THE IDENTIFICATION OF CHILD NEGLECT IN SOCIAL WORK PRACTICE

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ABSTRACT

Statistics highlight child neglect is the most common form of child maltreatment within the United Kingdom. The research described here was an exploratory study which used the pragmatic approach of a survey design to explore how social workers identify child neglect. Social workers complete assessments of children in need of help and protection and this assessment process determines whether a referral should be responded to as a child in need of support (as per Section 17, Children Act 1989) or as a child in need of protection (as per Section 47, Children Act 1989). The definition of child neglect is provided by the Department for Education for use by social workers in its assessment. However, the usefulness of the definition of child neglect is questioned within the literature due to differences in the breath and scope of what is considered a basic need and differences in what are considered to be adequate standards of provision to meet them.

The study used an online survey directed at members of the British Association of Social Workers (BASW) and social workers from one Local Authority in the North West of England. There were five sections in the online survey: information on participants' demographics, the second category focussed on caseloads, identification of child neglect, resources to support the identification of child neglect resources and finally the health and wellbeing of social workers.

The major findings were that factors relating to the child were most salient when assessing neglect. This is in clear contrast to previous studies using the same criteria which found that factors relating to the parent were the most significant. The definition of child neglect provided by the Department for Education was highlighted as being problematic with approximately two thirds of participants reporting that the definition was helpful but over a third of participants found it unhelpful. Challenges in defining child neglect appear to be exacerbated by a lack of agreement among professionals from the same group on the nature of neglect. Up to one third of participants reported that they did not feel equipped to work with families in cases of neglect, and approximately half of participants reported that they were not able to follow up on concerns due to their workload.

The implication of the findings is that whilst neglect continues to be a primary reason for social work intervention, social work practitioners appear to be working with a definition which the majority find helpful yet acknowledge that there is much less consensus on the nature of neglect. This is a concerning matter as social work practitioners are working with

ambiguity yet are agents of the state protecting children from harm when they are unclear about thresholds and level of need.

CHAPTER 1: INTRODUCTION

The nature of social work

In order to clarify the meaning of social work it is necessary first to consider the meaning of the term 'social care'. This is because social care has emerged as the preferred term to encompass the range of personal interactions and services, including caring, aiding, helping and enabling, that are offered to people to promote and further their well-being, but which do not fit under the umbrella of health care (Horner, 2012). According to Thomas and Pierson (2010: 484) social care is

> distinguished from health and informal care. It includes a certain level of physical and personal care, such as help with bathing dressing toileting eating and coping with incontinence. It also includes support involving assisting people in maintaining contact with family and friends, enabling people to develop social skills for independent living.

Horner (2012) states that for the general public, social care, which includes activities of caring for older people in residential care homes or providing home care or care in a daycentre for people with learning disabilities, often generates positive images, allied as it is to other caring professions such as nursing. However, the concern in this work is with social work and those who do social work and the actions undertaken by them in the course of fulfilling their role.

Social work sits within the broader range of the social care sphere and social workers are involved in dealing with the social problems experienced by individuals, groups or communities, and aim to help people to regain control of their situation (Dominelli, 2009). This work can cover any period of time from the cradle to the grave. Social workers have many responsibilities and amongst these are enhancing people's well-being. However, in doing so they need to

facilitate individuals in reaching their objectives;

gate-keep resources and services;

regulate behaviour to control unacceptable behaviour and to minimise harm from individuals to others or themselves;

uphold people's human rights;

advocate for change (Dominelli, 2009).

At times, these roles place social workers in conflicting positions or those that are oppositional to each other. Tensions between caring for people and controlling them can lead social workers into what is called the care-control dilemma (Dominelli, 2009). Social workers are expected to work with these contradictions without making mistakes because people's lives or livelihoods are at stake. However, these expectations are near impossible to meet all the time, because being human, social workers make mistakes. Dominelli (2009) finds similarity between Janus in Roman mythology and social workers who face both ways all the time. Social workers are criticised for doing too much or too little. The report of the Cleveland sexual abuse scandal highlighted the 'over-enthusiasm and zeal' of social workers which led to children being removed from their families when sexual abuse was suspected (Butler-Sloss, 1988: 244). In contrast, the inspection into Rotherham Metropolitan Borough Council found that when children were sexually exploited on a significant scale, 'not enough was done to stop it happening, to protect children, to support victims and to apprehend perpetrators' (Casey, 2015: 5). Dominelli (2009: 11) argues that the

Balance that social workers have to find is the fine line between care and control that enables them to empower people in making their own decisions while at the same time ensuring that they do not fall foul of the law, contravene socially accepted norms or harm themselves or others.

Defining social work

A definition of social work is provided by the International Association of Schools of Social Work and the International Federation of Social Workers (2001)

The social work profession promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

Another definition of social work was offered by former Health Secretary, Jacqui Smith (2002) who stated that

Social work, like teaching, is a very practical job. It is about protecting people and changing their lives, not about being able to give a fluent and theoretical explanation of why they got into difficulties in the first place.

Horner (2012) is critical of both definitions of social work and argues that the former fails to highlight the control element of social work which includes the use of legislative powers to intervene in relation to safeguarding concerns, to protect vulnerable people, and to enforce mental health treatment or services. The latter definition is criticised for being too simplistic with its emphasis on the appeal to common sense. However, what is important is that both definitions consider social work as empowering disadvantaged, oppressed people. The emphasis on changing lives and achieving child-centred outcomes is addressed later in this thesis and can be found in chapter 2.

Malcolm Payne (2013) argues that the quest for definition is illusionary as social work practice is shaped by the political, social, legislative and cultural context in which social work operates. He notes that different theories of social work serve to define the context of practice. Psychodynamic practice deals with emotional and psychological problems; cognitive-behavioural practice aims to modify ways of thinking or behaving; task centred practice helps individuals to identify problem areas and agree an approach to tackle them; systems practice looks at the relation between the person and the environment, helping adaptation where needed; humanistic practice helps to develop people's understanding of their social identity in relation to others; and critical practice incorporates concepts of empowerment, anti-oppressive practice and feminism to explore how social relationships and institutions constitute barriers to individuals and how they can be overcome. These modes of practice are very different. However, they are all legitimately regarded as social work, addressing the interaction between the individual and the societal.

Early intervention

Early intervention and prevention have become a key policy area in the United Kingdom and were central to the Every Child Matters initiative (Pugh, 2007). Margaret Hodge who was the Minister for Children, Young People and families documented within the paper Every Child Matters: next steps (Department for Education and Skills, 2004: 10) that

there is a strong consensus in support of profound change in the cultures and practices of working with children towards a system organised around children, young people and families with a sharper focus on prevention and early intervention.

Pithouse (2008) states that early intervention is typically cast as an aspect of therapeutic good practice and common sense through which problems are tackled early so that there is more chance of success for that individual or family. Munro (2011: 69) defined early intervention as 'help in the early years of a child or young person's life and early in the emergence of a problem at any stage in their lives.' She explains the arguments for early help. First, problems are more likely to be overcome if tackled early. Second, it is proven to be more cost effective when current spending on early intervention is compared with estimated future spending if delayed intervention allows serious problems to develop. There is also a moral argument for minimising poor experiences for children and young people and not allowing them to continue needlessly. Working Together to Safeguard Children (HM Government, 2015: 15) places a duty upon local authorities to ensure that

> The provision of early help services should form part of a continuum of help and support to respond to the different levels of need of individual children and families. Where need is relatively low level individual services and universal services may be able to take swift action. For other emerging needs a range of early help services may be required, coordinated through an early help assessment. Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) Local Authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

However, Hartas (2014) states that although there is extensive acceptance of early intervention as a way forward in supporting children and their parents, there is a lack of transparency and clarity in its scope and goals. Hartas argues that the question to consider is whether the aim of early intervention is to offer access to public services for children and families who need them the most or is it to regulate disadvantaged families by ensuring that they act in accordance with acceptable behaviours as per policy makers and so called experts. Hartas (2014) provides a critical discussion on early intervention which has been about research evidence, mainly referring to neuroscience to support early intervention during the

early years of children's lives. Hartas argues that although knowledge from neuroscience disciplines has only recently begun to be used to understand how adverse early childhood experiences put children at risk of physical and mental health problems, children's early experiences and their impact on the developing brain have been a key focus of family policy. The formative years in children's lives are considered to be of swift development during which time maltreatment impacts negatively on child development. However human development does not stop during the early years of children's lives and therefore Hartas argues that it is vital to review what neuroscience reports about human development. Hartas summarises that the structure and the function of the human brain is determined by three processes, genetic, epigenetic and lifelong adaptions to experiences. The genetic processes provide the instructions for the general layout of the brain; the epigenetic processes helps the brain to adapt to its environment during development in early childhood and early adulthood; and the lifelong adaption involves responses to cumulative learning and experiences throughout lifespan. Therefore, Hartas's argument is based upon the issue that neuroscience demonstrates that the human brain shaped by a group of factors throughout life and not by a single factor during a certain period of development. However, in the scientific rationale offered for early intervention, by Allen (2011) in his report for the Government, the contribution of a single factor, that is parenting and its impact on the developing brain during the early stages of development have been highlighted. Not taking into consideration other epigenetic influences such as education and lifelong learning that have the potential to modify the human brain throughout life (Hartas, 2014).

Long et al (2012) provide another perspective on early intervention and report that the notion of early intervention requires clarification, particularly whether this refers to intervention at an early age of the child or intervention at an early stage of the descent into neglectful parenting. Neglect can become an issue at any stage of a child's life (Horwath, 2007). Long et al (2012) state that neglect might develop because of multiple stimuli that start to affect parenting only when one child is in middle childhood. The birth of an additional child, changes in parental relationships, the admittance to the house of a risky adult, the onset of substance misuse, and many other factors might tip the balance and transform what was previously acceptable parenting into clearly neglectful parenting. Neglect may occur in early infancy for one child but in middle-childhood for an older sibling. Long et al (2012) report that within their study early intervention was, in most cases, taken to mean intervention with the smallest possible delay after neglect had been identified as a concern. They identified that

there may be a concern that early intervention could slide into intervention at such an early stage that neglect is neither present nor likely. If this perspective provided by Long et al is reviewed in line with the definition provided above by Munro (2011) with regard to early intervention it becomes difficult to ascertain whether there is much, if any difference, to what both argue is early intervention. Both perspectives appear to argue the need to intervene at the earliest stage of a child's life during the earliest stage of an emergence of a problem.

Working Together to Safeguard Children (2015) refers the duty upon local authorities to ensure they respond to the different levels of need of individual children and families. In exploring different levels of need it is useful to refer to the work of Hardiker et al (1991) who explore the parameters of state intervention and in particular distinguish between four levels of intervention: preventing problems from arising; responding to early stresses and preventing them from getting worse; combating serious problems; and remedial action for those who the state has taken over. Preventive work is aimed at preventing a range of negative outcomes from arising in the first place (Hardiker et al, 1991). This framework identified by Hardiker has been used and adapted in a number of nation states to classify the types of intervention available to different groups of children.

In order to understand how this translates into practice it can be demonstrated via the continuum or level of need which is used by local authorities. The Local Authority in which I am employed uses a level of need framework. It aims to assist in assessing and identifying a child's level of needs and how best to respond in order to meet those needs as early as possible to prevent problems escalating further. The framework sets out three levels of need above universal services and outlines possible indicators to assist workers to establish the level of need and response required. Universal services are not seen as a level of the framework as they are a given entitlement of all children and young people, irrespective of whether or not any additional support is needed. The three levels consist of universal plus, multi-agency planning, and multi-agency plan to protect from harm. Universal plus support would be provided when a parent may require support to develop parenting skills to meet the child's needs. Multi-agency planning support would be provided when parenting is impacting on a child's life causing instability and inconsistency. Multi-agency plan to protect from harm support would be provided when there are more complex needs. In this instance support may be provided under section 17 of the Children Act 1989 (child in need) or under section 47 of the Children Act 1989 when there are child protection concerns. The team within which I work is responsible for working with children and young people who are assessed to be at the

level of multi-agency plan to protect from harm. When children and young people are assessed to be children in need, engagement by children and families is voluntary, unless it becomes apparent that their lack of engagement will result in the child or young person being at risk of significant harm. If concerns escalate so that a child is assessed to be at risk of significant harm, parents must engage with children's services to minimise risk, since failure to do so may result in legal advice being sought with the possibility of removing the child (and possibly siblings) from the care of respective parents.

