based parenting support programmes and (iv) support for early language development. It was launched by Welsh Government in 2006 and operational since 2007/8 with the aim to make a 'decisive' difference to the life chances of children under four in the areas where it runs (WG, 2013b, p.1).

By contrast, the Families First (FF) scheme for families with children of all ages has three key objectives: (i) to reduce the number of families in workless households, (ii) improve skills of parents and young people in low income households so as to secure better paid work, (iii) to support families achieve better health and education outcomes for children, particularly those with a disability, and to prevent families developing more complex needs. The scheme requires

local authorities to generate inter-agency 'team around the family' (TAF) support in order to capture the range of help that disadvantaged parents and children need (see Welsh Government, 2013c).

Much more specialist and highly targeted is the regionally structured Integrated Family Support Service (IFSS) comprising social services-led inter-disciplinary teams that engage with families with more complex needs around mental health, drug/alcohol misuse, anti-social behaviour. Court involvement is not uncommon in the way families get connected to the service. The intensive nature of the initial intervention followed by monitoring and ongoing support has been welcomed by most families (Welsh Government, 2014; 2015b).

Together, this arc of provision intends to deliver a citizen model of early intervention through multi-agency provision that offers early years support through to help with employment, training and additional needs and on to intensive intervention for families with children at any age at crisis point. Their core aims include, explicitly, the intention to offset disadvantage and reduce the number of families developing more complex needs warranting statutory intervention (see WG, 2013d). These three programmes are discussed in more detail elsewhere (see Pithouse & Emlyn-Jones, 2015) as are their aims, uptake, costs, and evaluations (Ipsos Mori, 2013; SQW, 2013; SQW & Ipsos Mori, 2014; Welsh Government, 2013e; 2014).

What remains of note is that within the above schemes the notion of neglect is not viewed as some insulated matter of parenting deficit but understood within a web of structural, community, family and individual circumstances and needs. Yet, collectively this varied provision for families can only be seen as necessary rather than sufficient in tackling the complex and pernicious nature of neglect. That much is recognized by Welsh Government which in 2014/15 commissioned a project into ways to generate a more strategized, evidenced and inclusive approach to tackling neglect by statutory services, their partners (including the above schemes), and Welsh Government too. That study's key messages are outlined below.

The Wales Neglect Project (WNP) – a future planned?

Welsh Government in 2013 funded a twin-phased two-year project from Action for Children – Gweithredu drs Blant and NSPCC (Cymru/Wales) to scope, with partners, key areas for multiagency action to tackle child neglect. In phase 1 the project consulted multi-agency practitioners on their current response to neglect and what support they needed and commissioned evidence gathering from Cardiff University (Holland *et al.*, 2013). This study investigated current practice in the statutory sector including use of neglect tools, protocols, multi-agency working, relationships with families, planning and decision making. Phase 2 in 2014/15 involved working with partners on solutions to issues identified in year 1.

The phase 1 research involved: (i) structured telephone interviews with leads in the 22 local authority-led safeguarding children boards (LSCBs) across Wales, (ii) a desk-based survey and documentary analysis of LSCBs' tools and protocols, and (iii) a more in-depth case study of the use of tools involving focus groups with a purposive sample of participants drawn from two LSCBs comprising seven local authorities, two health boards and two police forces. These agencies represented most of the different types of statutory bodies across valley, urban, coastal and rural contexts, and also Welsh language use (high/low). The criteria for inclusion in the focus groups included the developed use of tools and protocols by a local authority and its partners (including third sector) for identifying and assessing neglect. Some 57 practitioners and managers from a range of occupations explored their experiences using four vignettes of realistic family scenarios to generate reflective discussion around effective interventions and the impact of tools and protocols. The work settings of the participants were social work (37%); multi-disciplinary team, e.g. Families First and Flying Start (20%); criminal and youth justice (20%); education (10%); health (6%) and voluntary sector (6%). Thematic analysis of the telephone interview and focus group data (see Holland *et al.*, 2013) revealed, perhaps predictably, a mixed picture across Wales, as we discuss next.

Identifying and assessing child neglect: the use of tools and protocols

The phase 1 study revealed that all 22 LSCBs were working to embed a more systemic approach to identifying and working with child neglect. Standardized tools for identifying and assessing child neglect are a key part of this drive and all LSCBs reported their use in the past 12 months or more with over a third actively promoting specific tools. The Graded Care Profile (GCP) was the most commonly cited with 12 local authorities reporting that they used a version of this tool. At least nine other tools were reported in use including specialist ones for adolescents and children with disabilities. Social workers were more likely than other professionals to use tools and more likely to express confidence in their practice with cases of child neglect.

Factors that emerged as helping to put in place standardized tools and protocols included: dynamic lead individuals, stable staff groups, multi-agency training, good communication between agencies, effective information sharing arrangements and opportunities for joint working. The barriers identified included high staff turnover, workload issues and uncertainty regarding ongoing structural change (including regionalization). Generally, there was a sense that LSCBs needed more time and a long term strategy to embed the necessary changes in working practices. There was a shared view that the use of tools and protocols can be valuable in improving neglect assessment and planning but should not be seen as a substitute for analytic skills and robust decision-making.

Focus groups and interviews with a range of practitioners from both the statutory and voluntary sectors indicated the importance of (i) working with some families on a long term basis, (ii) the importance of multi-faceted interventions that tackle a range of factors, (iii) being considerate of protective as well as risk factors, and (iv) using parent/child friendly approaches. The preventive support available through home visiting and parenting programmes delivered through Flying Start, and the social network support and parenting programmes delivered through Families First, were cited as valuable and effective as were therapeutic approaches with parents and children delivered through children's services. The regional Intensive Family Support Service (IFSS) was seen in some areas as having much potential to tackle chronic, entrenched and complex child neglect for children and families on the edge of care proceedings.