Defining neglect

The definition used by social workers in assessing child neglect is provided in the Working Together to Safeguard Children (HM Government, 2015) guidance and in a very general context refers to an omission of care by parents. It is important to note that this study was guided by the definition provided in Working Together to Safeguard Children (HM Government, 2013). However, there is no change in the definition of child neglect in the revised document of Working Together to Safeguard Children (2015). The main revisions in Working Together to Safeguard Children (2015) include changes to the referral of allegations against those who work with children; notifiable incidents involving the care of a child: and the definition of serious harm for the purpose of serious case reviews (Reading Local Safeguarding Board, 2015).

From a practice viewpoint the definition is problematic as the responsibility of determining what is 'persistent failure,' 'basic physical and/or psychological needs,' 'serious impairment,' or 'adequate food/ supervision' is upon individual practitioners (Corby, 2007). Furthermore, assessments of child neglect may vary from one social worker to another which may be due to practitioners holding differing views about adequate care (Horwarth, 2007).

A working explanation of this can relate to a social worker undertaking a home visit and observing a child to be 'grubby' and observing 'poor home conditions' which may lead the social worker to make a judgement of child neglect. However, another social worker may undertake a home visit and observe a child to be 'grubby' and observe 'poor home conditions' and may not make a judgment of neglect. This social worker may view the 'grubby' child as a child with a chocolate stain on his face and T-shirt and view 'poor home conditions' as the living room in need of light cleaning with clothes to be picked from the floor, and the kitchen requiring the worktop to be cleared from food wrappers and dishes. In this social workers opinion the child may not be viewed as being neglected. The issue being

highlighted here is that of individual interpretation through observation. However, this would present as only part of an issue, especially since the definition that social workers use in evidencing neglect, as per Working Together to Safeguard Children is general and open to interpretation.

The researcher's motivation to undertake this study

My role consists of ensuring that social workers improve outcomes for children and families with regard to the 'help, care and protection of children and young people' (Office for Standards in Education (OFSTED, 2014: 4). This is achieved by ensuring that my team complete holistic analytical assessments of children and families with services and support provided in a timely manner to effect improvement in their situation. Furthermore, this support is designed to enable children and families to move to a point at which children's services is no longer the lead agency and children and young people move down the continuum of level of need. Pithouse (2008) states that early intervention is part of an organisational and strategic discourse in which it is believed that delivering specific services to particular recipients at the required time ultimately will enhance outcomes for service users, and as a result the public will be less exposed to the higher risks and costs of problems. Furthermore, intervening at the right time could also possibly have a beneficial financial effect, in that social workers would be less involved in long drawn-out cases, consuming high levels of resources (Sheppard, 2008).

This work that I am involved with is made up from referrals from other agencies or by members of the public in respect of children. These referrals are focussed on issues which relate to allegations of physical abuse, sexual abuse, emotional abuse or neglect, or a combination of these. It has been acknowledged by both governments and professionals that child neglect is the most pervasive form of child maltreatment (Stevenson, 1998; Department of Health, 2003; NSPCC, 2011). Furthermore, child neglect accounts for the largest number of children in England who are considered to be at risk of significant harm (DfE, 2014). Regardless of this there has been limited research into child neglect, which has been regarded as the 'Cinderella' of child welfare by Tanner and Turney (2006) due to the lack of attention it has garnered. The negative impact of child neglect on emotional and physical development is well-highlighted within literature. However, research into child neglect by social workers and other front line professionals highlights perceptions of what they 'think,' as opposed to what they 'do' (Stone, 1998: Daniels, 2000; Action for Children, 2009). Therefore, there is a

need for research to be undertaken on child neglect due to research in this area being limited and because of the seriousness of the problem.

Study objectives

The aim of this research is to investigate how social workers identify neglect in the context of a central definition that it is open to interpretation. The objectives below have been set out in order to achieve the above aim.

Objectives

To establish the current state of the evidence-base with regard to identifying child neglect in social work practice, with the emphasis on the United Kingdom

To establish the perceived usefulness to social workers of the Working Together to Safeguard Children (2015) definition of child neglect

To identify the factors that social workers associate with the identification of child neglect

CHAPTER 2: LITERATURE REVIEW

A preliminary literature review was undertaken to ensure an in-depth understanding of the topic under study and to guide the development of the study design. The review was supplemented before finalising the thesis and in the light of the findings.

Undertaking literature review and search strategy

Databases

The following electronic databases were searched: ScienceDirect, Scopus, Proquest, Wiley Online Library and Taylor Francis Online. All of the identified databases host numerous journals and overcome the common US-biased selection of some databases such as CINAHL. Furthermore, the British Journal of Social Work was accessed directly as it is not part of the databases identified but is central to the evidence base that was sought.

Search Terms

Keyword searches were employed using electronic databases and Boolean operators.

child neglect	
child neglect	AND social work
recognising child neglect	AND social work
recognising child maltreatment	AND social work
identifying child neglect	AND social work
identifying child maltreatment	AND social work
social worker problems	AND child neglect
definition issues	AND child neglect
definitional issues	AND child neglect
social work	AND child neglect
Practitioner	AND child neglect
social work issues	AND child neglect

Search terms and combinations

Additional Sources

Texts referenced in the selected articles were also reviewed in an attempt to extend the search for relevant articles. In order to exhaust all the avenues to retrieve key articles, manual

searching of websites of key children's charities were undertaken. These included the National Society for the Prevention of Cruelty to Children (NSPCC) and Action for Children. Information was sought from key UK government websites for child neglect and were scrutinised for guidelines and policy recommendations. These included the Department for Children, School and Families (DCSF) which has now been replaced by the Department for Education (DfE), Department of Health (DoH) and HM Government. A search was also undertaken using the University of Salford library SOLAR search engine using the same keywords. In particular, this led to the identification of numerous relevant books.

Inclusion Criteria

Items that satisfied all of the following criteria were retrieved

Social work identification of child neglect in the UK, Europe and the USA

Social work assessment of child neglect, with an emphasis on the UK

Research evidence or policy document.

Exclusion Criteria

The papers that satisfied any of the following criteria were excluded

Opinion pieces

Focus on service evaluation rather than social work practice

Selection of Items for Review

Application of inclusion and exclusion criteria was carried out in the reading of the abstracts of each of the full text articles. This inclusion/exclusion process resulted in the retrieval of articles of which the majority of studies had been undertaken in the United States of America. Due to the paucity of the social work and child neglect identification research literature from the UK, studies from the USA and other countries have been included to provide a general context. However, the review of literature highlights that there is a lack of research which focuses purely on how social workers identify or recognise neglect therefore some studies have also been included which include professionals other than social workers, albeit ensuring that social workers were part of the study. Given the limited number of studies, use was also made of the 'grey' literature. Within the search criteria there was no limitations

placed on the elapsed time since the study given the lack of literature from the UK with regard to the identification of child neglect by social workers

Results of the search

The database search revealed one hundred potential sources. After scanning these, twenty-seven duplicated articles were removed. The abstracts and summaries of sixty-three sources were reviewed against the inclusion and exclusion criteria. This process resulted in the elimination of ten sources as their contents did not match the inclusion criteria. The full text copies of the remaining fifty-three sources were reviewed and evaluated to ensure that they were appropriate to be incorporated in the review. Of these, twenty-four were found to be review articles (including books and book chapters) and twenty-nine were journal articles and reports, of which many featured data collected in relation to the area under study on the identification or assessment of child neglect by social workers.

Flow chart of study selection process
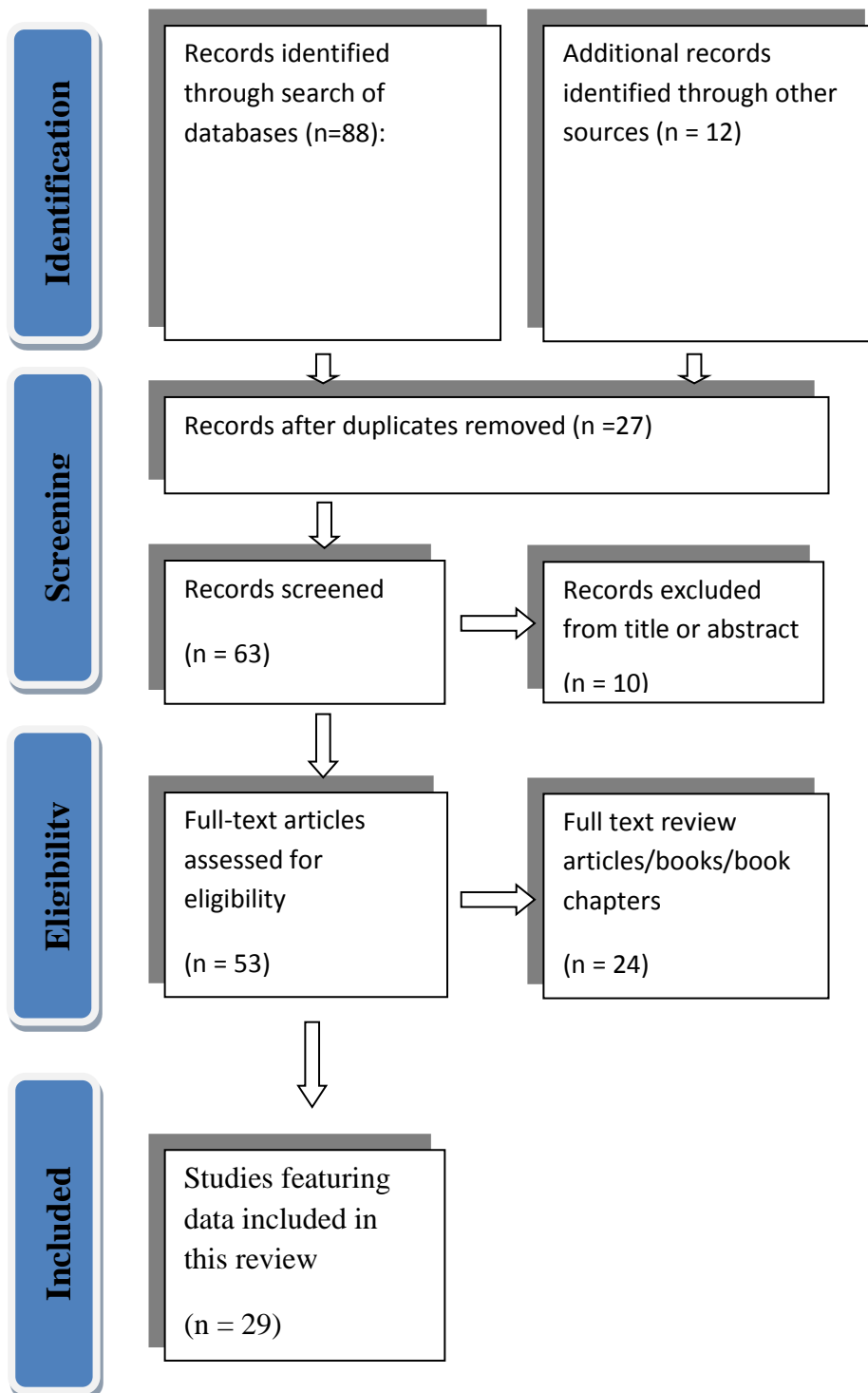
<u>Defining child neglect</u>

Butchart et a1. (2006) state that a working definition of child maltreatment is essential in order to distinguish effective preventative strategies. The World Health Organisation (2012) has defined child maltreatment as

> all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity.

This definition from the World Health Organisation is useful as it encompasses all varieties of abuse. However, when defining whether child maltreatment has occurred there are five factors that should be taken into consideration: severity, the nature and intensity of the maltreatment; type, the form of maltreatment; chronicity, the duration and repeated instances of a child's maltreatment experience; age of onset, when the maltreatment first began; and frequency, the number of reports and the duration of the maltreatment (English et al, 2005)

Child neglect is therefore a component of child maltreatment, and in order to understand child neglect one must refer back to its definition. Dubowitz et al (2005) state that neglect is difficult to define conceptually and operationally as it can be a varied experience for children which can result in complex situations experienced differently by individual children. The reason for this is that neglect is often described on a continuum of care which can range from very good to completely unacceptable. It is easier to distinguish whether the care is meeting a child's needs at either end of the spectrum than in the middle.

Levels of care

Neglect is frequently illustrated as an inadequate level of care on a scale of parental care which ranges from excellent to severely inadequate. However, it is easier to distinguish whether the level of care being afforded to a child is at either end of the spectrum than when it is in the middle (Dubowitz et al, 2005). Dubowitz et al (1998) highlighted that child developmental theory documents the specific milestones that children need to reach, whereas there is less discussion or consensus on the minimum level of care-giving required in order to reach those milestones.

Parental action or impact on the child

Dubowitz et al (2005) highlight that the absence of agreement in regard to a definition of child neglect is due to the lack of consensus on whether to define neglect based on parental action or on the child's experience. Dubowitz et al (2005) argue that if the focus of the definition of neglect is on the experiences of children then it offers several advantages. A focus on child's experiences would concur with ensuring that children's health and wellbeing needs are met. This approach is argued to be conducive to working with parents as to blame them by focussing on parental action may lead to a lack of engagement by parents, particularly as most children who are neglected remain in the family home (Dubowitz et al, 2005). Smith and Fong (2004) state that child neglect definitions are framed in terms of parental deficits and child deficits, although they state that one of a number of views is that neglect is also framed in terms of community deficits. Kadushin (1967: 216) introduced the concept of community neglect when he wrote,

> The community itself is guilty of neglect when it fails to provide adequate housing, adequate levels of public assistance, adequate schooling, adequate health services, or adequate recreational services, or when it allows job discrimination and makes no effort to control an open display of vice, narcotic traffic and other illegal activity.

Wolock and Horowitz (1984) would agree that under these conditions, communities, not families are neglectful. This is also supported by Spearly and Lauderdale (1983) who argue that the financial strength or deficit within a community is an important predictor in estimating which communities are at risk of child maltreatment; therefore, relieving the family as perpetrators of neglect and placing the blame upon the community. This perspective of neglect is problematic. If the view taken is that society neglects families then it is not possible to account for those families who live within the same environment where their children are not neglected (Smith and Fong, 2004). Furthermore, this perspective does not account for those families who reside in affluent areas who do neglect their children. A further issue with this perspective is that the term community is a problematic word. At first, it can be taken to mean the people who live in an area. Once you get to apportioning blame and unpick this this it can be taken to mean society. Those with authority and power who make such decisions may be blamed for lack of housing and employment, but surely not the community itself or the people who are out of work and in sub-standard housing.

Macdonald (2001) states that with regard to a parental perspective on neglect, a number of assumptions should be upheld that underpin the view that definitions should focus on parental behaviour. Accordingly, it must be possible to identify behaviours which will bring about harm. Acts of commission or omission should be 'labelled' neglectful irrespective of whether or not they constitute significant harm. Parents should be held accountable for things beyond their control and therefore the adverse consequences of maternal depression or lack of understanding of a child's needs are no less serious for being unintended by the parent.

However, taking a child's perspective and defining neglect in terms of its consequences solves a number of problems, as Macdonald (2001) clarifies. It puts an end to problems around establishing intentionality, and it prevents professionals intervening in situations irrespective of any obvious consequence for the child. Furthermore, child focussed definitions make it more likely that intervention will occur only in those cases in which there is immediate harm to the child, although this may expose the child to longer-term harm which is not identifiable in the short term.

Categorising neglect

The degree to which neglect can be considered a straightforward or multifaceted phenomenon is evidenced by the range of approaches to the definition. Horwath (2007: 27) assembled many of these definitions and provided detailed categories of neglect which consist of medical neglect, nutritional neglect, emotional neglect, educational neglect, physical neglect and lack of supervision and guidance. In contrast, English et al (2005: 193) proposed a much broader definition in terms of unmet needs, defining neglect as 'child's needs that are potentially unmet and subsequent impact on child functioning or development.' Daniel et al (2011) argued that there is a distinct difference between the concept of neglect as it is indicated by the experience of a child whose needs are not being met and neglect as an operational and legislative categorisation. Daniel et al (2011) state that one can apply a broad definition of neglect if it is for the purpose of clarification of which environment promotes health and happiness. However, for the purpose of state intervention, the definition would need to be narrow (Daniel et al, 2011). This position would appear to be concurrent with that taken by Dubowitz et al (2005) who, although highlighting the advantages of a definition based on child experiences, acknowledge that child neglect occurs when parents fail to meet the basic needs of their children. Therefore it is essential to highlight that although the research definitions may not resemble legislative definitions the aim of research is to inform

practice. However, for the purpose of the current study, the definition of child neglect used is that from UK Government guidance, Working Together To Safeguard Children 2015 (HM Government: 93). The Working Together definition states this as:

> 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);
> - ensure access to appropriate medical care or treatment;
> - it may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

This definition is explored in detail in a later section focused on difficulties in social work practice in the UK.

The need for research on child neglect

The mistreatment of children by adults has been recorded in the history of previous civilisations around the world (Lawrence, 2004). However, the rediscovery of child abuse is credited to Kempe et al (1962) who identified the 'battered baby syndrome' and later this came to be known as physical abuse, sexual abuse, emotional abuse and neglect. The work of Kempe et al work was influential in raising awareness of child abuse and bringing it into the attention of the public (Myers, 2008). However, Garbarino and Collins (1999) highlight that the overwhelming focus of child maltreatment is on abuse not neglect, identifying neglect itself as being neglected. Wolock and Horowitz (1984) identify four reasons for the greater interest in child abuse than neglect. First is the introduction of the battered child syndrome which defined child maltreatment in terms of child abuse. Second is the link between poverty and neglect together with society giving less of a priority to resolving poverty issues. Third is the perception that child abuse is more newsworthy than neglect and thus receives more

publicity. The final reason is society's preoccupation with violence, of which child abuse is one manifestation and neglect is not.

Perry (2002) argues that, despite child neglect being the most pervasive form of child maltreatment, it continues to be understudied for various reasons. The most apparent is that neglect is difficult to see. In contrast to a broken bone, maldevelopment of neural systems mediating empathy, for example, resulting from emotional neglect during childhood is not readily observable. Another important, yet poorly appreciated aspect of neglect is the issue of timing. The needs of the child shift during development. Therefore, what may be neglectful at one age is not at another. The very same experience that is essential for life at one stage of life may be of little significance or even inappropriate at another age. We would all question the mother who held, rocked and breastfed her teenage child. Touch, for example, is essential during infancy. The untouched newborn may literally die. If one does not touch an adolescent for weeks it will not result in any significant adverse effects. Therefore, the creation of any standardised protocol, procedure and measure of neglect is thrown into confusion or disorder due to the shifting developmental needs and demands of childhood. Finally, neglect is understudied because it is very difficult to find large populations of humans where specific and controlled neglectful experiences have been well documented.

Kaplan et al (1999) (USA) undertook a review of child maltreatment literature between 1988 and 1998 focussed on the physical abuse, emotional abuse and neglect of children and adolescents. They found that emotional abuse and neglect were the most common forms of child maltreatment faced by children and young people. However, Kaplan et al (1999) noted that irrespective of this, emotional abuse and neglect had not been subject to research until approximately 1999 because it was thought to be less damaging than physical abuse as well as it being more difficult to measure in contrast to the physical signs of injury.

A study undertaken by Behl et al (2003) (USA) corroborates the findings of Kaplan et al (1999). Behl et al (2003) reviewed literature in relation to child maltreatment since 1981. Overall, the percentages of articles that addressed specific types of child maltreatment were as follows: 20.2% of studies addressed child physical abuse, 32.7% addressed child sexual abuse, 9% addressed child neglect and 4.2% addressed child emotional abuse. It is unclear why this total does not add up to 100% and explanation is provided by Behl. It may be due to some studies tackling more than one sort of abuse and therefore they do not relate to only study of child abuse. Furthermore, it is possible that there may have been articles which did

not distinguish between types of child maltreatment and thus they may not have been included. However the findings highlighted that on a yearly basis the percentage of articles that examined physical abuse declined whereas the percentage of articles examining sexual abuse increased. However, the yearly percentage of articles which addressed neglect or emotional abuse stayed low. Behl et al (2003) summarise that the physical abuse and sexual abuse comprised the vast majority or literature, whereas neglect covered a small minority of child maltreatment literature. However, they state that the increased number of articles examining child sexual abuse may be due to public concern in this area. Behl et al (2003) provide a rationale for the lack of research in regard to child neglect. They report that there are many reasons why child physical abuse and child sexual abuse are more frequently published than child neglect. One reason may be that child physical abuse and child sexual abuse are more easily operationalized for research. Another reason may be the misconception that child neglect has fewer negative consequences than child physical abuse and child sexual abuse, although existing literature has suggested otherwise. It is also possible that interest groups have advocated the study of child physical abuse and child sexual abuse as a response to public outcry to cases presented in media. More recently, Gilbert et al (2009) have continued to mirror these findings and report that neglect is just as damaging as physical or sexual abuse in the long term, however it has received the least scientific and public attention.

Stone (1998) conducted seminal research into neglect in the United Kingdom (UK). Lussky (2004: 4) states that a seminal paper influences 'the scholarly community's thinking and ultimately, the body of knowledge.' Tanner and Turney (2003) acknowledge that the study by Stone (1998) was a crucial one because not only did it contribute to the limited UK knowledge base of child neglect but it also provided an insight into the perspectives of child neglect by child protection practitioners from various agencies. Stone (1998) made reference to the lack of literature in the UK addressing child neglect, showing child neglect to being poorly understood, yet continuing to be the one of largest categories in which children are placed on the child protection register, now known as a child protection plan. A child protection plan is made when a child is considered to be at risk of significant harm; significant harm being a level of harm that affects the health, welfare or development of a child. The plan ensures that long- and short-term goals are in place to reduce the harm, and highlights actions that need to be undertaken within agreed timescales. It also allows local authorities to measure statistically how many children in the local area are considered to be at

risk of harm and under which category, i.e. physical abuse, sexual abuse, emotional abuse or neglect.