The importance of having a lead worker to coordinate interventions was emphasised by practitioners when working at early or more chronic stages of neglect. In cases of more severe neglect this role was likely to be performed by a social worker or in some cases by an IFSS worker. In cases where the circumstances failed to meet the threshold for social services intervention, the discussions in the focus groups illustrated how in some authorities this important role was being fulfilled by coordinators within the Families First or Flying Start programmes. Such accounts illustrated how these government funded programmes play or have potential to play a significant role in supporting vulnerable children and families and preventing child neglect from escalating to unacceptable levels. However, some social work respondents intimated reservations about whether Families First or Flying Start staff were sufficiently skilled to address child neglect, particularly with hard to change and/or hard to reach families.

Multi-agency working

The need to strengthen joint working across agencies and disciplines was a key point made in many of the focus groups and interviews. Respondents frequently noted that this was one of the biggest challenges in work on child neglect with which everyone struggles. The case for more integration and co-location of services, secondments across agencies, pooled budgets and resources, knowledge transfer, and dedicated opportunities for professionals to meet and reflect upon work with particular cases where child neglect features were expressed by many respondents and find support in other research (Daniel *et al.*, 2009; Horwath *et al.*, 2010). Communication and liaison between social services and schools about neglect seemed to be a

particular challenge. Also noted was the need for better strategic coordination at regional and national levels across children's social services and education and how these connect with national preventative programmes such as Families First and across Flying Start.

Relationships with families

Building up a trusting and enduring relationship with parents was seen as important in motivating and engaging parents in changing behaviour and parenting children in safer ways. It was suggested that it was often necessary to focus on the needs of the parents first of all to help them get to a point where they could see what needed to be done and feel confident to parent their children. A number of practitioners referred to the wide use of motivational interviewing techniques and the importance of treating motivation as a key factor in dealing effectively with neglect. The importance of tools and protocols to help identify and communicate back to parents '*what getting it good enough looks like'* was commented upon as was the need for more recognition of the value of explicit contracts with parents. Notably, some respondents cautioned that government funded family support programmes might sometimes be too focused on changing adult behaviours in the context of tackling poverty and insufficiently focused on the lived experience of the child. In all of these observations there were warnings about the impact of staff turnover and the high caseloads of social workers and health visitors and the associated demands of their work processing systems (see Munro, 2011).

Planning and decision-making

The imperative of prompt and decisive planning and decision-making was highlighted in focus groups and interviews with regard to severe and chronic cases of child neglect. The importance of building up evidence of neglect was emphasised in such cases and links were made to the contribution that standardized tools and protocols can make in that context. 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.

In summary, the phase 1 enquiry of the WNP study revealed a mixed picture across Wales. There is much to be welcomed in the increasing investment by LSCBs and their partners in the use of neglect tools and protocols and in the additional resource provided through national family support services such as Flying Start, Families First, and the Integrated Family Support Service. Yet there remain for many participants problems of poor communication, staff shortages and anxieties about future resourcing. Respondents argued the case for better coordination and strategic drive at regional and national level in regard to the way the new national prevention services (Flying Start, Families First, IFSS) link together and also engage more closely with statutory children's services, education and health. The impact of children's services in responding to child neglect was also viewed as variable. Some respondents were very positive about the sorts of services that social workers and their partners provide in response to child neglect and cited creative and intensive interventions and ongoing support. Others spoke of crisis-led and limited provision, thresholds that were high and where social workers had little time to work directly with families. This uneven service context revealed in the mapping exercise by Holland *et al.* (2013) informed phase 2 of the WNP study which set out the following key elements that will help inform a new strategic response to neglect in Wales.

Phase 2 of the Welsh Neglect Project

Based upon the operational issues that came to light in phase 1 a number of work streams were initiated in 2014/15 by the WNP that collectively aimed to systematize an all-Wales approach to neglect. These work streams addressed joint strategic planning, everyday practice, service coordination and governance; more specifically:

- Local population level needs assessment
- Multi-agency neglect protocols
- Multi-agency neglect assessment tools for individual children and families
- Research into the role of education services in tackling neglect
- Training arrangements for multi-agency staff
- Governance and oversight of multi-agency improvement.

Multiple reports on the above were summarized and submitted by NSPCC and Action for Children to Welsh Government in 2015 (see Stevens & Laing, 2015) as part of the WNP's outputs. The report will be referred in 2016 to the government's long standing Improving Outcomes for Children Strategic Steering Group to determine next steps in generating a new Wales wide response. The key messages emanating from the above report are outlined next.

In respect of local area population needs assessments a number of data sources were identified in a phase 2 review of planning and commissioning across Wales. Promising practice was identified in the way some authorities were collecting data on neglect and acting upon risk factors, from these the WNP was able to specify a uniform framework to map the relative incidence of risk factors which combine to give a likely heightened risk of child neglect. Predictably, amongst the prominent risk factors are poverty, parental substance misuse, domestic violence, parental mental health needs, poor housing. Additional and more nuanced data sources were also noted in the WNP report. Relatedly, the new Social Services and Wellbeing (Wales) Act 2014 (Part 2) requires local authorities and partner health boards to have comprehensive population needs assessments in place by 2017 and detailed advances have already been made in their design. The child neglect aspect of these designs will be further explored by Welsh Government in 2016 and the framework proposals from the WNP will be examined in this context.

In respect of child and family assessment of neglect, the WNP phase 2 study acknowledges that 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'. The need for further development of basic screening techniques is noted. The prevalence of the Graded Care Profile tool across many local authorities is acknowledged and the report suggests that Welsh Government should endorse the GCP as a primary or recommended tool but not exclusively so, recognizing there will be a need for other or complementary options.

The WNP report strongly promotes the idea of an All Wales Child Neglect protocol that will clearly embed a shared responsibility for identifying and tackling neglect, including the use of evidence-based assessment tools, the role of preventive services in addressing neglect, training and reviews, information sharing and referral processes, and designated neglect specialists in key agencies. It is likely that such a proposal will be considered by Welsh Government in relation to the Social Services and Wellbeing (Wales) Act 2014 (Part 7) which establishes a National Safeguarding Board and seven new Regional Safeguarding Children Boards (RSCBs) to cooperate and act jointly with partners and other RSCBs. The national and regional boards replace the 22 SCBs operating at local authority level and are likely to play a lead role in the way any future neglect protocols are crafted. In regard to key RSCB partners, the roles of professionals in early years services and education were viewed as critical by the WNP in identifying early signs of neglect. The report urges clarity over expectations regarding

their role in providing help for children experiencing low level neglect, particularly in collaboration with other local family support services. In responding to these and other issues of contribution and alignment, a Wales protocol could be a vital step in delivering a shared and universalizing approach.

Families' needs may be multiple and disparate, and as noted earlier, practitioners can feel overwhelmed by a neglectful family's difficulties. Hence, good professional support and supervision were identified in the WNP as crucial in giving practitioners confidence in taking early action before circumstances reach a point where referring to social services becomes unavoidable. Similarly, a comprehensive training with sources of advice were viewed as imperative by WNP. Notably, the phase 2 study found more consistent inter-collegiate training and guidance across health boards on neglect than was evidenced across local authorities who displayed much variation in frequency and content of training.

Linked to the imperative of a cyclical and well-focused training agenda is the ever present matter of information sharing, forums for developing best practice in neglect, joint working agreements. Enhanced training for new parents and lessons for children in wellbeing and how to access advice were also connected matters raised in the WNP phase 2 work stream report. Such messages will doubtless attract the ear of government and any new responsibility for an enhanced systemic training in neglect is likely to locate with RSCBs and their local government, health and other partners. While the above elements of a new framework for tackling neglect can be found in the detail of the work stream reports that inform the WNP (Stevens & Laing, 2015), the single most important matter of open and supportive relationships with children and families was not overlooked and features throughout the project outputs.

Conclusion

Responding to the above key messages will very much be a work in progress throughout 2016/17 by Welsh Government and its partners across Wales. The thematic focus of this ongoing development activity can be summarized thus:

- **N**eeds assessment by local authorities and local health boards of local populations to evidence the nature and scope of child neglect in the area
- **E**vidence based tools that skill and support professionals to identify, assess and respond to child neglect wherever it may become apparent
- **G**overnance arrangements to support local and regional responses based upon those assessment outcomes and a common partnership approach
- **L**eadership arrangements at national, regional and local level that empower staff to exercise their professional judgement
- **E**arly and effective support through intervention and prevention programmes which address inappropriate parental behaviours and build a family environment that nurtures development and wellbeing
- **C**onfident and competent workforce able to respond to the broad and often complex influences and environments
- **T**raining to embed the professional skills necessary to address neglect in Wales.

The Welsh Government's Improving Outcomes for Children Strategic Steering Group will embed these core elements as part of their forward work programme in 2016. This will bring a focus on the resources and skills that build both workforce and family capacity. Effective, evidence-based practice that reinforces family support and family resilience and which avoids net-widening of protection investigations will at the same time sit alongside swift and decisive actions to protect children from harm where required. The pace, impact and success of this development work of course remains an empirical question and one that Welsh Government should not overlook in its oversight of progress made in the battle against child neglect.

Acknowledgements

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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.

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Childhood neglect – the Northern Ireland experience

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Introduction

Northern Ireland is the smallest part of the United Kingdom, and most recent addition following the partition of Ireland. And yet, over the past fifty years, Northern Ireland has experienced greater social and political changes than any other part of the United Kingdom. During the conflict, from 1968 to the signing of the Good Friday Agreement in 1998, more than 3600 individuals died as a result of the political unrest in Northern Ireland, with many tens of thousands of children and adults physically and psychologically scarred by the experiences they endured (Eames & Bradley, 2009). As such it might seem that matters relating to the welfare of children might attract less attention from the public, politicians and professionals than might otherwise be the case in the other parts of the United Kingdom. Thankfully this has not been so, and children's issues have remained a central concern within civil society and political circles, while the issue of children's protection from abuse and neglect has remained at the forefront of public and professional concerns. In this article the authors will outline how the system for promoting the welfare of children, and addressing the issue of neglect, has evolved over recent years. In particular, we will discuss some of the recent major events that have shaped the child welfare landscape and the reforms that have been developed and implemented following the devolution of political powers to Northern Ireland in 1998, and the publication in 2006 of a major review into the operation of the child protection system. In doing so the article will draw out some of the commonalities and divergences between the approach to child welfare and the tackling of neglect in Northern Ireland compared to other parts of the United Kingdom outlined in this special issue, and the key lessons that have been learnt.

The scale of neglect in Northern Ireland

Northern Ireland is a relatively young country, containing a population of 1.8 million people, and the largest proportion of children (25%) in the four countries making up the United Kingdom (Office for National Statistics, 2016). The Northern Ireland Act 1998 devolved a range of legislative functions from the Westminster Parliament to the Northern Ireland Assembly. While the Northern Ireland Assembly has fewer powers than the Government in Scotland, its powers are greater than the Assembly in Wales.

Similar to the other contributions in this special issue, the challenge of understanding and responding to child neglect appear to be reflective of a range of interrelated issues, such as the difficulties that tend to be associated with defining, measuring, substantiating and prioritising attention to this form of childhood maltreatment (McSherry, 2011).