Furthermore, bearing in mind that Stone's work was published in 1998, the NSPCC (2007) made a similar reference to the lack of research of neglect in their Child Protection Research Briefing. Tanner and Turney (2003) undertook a literature review in relation to child neglect in the UK. They found that much of the literature was produced in the USA, and they raised concerns in regard to transferring, replicating or interpreting this information in the UK due to differences in the social welfare state. This was reinforced by Gilbert et al (2009) who considered research on child maltreatment over the past 30 years has been conducted mainly in the USA, with limited applicability to the UK. More recently Rees et a1 (2011) also highlight the position of current knowledge about child neglect and state that very little has been written about child neglect in the UK. However the literature review for this study has highlighted emerging research since the publication of the reviews by Gilbert et al and Ress et al, namely Burgess et al 2014; Long et al, 2012; Burgess et al 2013, Brandon et al 2012) which do review child neglect within the UK. This is further reinforced by studies from agencies such as Action for Children (2009) and the National Society for the Prevention of Cruelty to Children (NSPCC; 2011, 2012) and UK government websites which report studies and statistics on child neglect. This search would not suggest limited literature on child neglect but it is dependent on the lines of enquiry of the area in which child neglect is being reported. Where the focus of research is on social workers' identification of child neglect, there is limited literature available. This is noted by Taylor et al (2012) who state that many disciplines have produced good research in child neglect and that it is clear that this topic is of concern to a wide range of professional disciplines. However, their systematic review into child neglect found that there is a gap in the research around practitioners' recognition of child neglect and how they respond. The majority of studies on child neglect are designed with other primary objectives in mind (Taylor et al, 2012).

The data and evidence reported within this literature review comprises a combination of studies which have been completed in the United Kingdom and internationally. Yet, it must be recognised that there are significant differences between the UK and international countries as there are between the UK and the four UK countries. As Gilbert et al (2011), Gilbert (2012) and Gilbert et al (2012), have pointed out, there are substantial differences in the legislative, policy, organisational and practice structures of child protection systems between countries. Therefore, this needs to be recognised in the data which is reported in this

study from countries other than the UK, as the measures used to collect data will be dependent upon child protection systems used in those countries. However, this applies within the UK as well. For example, Scotland has a fundamentally different legal system for child protection from England and Wales. Northern Ireland operates through a structure of joint health and social care boards rather than local authorities, and there are subtle but significant differences in data gathering and policy directions found even between England and Wales where the legal framework is broadly the same.

Recognising children at risk of, or already subject to, neglect

It is important to signify the relevance of the findings from research and therefore in doing this the work of Taylor et al (2012) must be a reference point. It must be noted that there may be shortcomings in the evidence base between studies that have been completed in the USA as opposed to the UK and therefore the origin of relevant key studies has been highlighted in the text as such. Reliance on studies from the USA may report findings that are not necessarily transferable to a UK context (Gilbert, 2012). There may be a variation in the way that neglect is defined, including the scope of what is included in the definition (Gilbert, 2012). Furthermore there may be the failure to distinguish between neglect and abuse. Taylor et al (2012) undertook a systematic review to examine the evidence on the extent to which practitioners are equipped to recognise and respond to the indications that a child's needs are likely to be, or are being neglected. The review comprised research articles contributed by various disciplines consisting of medical specialties including paediatrics, accident and emergency, general practice, psychiatry and surgery. There were also studies from disciplines such as nursing, social work, psychology, epidemiology, education and statisticians. Due to limited research in the United Kingdom, most of the evidence collated was collected in countries other than the United Kingdom. Taylor et al (2012) found that there were very few studies designed directly to explore how practitioners recognise child neglect, or how they then responded.

In considering this, Taylor et al (2012) found that Coohey and Zhang's (2006) (USA) study looked at the presence of men in circumstances of chronic neglect, but says little about the recognition or response to neglect; May-Chahal and Cawson (2005) (UK) described the National Society for Prevention of Cruelty to Children prevalence study of maltreatment, providing overall data about the pervasiveness of abuse and neglect, but lacking information about the recognition of neglect; and Narayan et al (2006) (USA) examined the training of

paediatricians around neglect, but the primary research objective was not concerned with identification or response. However, Daniel (2015) reports that recognition, or noticing that a child may need something, is actually not that complicated, and the evidence from the existing literature suggests that those who encounter children in their work are pretty good at spotting when a child is not happy. Daniel (2015) cites an example of a study undertaken by Paavilainen and Tarkka (2003), of the views of 20 experienced public health nurses in Finland who showed that they were confident in recognising maltreatment of children. The example used by Daniel (2015) is

> It's a feeling...that something isn't right. It's an instinct and a feeling of something being terribly wrong. I guess it comes from tiny details when you link one thing to another' (Paavilainen and Tarkka, 2003:52)

However, this does not appear to be an example of the recognition of child neglect and other than a 'feeling' there are no factors or features identified in respect of what constitutes neglect. Furthermore, Daniel (2015) refers to a study by Burgess et al (2012) which is an empirical review of neglect across the UK featuring a Scottish extension, funded and undertaken in partnership with Action for Children. Part of the findings collate responses from 2,174 professionals, who completed an online poll, consisting of primary school staff, pre-school/ nursery staff, health professionals, social workers and police officers. However, when reviewing this publication the only evidence to the identification of neglect refers to,

> 81 per cent (of professionals) have come across children they suspect have been neglected. This is attributed to parenting skills getting worse, problems being passed from one generation to the next and more family breakdown….. The majority of professionals continue to believe that emotional or mental health problems and poor social skills are the top two issues that a neglected child is likely to experience (Burgess et al, 2012: 10)

This does not specify clear factors in the identification of neglect and provides a vague identification which focuses on parenting issues and child issues. There is no context as to what is meant by emotional or mental health problems of a child. This is hardly a clear response to the heading, 'there are signs that we are getting better at recognising child neglect' (Burgess et al, 2012: 10).

Prevalence of the problem of child neglect in the UK

In 2000, the NSPCC published the first ever research study which examined the childhood experience of 2,869 young adults in relation to abuse which included physical, sexual and emotional abuse, and neglect in the UK (Cawson et al, 2000). The study used a random probability sample of young people aged 18-24 years, for whom effects of childhood experience on the young adult would be quantifiable, but relatively uncontaminated by later stresses of adult life. Neglect was found to be the most prevalent form of abuse that had been experienced, and it was reported that 18% of 18-24 year olds reported some absence of care in childhood, whilst 20% reported that they had experienced inadequate supervision (Cawson et al, 2000). It would appear that no particular definition of neglect was adopted, but questions were posed to participants which were limited to issues which were less likely to be affected by the parents' economic situation (Cawson et al, 2000). However, the findings reported as 'absence of care and inadequate supervision' are commensurate with the Working Together to Safeguard Children definition of child neglect (DfE 2015).

Furthermore, in 2011 the NSPCC published further research which was aimed at parents, children, young people and young adults in regard to child abuse and neglect in the UK (Radford et al, 2011). Of 6,196 interviews, 2,160 were with the parents or guardians of under 11s; 2,275 were with young people aged 11–17 and their parents or guardians; and 1,761 were with young adults of 18–24 years. Radford et al (2011), although acknowledging the importance and thoroughness of the study by Cawson et al (2000), were critical of it, arguing that the earlier study was based on young adults' memories of their experiences of childhood abuse or neglect, which may change over time. They argued that retrospective research is less useful for service delivery, because the information on children's needs will always be several years out of date (Radford et al, 2011).

In the study by Radford et al (2011) (UK), three parallel versions of a questionnaire were developed based on the age of the child or young person: one for parents with children between 1 month and 10 years; one for children and young people aged 11–17; for which a parent or guardian completed a subset of questions; and one for young adults aged 18–24. Within this study parents or guardians completed the whole interview on behalf of under 11s. For 11–17s, parents or guardians completed the first part of the survey, which covered information on the family in general, and the young person then completed the interview to answer the questions on abuse and neglect. Radford et al (2011) found that neglect was the

most common type of maltreatment self-reported through all the age groups: 5% of under 11s; 13.3% of 11-17s; and 16% of 18-24s had experienced neglect at some time in their childhood. The researchers acknowledge the drawbacks of parents and guardians reporting on behalf of children. However, this acknowledgement does not appear to capture fully the drawbacks and potential misrepresentation of proxy reporting by parents and guardians when the questionnaire focused on the following: absence of physical care, lack of health care, educational neglect, poor supervision and monitoring, and caregiver unresponsiveness to the child's emotional needs to such an extent that significant harm is likely to result. Basing findings on parents' and on guardians' self-reporting on behalf of children may not fully capture the prevalence of neglect within the sample, therefore providing only a vague statistical overview.

Neglect is often a component of the risk of significant harm to children (Brandon et al, 2010). Evidence from the Biennial Analysis of Serious Case Reviews 2009-2011, which was undertaken in accordance with government requirements to enable learning and development, highlights this (Brandon et al, 2013). A Local Authority will undertake a serious case review in the event of a child death or when a child is seriously injured and abuse or neglect is found or suspected. Brandon et al (2013) report that between 2005 and 2011, 101 of the 645 serious case reviews (approximately one in six) concerned children with a child protection plan in the category of neglect. In other words there were 101 cases of officially substantiated child maltreatment in the category of neglect over this six year period. In terms of prevalence, Brandon et al (2013) state that child neglect is much more prevalent in serious case reviews than had been previously understood and child neglect was found in 60 percent of the 139 serious case reviews from 2009 – 2011. During the period 2009-2011, there was child neglect in over two thirds of the forty three non-fatal cases, and in five of the seven serious sexual abuse cases. Neglect was also present in a quarter of the child deaths through assault or deliberate homicide (Brandon et al, 2013).

Statistics from local authorities in the UK highlight that cases of child neglect are increasing. Children who are considered to be at risk from significant harm are made subject to a child protection plan. As of 31st March 2014, 48,300 children were the subject of a child protection plan in the UK: an increase of 12.1% from 43,100 on 31st March 2013 (DfE, 2014). As of 31st March 2013 there were 17,930 children who were subject to a child protection plan under the category of child neglect (DfE, 2014). However, one year later, the record showed that 4,760 children were made subject to a child protection plan under the category of physical abuse,

2,210 children under the category of sexual abuse, 4,500 children with multiple category plans, 15,860 children under the category of emotional abuse and 20,970 children under the category of child neglect (DfE, 2014). Therefore this highlights that the incidence of child neglect continues to rise and remains the most common form of child maltreatment.

However, it is worth mentioning that in England an additional category of 'multiple' is also used 'when more than one category of abuse is relevant to the child's current protection plan' (Department for Education (DfE), 2015: 38). However, there is considerable inconsistency in the use of this category between local authorities with many never using it, while it is used by others in more than half the cases (DfE, 2014). Therefore, differing approaches to the categories used to record child protection data and differences in local practices when interpreting national statistics can be seen as problematic.

Difficulties in addressing neglect in social work practice

Turney and Tanner (2001) argue that there are a variety of reasons why social workers find it difficult to address child neglect effectively. First, although definitions of child neglect are available, it remains a question of personal and professional judgement as to whether a particular situation is viewed as being neglect. A series of tools have been developed such as the Home Inventory (Cox & Walker, 2002) and the Graded Care Profile (Pollnay & Srivastava, 2001) to assist social workers to assess neglect. Long et al (2014) argue that such tools depend on the practitioner's ability to analyse what they see of the family's private domain, to interpret this in the context of the situation, and then to make complex decisions about what is and is not child neglect. Horwath (2007) states that scales and tools can be useful in assessing cases of child neglect as they provide specific indicators for measuring the different aspects and severity of neglect. However, Horwath (2007) is clear in arguing that these tools are not the Holy Grail and they will not automatically provide practitioners with the right answers. Many of the questions, linked to tools, are dependent upon making a judgement regarding acceptable standards of care and family strengths and deficits. Professionals may also hold conflicting views on the weighting of areas for each section on a tool. Therefore, in the absence of clear criteria for measuring child neglect, individual professionals are left to establish their own standards, which may vary. Horwath (2007) highlights that acceptance of a child is described in the Home Inventory Guidance as parental acceptance of less than optimal behaviour from the child and the avoidance of undue restriction and punishment. Horwath (2007) argues that this becomes a problematic area as

what one professional may consider acceptable punishment may be different to another professional. Furthermore, professionals may hold different views as to the weight they should give to the scores of each section of the assessment tool and whether some negative scores are more concerning than others.