In the most comprehensive prevalence survey to date of childhood maltreatment in the United Kingdom, Radford *et al.* (2011) reported that neglect was found to be the most prevalent type of maltreatment in the family for all age groups. 5 per cent of under 11 year olds, 13.3 per cent of 11-17 year olds and 16 per cent 18-24 year olds had been neglected at some point in their childhoods. When severe neglect was considered, parents reported that this was experienced by 3.7 per cent of under 11 year olds, while young people self-reported severe neglect at 9.8 per cent of 11-17year olds and 9 per cent of 18-24 year olds.

One sub-set of neglected children are those who are referred to children's social care. During the year ending 31 March 2015, 38,418 children were referred to Health and Social Care Trusts in Northern Ireland (a rate of 886 per 10,000 children). Health and Social Care Trusts are statutory bodies with similar social care responsibilities to local authorities in the rest of the United Kingdom for the support and protection of children. Of course not all these children are referred due to concerns for their welfare, just as not all children experiencing neglect are referred. However, during the same year 4,054 child protection referrals were received, and at 31 March 2015, 1,969 children were subject to a child protection plan in Northern Ireland (45.5 children per 10,000 child population), with neglect either by itself or in combination with another form of maltreatment being the reason for the need for the plan in 50 per cent of cases (Department of Health, Social Services and Public Safety, 2015).

The face of child poverty

As noted by Bywaters *et al.* (2016) there is a strong association between families' socio-economic circumstances and the chances that their children will experience child maltreatment. Evidence of such an association has been found repeatedly across developed countries, types of abuse, definitions, measures and research approaches, and in different child protection systems (McSherry, 2007; Dubowitz, 2007). Poverty in itself does not cause childhood maltreatment, but it does place added stress on families, and may be a symptom of other issues, such as a parent's inability to work due to substance misuse, or, more significantly, to have the financial means to purchase or arrange their own systems of support. As such, looking at children's socio-economic circumstances is an important consideration in trying to both understand and address children's need for support and protection.

The Child Poverty Act of 2010 represents a significant milestone in government policy on child poverty. Not only does the Act set a number of targets to 'eradicate' child poverty by 2020, but it established a framework of policy strategies and reporting covering both the UK Government alongside the devolved administrations (Tomlinson *et al.*, 2014). Based on the four measures of income and deprivation as set out in the Child Poverty Act of 2010, Northern Ireland ranks as the poorest region in the United Kingdom, with the greatest proportion of children in poverty. Nearly a quarter of Northern Ireland's children (24 per cent or 106,000) are living in low income households and are deprived of four or more items that a majority of the population regard as basic necessities. The child poverty rate is lowest for the youngest children and highest for 11-15 year olds. In terms of family type, child poverty is highest for lone parent families (at 52 per cent), and lowest for couples with two children (at 10 per cent) (Tomlinson *et al.,* 2014). It was also found that those who had a 'high experience' of the conflict were significantly more deprived than those with no conflict experience, and that a fifth of all children were living with an adult/s who had 'high experience' of conflict. Tomlinson *et al.* (2014) found that deprivation rates for those adults with no experience of the conflict were below 20 per cent, which compares to a rate of 35 per cent for those with high experience. Respondents in their study who reported they had lived in poverty in the past were 1.3 times as likely to have high or moderate conflict experience than those who never lived in poverty (controlling for age, gender, religion and household type).

In addition, Byrne (2014) states that children who have a disability and children who live in a household with a disabled parent or sibling are most likely to experience poverty. The extent of child poverty for this group is masked as disability benefits are treated as income in the measurement of poverty. Once disability benefits are removed from the calculation of income, the child poverty rate increases by 4 per cent, with the disparity greater in Northern Ireland than the rest of the United Kingdom, due largely to higher levels of disability. In a circular pattern of cause and effect, experience of the Northern Ireland conflict is closely related to longstanding illness and disability, to mental ill-health and low life satisfaction, and therefore deprivation (Byrne, 2014).

The enduring impact of conflict

A defining feature of life in Northern Ireland over the past half century has been the effect and enduring legacy of political conflict. While today's children were born into a peace settlement, many are still touched by the lingering and pernicious legacy of the conflict. Many parts of Northern Ireland have benefitted socially and economically from the peace process. However, the most deprived areas, which were also the areas most affected by the conflict, are still mired in poverty, and associated problems such as high levels of unemployment, poor physical and mental health and anti-social and criminal activity. There is clear evidence that the impact of violent conflict has had a differential impact on individuals, with significant differences between those experiencing little or no conflict, and those with 'high' levels of experiences (Tomlinson, 2016).

This obviously has implications for the children growing up in such areas, who must deal with the twin burdens of being economically and socially deprived, alongside being scarred by the legacy of the conflict. Cummings and colleagues (2010) in one of the few studies to explore the impact on parenting of the political conflict, highlighted the link between sectarian violence and a range of poor outcomes for 700 children living in eighteen working class, socially deprived areas of Belfast.

The children in such areas have poorer educational attainment (Burns *et al.*, 2015; Goeke-Morey *et al.*, 2013) and health outcomes (British Medical Association, 2013; McCann *et al.*, 2015). In addition, while few of the children have been directly exposed to the trauma associated with conflict, many are living with parents still dealing with the trauma they experienced. For example, Turkington *et al.* (2015) found a clear association between first presentation with psychosis and self-reported traumatisation in the conflict in Northern Ireland, while O'Connor and O'Neill (2015) have identified an association between an increased risk of suicide in middle aged men from the areas most affected by the conflict. These enduring mental health impacts of the conflict obviously have implications for the parenting capacity of many adults, although the literature on such is surprisingly sparse.

Policy context

The enactment of The Children (Northern Ireland) Order 1995 in November 1996 was hailed *'... as one of the most significant pieces of social legislation of the 20th century'* in Northern Ireland (Department of Health, Social Services and Public Safety, 2003, p.13). Modelled on The Children Act 1989, and reflecting many of the principles underpinning the United Nations Convention on the Rights of the Child, the Order sought to strike a better balance between supporting parents to enact their parental responsibilities, along with greater judicial oversight of social workers' powers whenever parents were felt to be unable or unwilling to fulfil their responsibilities towards their children.

The new legislation strengthened the position of childcare authorities by *'… imposing a duty to investigate whether to take action to safeguard a child rather than solely to bring a child before a court if they were in need of care, protection or control'*, and the strengthening of the duty to provide personal social services to children in need, and their families (Department of Health, Social Services and Public Safety, 2003, p.168). These duties were underpinned by a framework for planning children's services on an inter-agency basis in order to develop more universal and preventative services to support children and their families (McTernan & Godfrey, 2006).

Recently, the passing of the Children's Services Cooperation Act (Northern Ireland) 2015 has strengthened the imperative for children's agencies to work together, and for the Northern Ireland Executive to develop and publish an overarching strategy for children, with the high level aim of improving the wellbeing of all children.

The Northern Ireland Assembly recognised that part of the political settlement required a focus on the needs and opportunities for children. As such, in 2006 a ten year strategy for children and young people was published, drawing, in part, on the Every Child Matters agenda in England (H.M. Treasury, 2003). The foreword stated that the Northern Ireland Executive wanted:

> *… the gap in outcomes between those who do the best and those who do the worst to narrow. This will mean the provision of high quality universal services, supported by more targeted responses for children and young people who fare worst. We want to see significant improvements in their health and in education outcomes. We want them to acquire a thirst for lifelong learning. We want them to be safe and feel safe, free from poverty, living in decent homes, in communities that are free from distress and in environments that are welcoming.*
>
> (Office of the First Minister and Deputy First Minister, 2006, p.ii)

The Strategy was given expression through six high level outcomes, underpinned by a series of core values, at the heart of which is a commitment to a 'whole child' approach, recognising that no two children are the same, and the nature of many children's lives is often complex. The strategy's outcomes focused on children and young people being:

- healthy
- enjoying, learning and achieving
- living in safety and with stability
- experiencing economic and environmental wellbeing
- contributing positively to community and society, and,
- living in a society which respects their rights.

In relation to children living in safety and with stability, a number of government strategies and policies recognise the potential for children's life chances to be impacted by their experience of being neglected due to their parent's inability or unwillingness to meet or prioritise their children's needs. In addition to policies on domestic and sexual violence, substance misuse and the impact of parental mental ill-health on children, the recently updated and reissued Cooperating to Safeguard Children and Young People (Department of Health, 2016) is the policy framework for safeguarding and protecting children. This has recently expanded the definition of neglect to include single acts of omission, moving away from the focus on 'persistent' failure to provide for a child's basic needs. It will be important to monitor the impact of this change in definition on children and how their needs are identified and responded to.

The neglect of neglect?

As noted above there is both a legislative and policy basis for public bodies to focus on the needs of children, and in particular those children most in need of the support of the State. However, over the last decade there have been a number of reports that have highlighted the mismatch between the legislative and policy intent, and the delivery of services. In 2006 the Department of Health, Social Services and Public Safety published a highly critical report based on an inspection of child protection services in Northern Ireland. The inspection revealed inconsistency in structures, roles, systems and processes and approaches. It was also critical of the quality of management of some children's services and identified poor assessment practice, a lack of critical review of cases, poor risk management and poor recording practices (Department of Health, Social Services and Public Safety, 2006).

There was wide acceptance of the recommendations and a recognition of the need for change to fully realise the benefits for the safeguarding children of the integrated health and social care system in Northern Ireland. It was also acknowledged that there was a real opportunity to

achieve coherence in approaches due to the size of Northern Ireland and the existing close working relationships between agencies (Devaney *et al.*, 2010).

The inspection report made seventy-seven recommendations. It was hoped that these would:

- improve arrangements for safeguarding children
- increase public awareness and confidence in this important area
- enhance professional practice, multi-disciplinary and inter-agency working and service provision, and,
- inform policy development with regard to safeguarding children and young people.

As a consequence of the findings of the child protection inspection, the Minister for Health and Social Services endorsed the commencement of a reform programme led by the establishment of a Reform Implementation Team. The Team was designed to take forward the implementation of the recommendations of the child protection inspection and the associated developments required to improve services to children. This included bringing forward a Safeguarding Board for Northern Ireland to replace the four existing Area Child Protection Committees, supported by Local Safeguarding Panels within each of the five new Trusts.

The vision statement for the work of the Reform Implementation Team was:

> *To create children's services that are acknowledged as being high quality, accessible, well managed and appropriately meeting need with a focus on improving outcomes for children.*
> (Devaney *et al.,* 2010, p.46)

One of the key drivers behind subsequent developments in Northern Ireland has been an increased awareness of the multiplicity of needs of some children, and the impact of childhood adversity in both the immediate and longer term (Davidson *et al.,* 2010). Epidemiological approaches have highlighted the impact of adversity in childhood across the life course. As McGavock and Spratt (2014, p.658) note: 'widening the field of enquiry beyond traditional boundaries of child maltreatment analysis has invigorated research into the phenomenon of multiple service use and those individuals and families considered most at risk of experiencing poor outcomes'. Drawing upon the findings from the Adverse Childhood Experiences Study (ACE) (Anda *et al.*, 2010) there is a broader conceptualisation of the range of evidence based adversities that contribute to children's increased risk of experiencing poor adult outcomes. This includes not only the experience of direct and indirect maltreatment, such as experiencing sexual abuse or witnessing domestic violence, but also a recognition of the impact of living in adverse circumstances, such as in poverty, with an adult family member in prison or with the after effects of parental separation (Felitti *et al.,* 1998).