Turney and Tanner (2001) argue that opinions about neglect are generally based upon standards of adequate care, and this can pose a problem for social workers who may be unwilling to make a finding of neglect if families are disadvantaged by poverty. Furthermore, the 'rule of optimism' (Dingwall et al, 1983) or the belief in the potential for parental care to improve with support, may deter a social worker from identifying a situation as being neglectful. Approximately thirty three years since the term the rule of optimism first appeared in print it continues to exist in social work practice as can be seen in the Coventry Safeguarding Children Board (2013: 43) serious care review report regarding Daniel Pelka, who was murdered by his mother and stepfather in March 2012 at the age of four years old.

> Overall, the rule of optimism appeared to have prevailed in the professional response to Daniel's fracture and to his other bruises. This appeared to reflect a tendency by social workers and health care workers towards rationalisation and under responsiveness in certain situations. In these conditions workers focus on adult's strengths, rationalise evidence to the contrary and interpret data in the light of this optimistic view.

Moreover, chronic neglect is more an on-going process than a one-off incident. This can have a debilitating impact upon the social worker involved with the family and they may become numb to the effect of constant low level care on the children. This may lead to that social worker becoming used to that level of care if there are no significant changes, whilst, if faced with a new family in the same situation, they would not hesitate to recognise care as being unacceptable. It is possible, too, that the very nature of long-term chronic neglect has added to the growth of defensive practice in social work. This is explained by an environment in which individual thought and initiative is suppressed, responses become repetitive, and thresholds of response increase (Tanner and Turney, 2003).

Research by Stone (1998) highlighted that neglect is a multi-faceted phenomenon which is difficult to define. Out of 35 factors identified by practitioners as being significant in defining neglect, no single factor could be taken alone to identify neglect. Stone found evidence of differences in weighting given to various factors depending on the agency to which the

practitioners belonged. This may be indicative of some of the issues argued by Dubowitz et al (2005) in terms of a lack of agreement on whether to define neglect based on parental action or child's experience. Stone declares the need to examine the working definition used by child protection practitioners in respect of child neglect, but there is no exploration of what this working definition used by practitioners may be. Stone's research was aimed at child protection practitioners and one can argue that as Stone did not present a working definition as a baseline to define neglect, practitioners involved in Stone's research have not approached the research with an agreed definition, but have provided their own interpretation on what they feel is significant in defining neglect. Therefore, this may be a reason why there have been differences in weighting to various factors. Stone found that factors relating to parents/caregivers scored consistently highly and therefore seem integral to the way neglect is defined in practice.

Long et al (2012) report the findings of a 5-year intensive family support (IFS) programme to provide effective, lasting intervention for families and children most in need. The study was based on quantitative recording of the level of concern about neglect in 14 areas which included - on referral and on closure - electronic recording of key characteristics of the child, the parents and the environment. Long et al report that failure to attend for health appointments and poor hygiene were the most commonly reported factors in children's health characteristics. However, relatively little focus was placed on factors relating to the child: an issue that was mirrored in all aspects of the data. The much greater prevalence of factors in parents was notable, and the bulk of efforts made by workers were focused on parental behaviour. The findings within the research relate to referrals to Action for Children and the completion of an Action for Children assessment tool. It is unclear if any referrals were made to Action for Children from social workers working in children's services. Furthermore it may be possible that the focus on factors relating to the parent as opposed to the child were due to different practitioners making the referrals, who therefore placed an emphasis on different areas. What is unknown is whether the focus on factors relating to the parents was from social workers. It may have been useful if the study had identified the provenance of the source of the referral and of where the assessment tool was completed. This would have allowed for an understanding as to whether there were social workers involved in focus of child neglect on factors relating to parents.

The definition from Working Together to Safeguard Children

In order for a child to be made subject to a child protection plan by a Local Authority the definition of neglect from Working Together to Safeguard Children (HM Government 2015) will need to have been satisfied. This definition was unchanged from the 2013 version. The Working Together definition states this as:

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.

(HM Government 2015: 93)

Deciding on the degree of sub-optimal care

The Working Together statutory guidance was initially published in 1999, and set out how all agencies and professionals should work together to promote children's welfare and protect them from abuse and neglect. It has had subsequent revisions over the years, albeit the definition of child neglect has remained the same with an addition to part of the definition. In exploring a response to the working definition of child neglect, some academics have responded to the earlier version of Working Together, which is still relevant to the current definition in circulation. Corby (2007) argues that as a working definition this is challenging. Corby argues that it is upon practitioners to determine what is regarded as 'persistent failure,' and 'serious impairment.' Furthermore, the onus is upon the individual practitioner to define 'psychological and emotional needs.' Munro (2008) states that the definition can only be made more precise when it is agreed how much below the average the care needs to be before it becomes neglect. Munro (2008) argues that the problem of assigning responsibility is particularly sensitive which raises questions about the degree of responsibility that the parents

have for neglect. With this regard, Allsopp and Stevenson (1995) highlighted the complexity of this as they found that social workers' response to neglectful parents, especially mothers, was one of compassion and they were reluctant to describe mothers' actions as neglectful.

Brandon el al (2014: 7) argue that even with this working definition, social workers often find it difficult to recognise indicators of neglect or to appreciate their severity. Brandon et al state that the following characteristics make recognition of neglect difficult:

> Given the chronic nature of this form of maltreatment, professionals can become accustomed to how a child is presenting and fail to question a lack of progress.

> Unlike physical abuse, the experience of neglect rarely produces a crisis that demands immediate action.

> In some cases, neglect can be challenging to identify because of the need to look beyond individual parenting episodes and consider the persistence, frequency and pervasiveness of parenting behaviour which may make them harmful and abusive.

> There is an unwillingness to pass judgement on patterns of parental behaviour particularly when deemed to be culturally embedded or when associated with social disadvantages such as poverty.

> The child may not experience neglect in isolation, but alongside other forms of abuse as multi-type maltreatment.

All definitions of child abuse and neglect are based on concepts of harm to a child and responsibility for that harm (Gough, 1996). All abuse concerns some form of actual or potential harm to a child ranging from physical injury to emotional pain to adverse effects on a child's physical, cognitive, or socioemotional development. Views about harm vary but even if the seriousness of different types of harm could be organized into one continuum of lesser to greater harm, there is still the problem of responsibility. Responsibility for harm can be divided into nature of the responsibility and the scope of who can be considered responsible (Gough, 1996). Spencer and Baldwin (2010) state that the concept of neglect implies a failure to undertake responsibilities of care and they question whether definitions of neglect should:

1) Apply only to direct, intentional lack of care or also apply to lack of care due to parental poverty, physical illness or mental illness;

2) Apply to harm caused by observance of religious beliefs (for example, where parents are concerned that blood transfusion may cause greater harm to the child);

3) Apply to lack of care caused by circumstances within or not within parental control, such as lack of care due to substance misuse or relationship conflict.

Ventress (2014) states that children can experience neglect intentionally and maliciously or as a result of parental ignorance or illness. However, it is the severity and duration of the child's experience, not the parent's intent, which should determine whether or when action should be taken. However, from a practice standpoint irrespective of whether a child experiences neglect due to parental intent or not, dependent upon the circumstance the child is faced with, action may need to be taken to ensure that the child is safeguarded from harm.

The Children and Young Persons Act 1933 (CYPA) was legislated to punish cruelty to children. In order to secure a prosecution it must be proven beyond reasonable doubt that a person

> …who has attained the age of 16 and has responsibility for any child or young person under that age wilfully assaults, ill-treats, neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated, neglected, abandoned, or exposed in a manner likely to cause unnecessary suffering or injury to health.

> (Children and Young Persons Act 1933).

Angell et al (2013: 7) reports that the first statutory response to neglect was the section 37 of the Poor Law Amendment Act 1868, which made it an offence for a parent to: "wilfully neglect to provide adequate food, clothing, medical aid, or lodging for his child… whereby the health of such child shall have been or shall be likely to be seriously injured", with responsibility on the 'Poor Law guardians' of the day to prosecute offenders. This wording remains today, within section 1(2)(a) of the Children and Young Persons Act 1933. Angell et al (2013) state that this part of the Poor Law Amendment Act was passed in response to specific concerns with regard to the 'peculiar people' who believed that sick people should be treated through prayer and anointing, and seeking medical attention would be evidence of lack of faith in God. Therefore, when their ill children had died the "peculiar people" had previously been acquitted of manslaughter because they believed that their decisions were in the child's best interests. As a result the term 'wilful neglect' has been included deliberately to reflect incidents of intentional failure to act.

However, this is contradictory to the current definition of child neglect from Working Together to Safeguard Children 2015 in which the emphasis is upon the omission or 'persistent failure to meet a child's basic physical or psychological needs.' This leaves the current offence outdated with unhelpful terminology. Angell et al (2013) state that the term 'wilful' has been defined in case law to mean that the perpetrator was aware that some harm may be caused to the child if they did not act and yet took the risk when it was unreasonable to do so. As neglect is normally an omission of care, a complexity arises as to how failure to act can be considered as a deliberate action. Definitional differences between civil and criminal law regarding child neglect present practical difficulties as the police and social care agencies are guided by different definitions.

Angell et al (2013) state that 'wilful' is considered difficult to interpret as it is not clear whether it applies to someone's action or failure to act or whether it is someone's failure to anticipate future consequences of their action or inaction. This is especially problematic in the case of child neglect, which normally involves the failure to provide care, food, supervision or a safe environment. For these reasons, Angell et al (2013) suggest that the term wilful should be replaced by the term 'recklessly'. This would ensure that parents or carers who make a conscious decision to act or not, or who show that they do not care, will be open to prosecution, as well as protecting those carers where there is suspicion that their action or inaction was due to lack of mental capacity or justifiable lack of parenting skills.

Brandon et al (2010) highlight that many cases that featured in the Biennial Analysis of Serious Case Reviews 2007-2009, where neglect featured, had historical children's services' involvement over the years. They discovered a recurring theme in which it appeared that due to the plethora of information presented to social workers and because of feelings generated in practitioners of helplessness by families, they disregarded historical information and focused solely on the present. Brandon et al (2010: 54) refer to this as the 'start again syndrome.' Therefore, the arrival of a new child would be considered as a new beginning. Brandon et al. (2010) highlight that in one case three children had been removed from a mother due to issues around neglect. However, her history was not fully considered and instead professionals were inclined to assist the mother to 'start again.' This is evidenced by Horwath (2005) who, during a study on social worker child neglect assessments in the Republic of Ireland, found that 34 out of 57 case files highlighted previous social work involvement. However, 10 cases focussed on the current behaviour as opposed to ongoing and historical issues. More recently, Avraam (2014) provides an analysis of themes drawn

from serious case reviews published in 2013 across England, Wales, and Scotland. Within this analysis, Avraam states that a common area where practice could have been better or improved related to the need for agencies to take into account family and social history. It was found that a number of cases where children had died had little or no previously known history of the family and so it could be argued that the start again syndrome and rule of optimism featured in these cases.

Communication with the child

Horwath's (2005) study of child neglect assessments in the Republic of Ireland in 2000 highlighted that social workers place an emphasis on communication with a child, with 48.7% indicating that it guided their decision making all the time, 30.8% stating that it did so sometimes, and 5.1% stating that they were never influenced by this factor. The importance of communication with children was also highlighted during a focus group session. It is always possible in focus groups that the participants will provide responses based upon what they believe the researcher wanted to hear or unconsciously seek to present themselves in a positive light in the presence of their peers. However, contrary to what Horwath found from self-expressed accounts from practitioners, analysis of case files highlighted limited communication with children. Out of 51 case files analysed, only five social workers had stated that the children had been spoken to. Therefore, one can argue that there is a contradiction between what is being reported (that communication with a child influences decision-making) and what is found in practice (limited evidence of communication with children). Although from a personal perspective, when completing audits on cases in practice I have found that the scoring of the audit can be lower when completed without discussion with the social worker. It is not uncommon to find that social workers have more awareness of the issues in the case than the recording would indicate. Furthermore, it is certainly not uncommon to find that social workers have completed more visits to the child and or family then they have recorded. This is a practice issue and needs to be addressed; whilst this does not account for every single case where there is limited communication and/or visits to the child, there is the possibility that the case records do not reflect actual work undertaken.