Locally this has been given added weight by a series of studies that have sought to better understand the needs of particular groups of children and young people. For example, in a review of a group of children who had died through suicide and accidental death from risk taking behaviours, the authors highlighted that regrettably death by suicide in adolescence is a common enough occurrence for a substantial body of research literature to have been compiled. This points to the need to locate suicide as being part of a range of behaviours linked by the emotional sequelae of the experiences of adversity in childhood and associated trauma (Devaney *et al.*, 2012). The latest findings from the ACE study offer something of an empirical counterweight to this examination of death in childhood, pointing to the larger numbers of individuals dying prematurely in adulthood. Brown and colleagues have observed that 'people with six or more ACEs died nearly 20 years earlier [mean: 60.6 years] on average than those without ACEs [mean: 79.1 years]'. They further argue that 'studies that examine only one or two types of stressors may underestimate the burden of exposure; fail to recognise the interrelationships among different types of traumatic stressors during childhood (see Dong *et al.*, 2004); and/or incorrectly attribute long term consequences to single types of childhood traumatic stress despite convincing evidence suggesting that exposure to multiple forms of

abuse and traumatic stressors appears to influence health behaviours and outcomes through a cumulative process' (Brown *et al.*, 2009, pp.389, 395).

Illustrating this point a report exploring the potential benefits of early intervention on diverting some young people from the youth justice system in Northern Ireland, the Criminal Justice Inspectorate (2012, p.v) found that:

> *A snap-shot study on the backgrounds of young people detained in the Woodlands Juvenile Justice Centre in November 2011 shows over a third were 'looked-after' or voluntary accommodated children within the care system; 82 per cent were identified as coming from a single parent family and 34 per cent had experienced domestic violence in the home environment. In relation to educational attainment, 38 per cent of the sample had a statement of learning needs whilst 14 per cent had a recognised learning disability; 80 per cent of the sample had issues relating to school exclusion or absconding from school. The vast majority of young people (92 per cent) had misused drugs or alcohol, while 32 per cent had self-harmed.*

New approaches

A range of new approaches to identifying and meeting the needs of children at risk of neglect have been developed and implemented over the past three years in Northern Ireland. These have sought to reduce the likelihood of some children ever experiencing neglect, while for other approaches, the focus has been on trying to resolve issues more effectively and within a timeframe that fits with children's developmental needs, thus limiting the longer term impact of neglect.

Early intervention

In Northern Ireland early intervention has been defined as:

> *… intervening early and as soon as possible to tackle problems emerging for children, young people and their families, or with a population at risk of developing problems; early intervention may occur at any point in a child's life.*
> (Children and Young People's Strategic Partnership, 2014, p.11)

The intention is to ensure that the needs of vulnerable groups are addressed not just by a direct focus on their presenting needs, but also through developing an early intervention infrastructure that would enable support at a much earlier point in order to prevent the circumstances of families deteriorating to the point where they become 'children in need'. This is reflected in the focus on universal provision such as Sure Start, the trialling of Family Nurse Partnerships, and the increase in the number of parenting programmes.

In addition though it is also recognised that early intervention can be at any point in the life of a child, or a family, and as such other complementary developments have taken place.

Family Support Hubs

In Northern Ireland there has been a steady year-on-year increase in the numbers of children being referred to children's social care services, up by 12 per cent from 34,447 in the year to 31st March 2011, to 38,418 in the year to 31st March 2015 (Department of Health, Social Services and Public Safety, 2015). At the same time there has been a decrease in the funding available to children's social care (NSPCC, 2014), which has already been funded at a lower level to comparable services in England. This has led to the development of Family Support Hubs. These are collectives of services in 29 local areas, covering every household in Northern Ireland, that brings together local statutory, voluntary and community organisations. Families can self-refer or be referred in order to access local services. The greatest number of requests

for assistance relate to parents experiencing difficulties with their child's emotional or behavioural issues in primary school aged children; financial support; and emotional or behavioural issues in post-primary school aged children. Between April 2014 and March 2015 2,635 families were referred to the Hubs, with 93% either being provided with a service or signposted to a suitable service locally (Children and Young People's Strategic Partnership, 2015).

The Hubs are informed by a set of key operating principles, core to the effective management of such services:

- a range of services is available, targeted at different levels of need, within a framework of prevention
- services have clear objectives
- the service has a culture of learning and development
- the service measures outcomes
- the service has adequate resources to meet its objectives and offers value for money
- the service has a commitment to effective partnership practice
- services provide good staff development and support.

(Canavan, Pinkerton & Dolan, 2016, pp.63-4)

Early Intervention Transformation Programme

The families with the greatest needs are often known to many services, but the criticism is that services often operate in isolation of each other, and the coordination of efforts to support the family are often piecemeal (Devaney *et al.,* 2012). Recognising this, six government departments established the *Early Intervention Transformation Programme* aimed at improving outcomes for children and young people across Northern Ireland through embedding early intervention principles in both existing and new approaches in supporting children in need. Each department contributed funding to a central budget, which was matched by Atlantic Philanthropies, a private philanthropic body committed to providing effective support to children and young people to be healthy, to do well in school and to have bright futures. Alongside developing new approaches to early intervention, the Early Intervention Transformation Programme also seeks to transform mainstream services to children and families in order to deliver a long term legacy of improvement through four workstreams. Workstream 1 aims to equip all parents with the skills needed to give their child the best start in life, focusing on parents of new babies, parents of toddlers and parents of school age children. Workstream 2 aims to support families when problems arise but before they need statutory involvement, delivering a range of practical and therapeutic supports to families. Workstream 3 aims to positively address the impact of adversity on children, focusing specifically on children at risk of coming into State care, or already in care. The final Workstream is designed to support the development of knowledge and skills in the workforce working with children and their families in early years, education, health, social care and criminal justice.

Early Authoritative Intervention

While the focus on meeting the needs of children and their families at an early stage is embedded in both policy and practice, there is also a recognition that some children may be living with high levels of instability and risk in their lives. Child welfare workers have in the past been criticised for both intervening too late, after children have experienced significant harm through neglect or abuse, and intervening too early, before parents have had adequate time to address and assuage the concerns of professionals (Pinkerton & Devaney, 2009). Recent reviews into child sexual exploitation (Pinkerton *et al.,* 2015), adolescent suicide (Devaney *et al.,* 2012) and child deaths (Devaney *et al.,* 2013) have highlighted how, in some cases, professionals persevered for too long in trying to support parents to improve their parenting and care of their children, in spite of little evidence of children benefitting from this support, and in the longer term suffering from the persistent neglect they were subject to.

As a response to this issue there is a renewed focus on strength based approaches to practice, such as the implementation of Safety in Partnership, a variation of Signs of Safety (Hayes *et al.,* 2014), married with a call to improve the timeliness of decision-making in respect of permanency for children. While this holds out the twin promise of supporting practitioners to better balance the needs of parents and children, it is also important to heed the caution expressed by Featherstone and colleagues (2014) that meeting the needs of children and parents is, at its heart, as much about philosophical orientations to the relationship between the State, the child and the family, as it is about policy and procedural fixes.

Learning to date

Some of the initiatives above are currently subject to evaluations to assess their impact in improving outcomes for children. However, there is also some overarching learning to be gained about the approach taken. A key factor in recent developments in Northern Ireland has been the imperative from the Northern Ireland Executive to collaborate between tiers of government, and to require organisations and disciplines working across statutory and non-statutory sectors to work together. This has not been without its challenges, yet there have been notable successes, such as the pooling of budgets through the Early Intervention Transformation Programme that has provided a greater catalyst for collaboration.

Similarly, the rapid expansion of the Family Support Hub model has been welcomed by many local communities, and provided a greater recognition of the role that community and voluntary organisations can play in meeting the needs of local families in responsive and flexible ways.

In going forward it will be important to assess whether these innovative approaches reduce the numbers of children who would otherwise start to experience neglect without such services and early help, alongside assessing whether children already experiencing neglect are better identified and supported, and helped to achieve better outcomes.

Conclusion

In many ways Northern Ireland is very similar to the other parts of the United Kingdom in how we understand and respond to the issue of childhood neglect. There is an improved understanding of the long term impact of neglect on children's physical, social and psychological wellbeing, and a renewed interest in identifying approaches that will address neglect at both an individual and family level. However, in Northern Ireland there is also an increasing appreciation that neglect must also be addressed at a community level, and, that as a society emerging from conflict, some of the responses may need to be tailored to the particularities of this place and time. In doing so, future generations of children may be spared the experience of neglect, and lead more enjoyable, fulfilled and productive lives.

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Notes on Contributors

John Devaney is a Senior Lecturer in Social Work at Queen's University Belfast. He worked for nearly twenty years with children and families in statutory social care services in Northern Ireland. John's research interests lie in the areas of familial violence, the safeguarding of children from abuse and neglect, the development of child welfare policy and the impact of childhood adversity across the lifecourse. He is the former national chair (2012-2015) of the British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN).

Paul McConville qualified as a social worker from Queen's University Belfast in 1989. He has worked in a range of social work services with families and children and has managed social work and multi-disciplinary services at senior levels. He has worked in both statutory and voluntary sector services. Paul has contributed as professional advisor to the Department of Health's revision of *Cooperating to Safeguard Children and Young People in Northern Ireland* (2016) and to the revision of the oversight arrangements for the Delegation of Statutory Functions to Health and Social Care Trusts.

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Reviews

Change and Continuity in Children's Services, Parker, R.
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Historical perspectives are largely absent in current thinking about children's services. Ministers and policy makers work to a short-term political cycle, and longer-term analysis of social problems and their solutions is very unusual. More generally, the link between research and policy can be tenuous. Some observers have claimed that we have entered a period of 'post-truth politics'; and the former Secretary of State for Education during the 'Brexit' campaign advised voters not to listen to the experts but to trust their own instincts.

Children's services are not the worst example of these trends compared with, for example, policy making in education, or poverty and welfare. There has been more cross-party consensus on services for children whose welfare and safety are endangered. However, an appreciation of the history of children's services in policy making does not exist, and there is a general lack of context to discussions of child and family problems and possible solutions. It is often claimed that the lead department, the Department for Education and its predecessors, has no institutional memory. There is frequent movement of civil servants; and research previously commissioned on a topic, for example, is underused, or policy makers can be unaware of its existence. Instead, new solutions are required, rather than a considered understanding of how the current position was arrived at and a detailed analysis of the reasons.

Roy Parker is a notable exception to, and critic of all this; and has been a leading figure in child welfare in the UK over his 50-year career. I was very fortunate to first encounter him when as Professor of Social Policy at the University of Bristol he was my PhD supervisor. I have always admired Roy for the great breadth of his interests and expertise; his recognition of the importance of statistical evidence on services and children's experiences; and his eloquent and accessible writing style. He has always been very generous with his time and ideas. Many who met Roy as students or colleagues will have tried to emulate these characteristics, to the benefit of future generations.

These qualities are reflected in Roy's latest book, which is a commentary on a large span of children's services, mainly over the 20th century, but going back further. It includes a series of historical essays on children's services in the UK – particularly England, but with reference to other countries. Some are intentionally reprinted as written, from the 1980s/90s onwards, while others are updated. The chapters include: the end of the Poor Law and the development of foster care; landmark legislation, including the 'Children's Charter' in 1908, the Children Acts 1948 and 1989; children's services since the 1980s; the role and functions of inquiries; and more research-based reflections, including the subject of 'outcomes', and the nature and use of evidence. A scholarly analysis of these topics may sound rather dry, but the book is a fascinating insight into how particular policies developed and why: that is, how child care legislation and policy are linked with political economy.