A further study by Horwath and Tarr (2015) in the form of a qualitative study reports the findings of research commissioned by a local children safeguarding board (LSCB) in Wales. The findings make a similar reference to the findings from Horwarth's 2005 study, indicating superficial engagement with children. Social workers routinely asked children about their

wishes and feelings regarding their family and situation in order to share this information at an initial child protection conference. These were, however, often recorded as generalised comments such as 'X would like mother to stop drinking' and 'J wants dad to stop hitting mum' (Horwath and Tarr, 2015: 1385). Horwath and Tarr report that there was very little evidence of practitioners going beyond the stated wishes and feelings by, for example, establishing what it is like for X living with a mother who is misusing alcohol, i.e. their particular concerns and fears about the drinking. Through the responses found within the study Horwath and Tarr provide insight as to why this may be the case. In the United Kingdom, the initial child protection conference is expected to take place within fifteen working days of the assessment commencing (HM Government, 2015). Therefore, engaging meaningfully with children in the short time prior to the initial child protection conference is challenging, with little time available to establish relationships with the child and engage them in the assessment (Horwath and Tarr, 2015). As a consequence, discussions with children remain superficial. Whilst this rationale can be accepted, it can only be applied to those cases which are escalated to an initial child protection conference upon allocation to a social worker, due to the 15 day timescale by which point a social worker must present the case to an initial child protection conference. The study from Horwath and Tarr only includes those case files where a child was subject to a child protection plan for two years or more because of neglect, being on a plan, taken off it or subject to a further plan within a two-year period. Therefore, whilst it is accepted that fifteen working days is not enough time in order to gain the wishes and feelings of a child in meaningful way, it does not account for why there is superficial engagement with children who are subject to a child protection plan for a significant period of time. Where a child is subject to a child protection plan for two years it would be expected that this more than enough time to establish relationship with children and would allow for meaningful engagement. Furthermore, this study required Howarth and Tarr to review case files in order to ascertain the work that was being completed with children. It is a possibility, as can occur in practice that the social workers do have the evidence of the work they complete with children but there can be a delay in this work being uploaded onto the computer system, due to conflicting priorities. Therefore, whilst best practice is to ensure that case files are up to date, the method used by Horwath and Tarr for their evidence base may not truly reflect social work practice in Wales. Discussions with social workers whose cases were reviewed by Horwath and Tarr may have resulted in more precise analysis.

Assessing neglect

Scourfield (2000) argues that there are two significant but contrasting discourses which function in teams that work with cases of child neglect, and that whichever discourse is dominant within the team will determine team practice. He notes that the first discourse is taken by Bridge Childcare Consultancy, an independent organisation which has been prominent in raising the awareness of child neglect. Scourfield (2000: 369) argues that the emphasis is on the physical care of the child 'or the servicing of the child's body,' in which it is recognised that dirty or unkempt children may be suffering from maltreatment. The second discourse is that expressed in the Department of Health's (1995) publication which emphasises not the physical care provided by the parent but the emotional impact upon the child. In Scourfield's (2000) ethnographic study of a local authority social work team, it was found that social workers evidenced child neglect by concentrating on the physical care of children. Scourfield found that social workers made judgements on the emotional environment within the home, but if this was positive and the standards of physical care were unacceptable then the family became a cause for concern.

In contrast, Stone (1998) interviewed social workers about their work with neglected children and found that these practitioners considered relationship issues and family dysfunction central to how children become neglected. Both discourses can be found, perhaps with little consistency. Moreover, Horwath's (2005) study of child neglect assessments by social workers in the Republic of Ireland highlighted that there was no standardised framework for assessing children's needs and that approaches to assessment varied. Horwath found that differences varied whereby some social workers focussed on incidents of neglect as opposed to assessing the impact of neglect and some assessments offered a more generalised assessment than others.

The Framework for the Assessment of Children in Need and their Families (DH, 2000) provides guidance and a framework for assessment of all children in need, including those where there are concerns that a child may be suffering significant harm. This is used by social work practitioners. It is possible that at the time of the Horwath study, the Framework for the Assessment of Children in Need and their Families had not been disseminated and embedded in practice. However, it was built on and superseded the earlier Department of Health guidance on assessing children: Protecting Children: A Guide for Social Workers undertaking a Comprehensive Assessment (DH 1988). That publication, often referred to as the 'Orange

Book', was used by social work practitioners as a guide to comprehensive assessment for long-term planning in child protection cases (DH, 2000). At the time of Horwarth's study, there was guidance on assessment, although possibly not the Framework for the Assessment of Children in Need and their Families.

The issue of varied assessments is not reflective only of past concerns but continues to prove problematic with a focus by social work practitioners on the start again syndrome and rule of optimism as highlighted in serious case reviews as recent as in 2013 (Avraam, 2014). Furthermore, the review into the high profile child death of Daniel Pelka in 2012 found issues relating to assessment, with Wonnacott and Watts making reference to '*core assessments which were of poor quality and lacking in detail,': 'the second initial assessment and the core assessment carried out during this period were of very poor quality, and part of the problem with the core assessment was that it relies on self-reporting by mother and little or no information from other agencies.*' (Wonnacott and Watts, 2014: 7).

The start again syndrome is something which I have personally experienced in practice. I recall speaking to a social worker about a case which was referred to children's social care from the police due to concerns around home conditions. The police had completed a home visit to a family of two parents and seven children. Photographs were taken by the police which highlighted a mouldy kitchen, decaying food, a mouldy fridge, overturned beds with no bedding, stained mattresses, dirty cluttered floors and a filthy bathroom. This was combined with agency checks which highlighted poor school attendance for the children, their unkempt appearance and body odour, as well as missed health appointments. Following the referral from the police, the allocated social worker visited and it was clear from the following visits that the parents recognised that they needed to attend to the home conditions and improvements were noted. However, I reflected with the social worker about how the case should be managed moving forward and we explored the past history of this family. The family had been known to children's social care over the years for similar issues and each time the parents would make progress social care would step the case down to level 3 services with a view of ongoing support on a voluntary basis. However parents would disengage with this service and after a period of time they would be referred back to social care due to concerns around neglect. It was clear that the parents were unable to maintain and sustain changes. Given the severity of the referral at the time, I suggested to the social worker that rather than waiting to complete an assessment with the family over a 35-day period, to ascertain at what level the family should be supported, the case should be presented to an

initial child protection conference. This was in light of evidence that the children were suffering significant harm based on the presenting issues and given the past history of the parents failing to maintain and sustain the changes, it was possible that the children were also likely to suffer significant harm. I recall advising the social worker not to 'start again,' (Brandon et al, 2010: 54) with the family and to the use the historical information and the presenting information to inform the risk assessment. The outcome of the initial child protection conference was that the children were made subject to child protection plans. These children have remained subject to child protection plans for approximately 16 months and during this process the parents have made changes but have not demonstrated that they are able to sustain these changes. Due to the risk of ongoing harm towards the children the case is to be presented to a legal planning meeting with a view of issuing care proceedings to remove the children from the care of their parents.

Quality of assessment

The Office for Standards in Education (OFSTED, 2014) reported the findings of a thematic inspection exploring the response of professionals when they identify neglect, with a particular focus on children under 10 years of age. The key areas that the thematic inspection aimed to address were; the timeliness and quality of referrals to children's social care and the effectiveness of responses to referrals; the quality of assessment and planning in cases of neglect and the degree to which these focus on the needs of the child; the range of interventions available to support children and their families and whether these are making a difference to children's lives; when children are subject to child in need and child protection plans and are not making progress, whether there is sufficient challenge to parents and among professionals to ensure that cases are escalated to the right level so that children are protected; in cases of neglect, whether the right action is taken at the right time to meet the child's needs and to protect them; whether social workers are aware of research findings in relation to neglect and what specific impact this has on cases examined and the impact of training on practice with neglected children (OFSTED, 2014).

Inspectors visited 11 local authority areas and examined a total of 124 cases. It was found that the quality of assessments across authorities in this inspection was too variable. Nearly half of the assessments did not take sufficient account of the family history. Even in those cases where the family history was recorded, it was not always analysed in terms of the patterns of previous episodes of abuse and neglect. OFSTED concluded its report by

acknowledging that whilst good practice was identifed during their inspection, this standard of practice was not consistent. Drift and delay featured in a third of all long term cases, resulting from inadequate assessments, poor planning, parents failing to engage, lack of professional challenge and limited understanding by professionals of the culmulative impact of neglect upon children (OFSTED, 2014). This finding from OFSTED can be seen in current practice especially in those local authorities which have been graded as inadequate following an inspection. From a personal perspective, I was contacted by an Assistant Director of Children's Services in 2017 following the outcome of their inspection. Without identifying the local authoirty, our discussion highlighted areas which were scrutinized by Ofsted including poor social work assessments lacking exploration of previous history, no consideration to parental capacity for change, poor analysis of risk and too much emphasis on parents' self-reporting (with no challenge to this) and no follow up with other agencies.

The degree to which these findings are comparable to those which might be expected from other local authorities cannot be estimated. Many factors could be involved. For example, an increase in referrals may have led to an increase in allocated cases, and an expanded caseloads. The President of the Family Division Sir James Munby has published a new Practice Direction 36C, which introduces a revised Public Law Outline ('revised PLO').The revised PLO will operate in all public law family proceedings undertaken in court. Family matters are dealt with in the Family Division of the High Court, by district judges in County Courts and in Family Proceedings Courts, which are specialist Magistrates' Courts. Such proceedings include applications for care orders, supervision orders, variations of supervision orders, contact with a child in care, change of a child's surname whilst they are in care and used education supervision orders. The purpose of the revised PLO is to move such cases towards a resolution within 26 weeks, in accordance with both the recommendations of the Family Justice Review and the Children and Families Bill (Family Law Week, 2013). Therefore, the PLO which requires that care proceedings must be concluded within 26 weeks may mean that social workers may not have the time to complete assessments to a high standard and may be prioritising their court work. This could result in assessments of a varied nature. Moreover, in 'local authorities across the country high staff turnover and difficulties in retaining experienced workers are leading to an overuse of agency and inexperienced practitioners' (House of Commons Justice Committee, 2012: 70). Movement of staff between employers can leave local authorities lacking in experienced staff

who are replaced by newly qualified social workers with insufficient training and experience in the area of child neglect and therefore produce less effective assessments.

Standards of social work practice

The Social Work Task Force in 2009 was given the task of attempting to bring consistency to education and training and the future pattern of careers in social work. It did so with a report (Social Work Task Force, 2009) setting out a new framework for career development based on a professional capabilities framework, mapping out competencies and skills expected over the lifespan of a social work career. The task force recommended a reformed system of initial education and training with clear and consistent criteria for entry to social work courses; courses where the content, teaching, placement opportunities and assessment are of a high standard; and a new assessed and supported first year in employment (ASYE).

The Professional Capabilities Framework has nine domains – professionalism, values and ethics, diversity, rights justice and economic wellbeing, knowledge, critical reflection and analysis, intervention and skills, context and organisations and professional leadership (BASW, 2015). There are frameworks for seven stages of a career from initial qualification through the first ASYE to social worker, senior practitioner, advanced practitioner, practice educator and social work manager. The Professional Capabilities Framework (PCF) is an overarching professional standards framework, originally developed by the Social Work Reform Board and now managed and delivered by the British Association of Social Workers. The PCF has four main functions which are that it sets out consistent expectations of social workers at every stage in their career; provides a backdrop to both initial social work education and continuing professional development after qualification; informs the design and implementation of the national career structure; and gives social workers a framework around which to plan their careers and professional development (BASW, 2015).

However, Social workers in England are bound to the standards of proficiency which set out what a social worker should know, understand and be able to do when they complete their social work training and register with the Health Care Professions Council. The Council sets out clear expectations of a social worker's knowledge and abilities when they start to practice (HCPC, 2012). The Health and Care Professions Council has adopted the standards of

proficiency for social workers in England (HCPC, 2012) which it mapped out against the Professional Capabilities Framework. Two different documents which cover the same area.

An independent review into social work education by Croisdale-Appleby (2014:18) highlights that the

> mapping is not convincing in itself, and rather it exemplifies the problem that the profession is regulated and endorsed by two very different sets of criteria, which is a continuing major problem which needs to be addressed. '

Croisdale-Appleby recommends that the two processes should be brought together and amalgamated. Narey (2014) is equally blunt in his independent review into the education of children's social workers and states that he is not convinced that the nine domain areas as identified within the PCF for social work training and long term development are the right nine although he regards this document as an improvement on the HCPC's standards of proficiency. Furthermore, Narey (2014: 8) also highlights whilst referring to the PCF and standards of proficiency that it is regrettable that there is not a single source document for social work training and finds this, 'frankly embarrassing.'

However, comparison between the results from this study and some of the domains in the standards of proficiency and professional capabilities framework highlight differences between what is expected of social workers by the standards and what is actually occurring in practice.

Social work practice: care versus control

Morales and Sheafor (1980) state that professions originate through a need in society which requires certain services demanding specialised knowledge and skills. Professions develop through a community's approval of these services. Whether they flourish or wither is dependent upon society's continued need for these services, the professional's ability to gratify this need, and the ability of the profession to adapt to society's changes (Morales and Sheafor, 1980). There have been numerous factors over the last century that have contributed to the shaping of social work, including war and peace, inflation and depression, population change and stability, family breakdown, and delinquency (Morales and Sheafor, 1980), which resonates with issues faced today. The term 'toxic trio' (Cleaver et al, 1999) was developed to describe the interrelated issues of domestic violence, mental health and alcohol or drug misuse. Each of these parental behaviours is considered to be an indicator of increased risk of

harm to children and young people. In an analysis of 139 serious case reviews, between 2009-2011 (Brandon et al, 2012), at least one of these characteristics was evident in the lives of 86% of the families at the centre of serious case reviews. Almost two thirds of the cases featured domestic violence, and parental mental ill health was identified in 60% of cases. Parental substance misuse was evident in 42% of cases. All three factors were present in just over a fifth of the cases.

Reiff (1974) argued that professions are instructed and approved by society to define who is ill, deviant or needy and who is permitted their assistance, which is justified by the promotion of human welfare and through the care of victims of society. In return for this, society has allowed professions the right to lofty status and independence in self-regulation of professional conduct. Furthermore, the lay person is also expected to submit and surrender control of the relationship to the professional, therefore presenting power to the professionals (Reiff, 1974). However, Illich et al (1977) asserted that professions not only dictate to ordinary people but they also specify what people need which is then institutionalised within the profession's own area. '*Professions….decide what shall be made, for whom and how their decrees shall be enforced…determine not just the way things are to be made but also the reason why their services are now mandatory*' (Illich et al, 1977: 16). Therefore, doctors define when a person is ill and then recommend an acceptable medication to ensure a cure to the illness. Likewise, teachers state what children need to learn and propose the educational remedy in a building which attempts to reproduce and recreate the real experience of living (Jarvis, 1983). Therefore, the lives of the general public are controlled by professionals who prescribe what they believe to be accurate and required, and the populace is simply the beneficiary of this process (Jarvis, 1983).

However, Illich et al (1977) further argued that professions were dominant and disabling because people were experiencing a lack of what the expert assigns to them as a need. They further argued that in a modernized society where the key business is service, need is an acceptable income for professional servicer's and the economic growth they predict. Within this perspective, the client is not particularly 'in need' but a person who is needed. Therefore the most important function of the client is to meet the needs of the servicers, the servicing system and the national economy (Illich et al, 1977). However, Illich et al also put forward another argument which highlights that although there are many resources which are put in place to support those who are deemed to be in need, the results emphasise the opposite of that which the system has been designed to produce. The suggestion is that a society develops

more sickness from more medicine, more injustice with more police and lawyers, more ignorance with more schools and teachers, and more family breakdown with more social workers.

Ife (2012) responds to the work of Illich et al (1977) and confirms that according to Illich et al, social workers are to be considered as a disabling profession whose passion for defining the needs of others acts only to disable those whom the professionals claim to be helping. This is the exact opposite of empowerment-based practice, which many social workers claim as the basis of their work (Ife, 2012). Ife argues that the important principle is that social workers have to give up their right to define people's needs for them and find ways in which the people concerned can regain that right and define their own needs. This does not mean that the social worker has no role in defining who is in need. Therefore, Ife (2012) argues that people will not define a service as being needed if they do not know that it exists or what it can achieve, but social workers are knowledgeable about the range of services that may be unknown to the people with whom they are working. A person will not define themselves, for example, as needing alcohol services if they are unaware that this resource is available and what it can achieve. Similarly, social workers may well have specialist knowledge of the effectiveness of provision which can be made available to people with whom they work. Therefore, people in a neighbourhood troubled by an increase in youth crime may argue that they are in need of more police, whereas a social worker is likely to realise that more police are unlikely to reduce crime, and other targeted programmes are likely to be more valuable in the long term. Therefore, according to Ife (2012), a social worker has an important role to play in assisting in the definition of need, but this does not mean that the social worker takes on this responsibility to the exclusion of people with whom they work. Rather, defining who is in need must been seen as a partnership between the social worker, the client and the family, in which the expertise of each is shared and where the social worker assists and facilities the need definition process by the people most directly affected (Ife, 2012).

In his personal account of becoming a social worker, De Montigny (1998) highlights that he found it difficult to make the transition to being a professional social worker coming from a working class home. He argues that it was difficult to believe that social service organisations were about helping, fairness, equality and human dignity, as before becoming a qualified social worker he remembers standing in line for unemployment benefit, needing money and having problems making ends meet. De Montigny states that learning to do social work required the adoption of an alien class perspective and alien ways of being that meant

supressing his own knowledge, insights and class practices. Furthermore, he reports that becoming a social worker demanded that he take up the place and powers of social work which meant entering into the reality of social work and authority. According to Lovelock et al (2004) social work accomplishes an essentially mediating role between those who are or were potentially excluded and the mainstream of society. Therefore, the profession of social work has traditionally sought to strengthen the bonds of inclusive membership of individuals and families as well as the enforcement of social obligations, rules, laws and obligations (Lovelock et al, 2004).

In contrast, Abbott and Meerabeau (1998) question whose interests are served by the caring professions such as social work and nursing, and who benefits from the work that they do. They argue that the caring professions exercise societal control over their clients who are poor and working class, including a disproportionate number of black people, women, people with disabilities, children and elderly people. Thus the caring professions create the object of their intervention, as the neglectful mother, the wayward teenager or the bad patient which result in intervention designed to normalise and to make clients conform to the defined norms (Abbott and Meerabeau, 1998). However, Dominelli (2009) considers another perspective and would argue that, at times, social workers are placed in contradictory positions or those that are oppositional to each other. Tensions between caring for people and controlling them can place social workers in what are called care-control dilemmas (Dominelli, 2009). When concerned with child protection issues, social workers are empowered to take actions which can contradict the wishes of the parent, and through the courts, enforce those actions. Children in local authority care can be placed there precisely because they are suffering or likely to suffer significant harm. While the child is cared for, controls are often being placed on the parents. However, Payne (2005) argues that the work undertaken by social workers and their agencies emerge from the expectations of that society. Payne holds that people shape or construct social work and its agencies by virtue of their own demands and expectation which impacts upon and shapes the course of social work and agency involvement. It is the workers, agencies and clients who shape and develop their nation's political and social agenda due to their own thoughts and actions (Payne 2005).

Subjective reality- the role and pressures of a social worker

It has not been possible to identify a UK study which undertakes a social constructionist view of the recognition of child neglect. However there is literature available which assists with

understanding how subjective reality can influence and or impact upon how a situation is experienced. For example, undertaking assessments is a crucial part of social work practice and Coulshed and Orme (2006) declared these to be the basis for planning what needs to be done to maintain, improve or bring change in the client, the environment, or both. Therefore, when undertaking assessments it is important that a social worker gathers information from various sources such as family members, child and other relevant agencies. Yuen et al (2003) report that, within this process of gathering information, the social worker interprets issues, ideas and activities from their own frame of reference based on their understanding, belief and life experiences. This is consistent with Lupton and Nixon (1999) who highlighted that practitioners view the problems of others through filters of their personal values and beliefs and through the framework and agenda of their organisations. Ryburn (1991: 21) argues that any assessment that claims rigorous objectivity should be treated with caution, stating that in his view 'every statement made in an assessment report by a social worker is as least as much a statement about that particular social worker, in the wider context of her or his role and agency, as it is a statement about those who are being assessed.'

Macdonald (2001) states that human beings seek meaning in practically all walks of life, highlighting that when someone is in a meeting and someone else leaves unexpectedly, it is impossible, not to find oneself running through a number of explanations. Macdonald explains that just to observe and note the phenomenon and not to try to understand, explain or interpret is impossible for humans. Therefore it is not possible that one can simply 'observe' the world and observe situations neutrally or objectively, and to believe that one can do so is a fundamental error (Macdonald, 2001). Accordingly, an assessment is an attempt to make sense of what is going on, to understand why and how things have come about and what the implications might be, and, essentially, trying to seek meaning.

However, Macdonald notes that assessments can be biased in many ways such as through concentrating on the wrong information and ignoring the important information, underestimating the significance of particular pieces of information and overestimating that of other information, and this can lead to errors in interpreting information and drawing conclusions from it. A further problem in assessments is the tendency to form early judgements which then dominate subsequent work. Therefore, when undertaking assessments it is difficult not to come to a view within the first few minutes. However, it is essential to have strategies in place to ensure that the view, irrespective of whether positive or negative, is open to challenge in the light of new information; to ensure that information is sought

which could challenge an established view; and taking care to be confident that the information has been correctly checked and evaluated. It is here where the problems starts. Initial judgements are often highly resilient to change, and once formulated they tend to mould subsequent information-gathering in a confirmatory rather than a disconfirmatory way (Macdonald 2001).

The impact of stress in social work

Regardless of the exceptional demands upon social workers, the profession of social work remains one of the most rewarding and satisfying of careers (Cournoyer, 2005). Social workers attain much contentment from their work with service users, have high levels of commitment, and are confident that they can make a difference to people's lives (McLean and Andrew, 2000). However, Horwitz (2006) warns that social workers are exposed to a range of incidents at work that can have a stressful and negative impact upon them, and he describes this as follows. Social workers listen to clients' stories where they describe factual and emotional information relating to depression, anger and loss. Their work takes place in clients' homes, in schools and within neighbourhoods in which they witness the poverty and abuse that saturate the lives of some clients. Social workers are not always able to provide those services that their families need, and they are involved in decision-making which may remove children from the care of their parents or may allow children to stay in possibly abusive situations. They view their clients' struggles and make decisions which can lead to lessen or increase client distress. Partner agencies can be very negative of their work and clients can present as very hostile, intimidating and even assault them. Horwitz (2006) concludes that, in return for this contact with deprivation and aggression, social workers receive average pay and work in taxing environments only to be criticised for the very problems they are trying to address.