The second chapter, Residential Child Care: An Historical Perspective, provides a useful insight into how we arrived at the current position. It explains how children's residential care expanded alongside a proliferation of other institutions in Victorian England. Building land was cheap and there were developments in construction. Institutions were seen as the remedy for a wide variety of social ills. Very importantly for what followed, workhouses were set up as 'oppressive and frugal' institutions, with harsh regimes designed to deter use and to control the children of the poor, who were now more visible in cities following industrialisation, and with the absence of compulsory education. These stigmatising features cast a long shadow over children's, and other welfare, services.

Religious revivalism grew and children could be subjected to spiritual and moral upbringing in a single location. Children's charities emerged, fuelled by sectarian rivalry. There was reluctance

to restore children to their families, and a popular solution was unaccompanied child emigration to Canada, Australia and New Zealand. Institutions for children depended on the loyalty of a large, low cost, female workforce and following the casualties of the First World War, residential employment solved the employment and housing problems of large numbers of women.

Roy Parker reminds us that over barely 40 years, the number of children living in residential homes dropped from some 38,000 to only 8,000. This is a remarkable social change, envied by many other countries, but with repercussions for complementary services, particularly fostering. The other main conclusion here is that children's residential services are currently attempting to fulfil a very different function from what was originally intended, and in very different circumstances: their *meaning* has fundamentally changed. It is no wonder that reconciling these changes is a challenge.

The chapter on Reflections on the Assessment of Outcomes in Child Care (written in 1997) usefully reminds us of some of the fundamentals of outcome measurement. Performance monitoring is routine nowadays in children's services, and inspections and league tables rely heavily on various assessments of outcomes. The chapter discusses the important issues involved in the timing and stability of outcome measurement and its relationship to the services(s) provided; important distinctions between individual and aggregate outcomes are identified, as well as the different dimensions and comprehensiveness of outcome measurement. He also urges caution in the use of outcome measures and illustrates the hazards of explanation and prediction. The Assessment and Action tools that were developed from the work of Parker and others became over-prescriptive and contributed to the bureaucratisation of social work from which Eileen Munro and others have since been trying to extricate us. Rather more became expected from the excellent conceptual framework than was originally intended by Roy Parker and his colleagues.

The chapter (from 1998), on Evidence, Judgement, Values and Engagement, discusses the perennially important issue of the relationship between research, policy and practice and its relationship to 'political will'. It considers confidence in, and the reliability of, research evidence; and how to assess the quality of a study and the effects of our own predilections. There is also the important issue of the relationship between research findings and professional judgement, influenced by individual values. Roy Parker also highlight the importance of 'engagement', that is relationships between researchers, policy makers and practitioners. He was one of the first people to be expressing these ideas in this field. Much more than this is contained in Roy Parker's impressive and eloquently written book. It spans centuries of British and Commonwealth history. It shows detailed understanding of history, the law, politics, social policy, social work and other disciplines. It cites research into child emigration, children of the Holocaust, the history of the British Empire, child emigration during the Second World War, Poor Law institutions, the formation of children's charities, and detailed archive reports, that must stem from months if not years spent in libraries at home and overseas.

Inevitably, not all potential topics are covered here. Future commentaries on children's services in the 20th century are likely to give greater prominence to institutional abuse and child sexual abuse. Ofsted, inspection and performance management grew in significance. Politicisation of policy making was developing, replacing voluntary sector and sectarian influence a century earlier. I was also more interested in the sections that looked back rather than those aiming (more briefly) to look forward.

Overall this is a book that should be read by every serious researcher, policy maker, manager and senior practitioner in children's services. Roy Parker convincingly demonstrates that in trying to develop the best services for disadvantaged and endangered children, we must approach the future with a proper understanding of the past.

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What are SSRG's objectives?

- To provide a network of mutual support and a forum for the exchange of ideas and information on social and healthcare services.
- To promote high standards in social and healthcare services research, information, planning and evaluation.
- Encourage collaboration in social, housing and health services activities.
- To develop an informed body of opinion on social and healthcare services activities.
- To provide a channel of communication for the collective views of the Group to central and local government, other professional bodies and the public.
- To sponsor relevant research and identify neglected areas of research.
- To encourage and, where appropriate, sponsor high quality training in research techniques.

Who belongs?

SSRG is open to anyone who subscribes to the objectives of the Group. Members are drawn from a wide range of professional groups and organisations sharing a common interest in the work of the caring services.

How is it organised?

SSRG is run by an 'Executive Committee' (EC) which comprises elected and selected officers, elected members, co-opted members and representatives from SSRG Scotland, whose principal tasks are to promote the objectives of the group and to coordinate its activities.

What does it do?

SSRG publishes a Journal and a Newsletter which are distributed free to all members. It maintains working links with central government departments, the Association of Directors of Adult Social Services (ADASS) and the Association of Directors of Children's Services (ADCS) and other professional bodies and organises an annual workshop on a topical theme in social and health care services research, and occasional day conferences, for which members receive generous discounts on fees. It also coordinates the work of Special Interest Groups which provide members with an opportunity to contribute to the formulation of SSRG responses to national policy initiatives and current issues in the social and health care services.

Equal Opportunities Policy Aims

- To ensure that every SSRG member, user, job applicant, employee or any person working with, or in contact with, the organisation receives fair treatment irrespective of their age, colour, disability, gender, ethnic origin, marital status, nationality, race, religion, sexual orientation, responsibility for dependents, political affiliation or membership of a trade union.
- To ensure that the contribution of research, information, planning and evaluation work in social care and health is sensitive to this issue.
- To ensure that SSRG promotes the equalities agenda in all its activities.

Research, Policy and Planning is the Journal of SSRG