This appears consistent with research undertaken by Jones (2001) of social workers in the UK which uncovered stress and unhappiness. In Jones's interviews with social workers in local authorities in the UK he was met by a highly demoralized, stressed, under resourced, over-regulated (and audited) social work service. Jones states that social workers are often unable to provide the positive support and rehabilitation that are needed by those with whom they are working. He reports that social workers spoke of seeing colleagues cry, walk out of work and disappear from work for hours at a time. Going off sick appears to be one of the most

reported examples of surviving stress, together with social workers reporting feelings of emotional and physical exhaustion by the demands of their work (Jones, 2001).

A study undertaken by Coffey et al (2004) in relation to mental wellbeing and job satisfaction would appear to corroborate the finding of Jones (2001). This study targeted the entire staff of 2 separate social service departments in the UK which comprised four main divisions: Children's Division, Adult Services Division, Directorate and Support Services Division and Adult People with Special Needs Division. From this research Coffey et al (2004) found that mental wellbeing and job satisfaction was poorer than reported in previous studies and the worst affected division was the Children and Families Division. From this study Coffey et al (2004) found that concerns from respondents in the Children and Families Division were being raised in relation to having to undertake too many tasks and prioritising the priorities, which led to feelings of stress for not giving pending work the time required. Furthermore, having to cope with the demands of so many families led to worry that something might be missed which could lead to a child injury or death (Coffey et al, 2004). This would further corroborate a survey undertaken by Unison (2009) in which a third of social workers felt that the systems and procedures implemented since the Laming (2003) report had not improved. Furthermore, 71% of the 353 surveyed social workers reported that caseloads had increased since 2003 (Unison, 2009).

The Personal Response to Stress

The extent to which people experience stress varies from person to person, dependent upon their perception and reaction to a situation (Cranwell-Ward and Abbey, 2005). Howe (2008) states that an individual experiences stress when that person feels that the demand being placed upon them dwarfs their ability to cope. Furthermore, it is an individual perception of the 'demand 'rather than its objective nature that results in an individual feeling stressed (Howe, 2008). Therefore, two people facing the same situation at work may react very differently to the challenge of a demanding job (Howe, 2008). Burnout is a specifically serious component of chronic stress and one that can impair a worker within the human service professions (Collings & Murray, 1996). Maslach et al (1996) highlight three dimensions to the burnout syndrome. The first dimension is when workers feel increased emotional exhaustion so that they feel that they are no longer able to give themselves at a psychological level. The second dimension is where workers experience depersonalisation, responding to persistent stress by developing negative sarcastic attitudes and views about

their clients. The third dimension involves workers experience of reduced personal accomplishment, whereby the worker regards their work negatively and do not feel satisfied with work achievements.

Langan-Fox and Cooper (2011) provide an overview from previous literature of the multiple conceptualizations that describe stress in social work practice. These include burnout, vicarious traumatization, secondary traumatic stress, compassion fatigue, and job stress or tension. Compassion fatigue is due to the consequence of working with individuals who have experienced very stressful life events while also being empathetic and attending to their emotional needs. Job stress or tension may result in response to ambiguous roles, contradictory demands and the forceful nature of organisational culture and climate. Secondary traumatic stress results from the knowledge of a traumatic event experienced by a client in the worker-client relationship. The stress occurs by virtue of wanting to help a traumatised or suffering individual. Psychological distress may occur when the worker experiences distressing emotions or re-experiencing of the client's narrative. Vicarious traumatization may be experienced in situations when the worker experiences the psychological consequences of exposure to the experiences of traumatised survivors such as in child sexual abuse victims or domestic abuse victims. Hellreigel and Slocum (2009) argue that the effect of stress occur in three main areas, physiological, emotional and behavioural. Physiological effects of stress may include increased blood pressure, increased heart rate, sweating, hot and cold spells and breathing difficulties. Emotional effects of stress may include anger, anxiety, depression, low self-esteem and poor intellectual functioning which can include the inability to concentrate or to make decisions. Furthermore, the behavioural effects of stress may include poor performance, non-attendance, impulsive behaviour and difficulties in communication.

Langan-Fox and Cooper (2011) state that stress has substantial implications for social work practice as it can have negative impact upon a social worker's performance, practice, decisions, quality of work and client outcomes. Furthermore, stress may diminish work performance through behavioural and psychological manifestations such as burnout, vicarious traumatization, secondary traumatic stress, compassion fatigue, and job stress or tension (Langan-Fox and Cooper, 2011). Donnellan and Jack (2010) state that stress in social workers can lead to loss of concentration, the inability to handle new information, hasty decision-making and oversimplification of alternatives. In research undertaken by Keinan (1987) into stress and decision-making, it was found that stress disrupted two specific aspects

of attention. Stress resulted in participants jumping to conclusions too quickly without having considered all their options, and participants undertaking an unsystematic, poorly organised review of their available options. Thomson (2010) argues that in times of decision-making information goes through a thorough filtering process based on numerous factors. Furthermore, Thompson (2010) states that individuals have their own personal paradigm lens for perceiving the world. This includes a filtering component such as age, gender and ethnicity which influences how the world is observed and sense made of it. During the perception process the brain searches for patterns and fills in the missing information. Therefore, stopping at the first recognisable pattern is a typical behaviour under stress.

Summary of literature review

The outcome of the literature review is clear in that child neglect is a serious problem and that there is a lack of research on child neglect in the United Kingdom. Evidencing child neglect is not as simple as evidencing cases of physical or sexual abuse. In cases of physical and or sexual abuse one can see the scars or marks, or a medical examination can confirm elements of sexual abuse. However, with child neglect the scar and/or marks are not visible and therefore

> because neglect is usually characterised as being of long duration, such a case may easily slip to the bottom of a worker's list of action priorities until a child is clearly put at risk (Swift, 1995: 7).

Although social workers work to the child neglect definition provided in Working Together to Safeguard Children (HM Government 2015), research has indicated many issues with the definition and thus is it possible that there is an element of social workers evidencing neglect from a biased personal perspective. If this is the case then it may indicate that although social workers work to a definition, the evidence of child neglect may be produced through the process of a social worker's social construction of reality. Furthermore, there is a suggestion from the work of Stone (1998), Scourfield (2000) and Horwath (2005) that social workers place an emphasis on different elements of child neglect and that this may be due to dominant discourses within teams or simply due to individual difference. Additionally, a career in child protection provides a rewarding and satisfying career but this satisfaction can come at a high price. This is experienced through high caseloads, feelings of emotional distress from working on complex and distressing cases, public loathing of social workers through media criticisms of social workers in child deaths and general feelings of stress and overload.

Although, it is acknowledged that response to stress is individual from person to person there is a suggestion that working in a child protection environment can have a negative impact upon social workers. It is possible that feelings of stress in social workers or in any person irrespective of what type of work they are involved in will have an impact on their work output. In social workers this could lead them to finding it difficult to manage information and as cases of child neglect are not particularly easy to analyse, feelings of stress could lead to heightened levels of anxiety and potentially incorrect decisions, increasing the risk of leaving children in potentially vulnerable situations.

CHAPTER 3: METHODOLOGY

Approach to the research

Research can be described as a systematic inquiry, whereby data are assembled, analysed and interpreted in order to understand, describe, predict or control a phenomenon, or to empower individuals or communities (Mackenzie and Knipe, 2006). While the primary objective for a research process is to increase knowledge, the type and legitimacy of that knowledge depends on the theoretical framework and philosophical stance on which the research methodology is based (Mackenzie and Knipe, 2006). Furthermore Mackenzie and Knipe (2006) state that methodology is the overall approach to research linked to the paradigm or theoretical framework while the method refers to systematic modes, procedures or tools used for collection and analysis of data. This research will be undertaken using a pragmatic paradigm with a mixed methods design. This involves collecting, analyzing and mixing quantitative and qualitative data during the research process within a single study, to better understand the research problem (Creswell and Clark, 2007). Mixed methods' researchers generally utilize methodological diversity (Teddlie and Tashakkori, 2011: 295) which contends that, 'we are free to combine the best methodological tools in answering our research questions.' Such an approach is based on the philosophy and positioning of pragmatism which suggests that finding solutions to problems is of greater importance than the method used to solve those problems. Pragmatists follow a philosophy of paradigm relativism which encourages the use of whatever methodological approach for the issue being studied (Tashakkori and Teddlie, 1998). Pragmatism does not assert that any one philosophy of the nature of knowledge and reality is correct, instead, it allows the use of many techniques and methodologies in the assistance of solving a problem. Thus the problem is of key importance and truth is what works at the time (Creswell, 2003). For the mixed methods researcher, pragmatism allows for multiple methods, different worldviews, and different assumptions and is not committed to any one single system of philosophy and reality. It also allows for different forms of data collection and analysis in the mixed methods study (Creswell, 2003).

In order to provide a theoretical perspective and understanding, the work of Ward et al (2014) highlights that professional social work assessments are subject to different interpretations and are informed by the values of an organisation and its practitioners and by the social and political context in which they are working. For instance, practitioners, teams and social work agencies can all hold subtly different positions on the ethics of care and adoption, and the

extent to which they are in tune with the dominant political agenda in this area; these positions will colour their interpretations of information and the decisions they make concerning families (Ward et al, 2012). Cultural expectations and personal factors may also influence interpretations of some situations, including those involving domestic violence or neglect (Ward et al, 2012). The literature review has discussed definitional issues surrounding child neglect and highlighted that defining and identifying the presenting features of neglect are difficult and it is widely recognised as challenging. The definition of neglect is subjective and often relies on practitioners making a judgement about the adequacy of ongoing care within a child and family context (Appleton, 2012). In order to understand this potential for difference, the role of social constructionism in this context is considered.

Interpretation and subjectivity can be aligned with the social construction of reality based upon the idea that our perception of what is real is determined by the subjective meaning that we attribute to an experience (Berger and Luckman, 1967). The theory maintains that the reality is a construction in the mind of the viewer and it is constructed from the putative information, stimuli and data from the environment shaped by the viewer's values, culture and experiences (Hardcastle, 2011). Furthermore, 'meaning,' is the major factor in the social construction of reality and it builds upon the idea that: 1) physical reality may exist but its social meaning is constructed; 2) physical events may exist but the meaning is a social construction; 3) the social construction reflects the self-interest and social power of those constructing it. Hence, Anderson and Taylor (2009) state that there is no objective reality in itself: things do not have their own intrinsic meaning and we subjectively impose meaning on things. Furthermore, Anderson and Taylor (2009) argue that individuals force meaning on something when doing so allows them to perceive what they want to perceive, albeit when that perception seems to someone else to be contrary to the fact. A classic and convincing case study of this is Hastort and Cantril's (1954) 'They saw a game'. Students from Dartmouth University and Princeton University watched a motion picture replay football game between the Dartmouth Indians and Princeton Tigers within which there were lots of fouls and much controversy at the time. The students involved were asked to count the number of fouls by both sides and both university groups reported that they saw the other team commit many more. Therefore the results indicated that the game was actually many different games and that each version of events that transpired were just as real to each individual as the other versions were to the other individuals. Therefore, as Anderson and

Taylor (2009) suggest, we see the 'facts' we want to see by virtue of our social construction of reality.

Our perceptions of reality are regulated by what sociologists call the 'definition of the situation.' This is explained by Thomas (1923: 103) who states that, 'the child is always born into a group of people among whom all the general types of situation which may arise have already been defined and corresponding rules of conduct developed and where he has not the slightest chance of making his definitions and following his wishes without interference.' Therefore, individuals do not create their definitions of the situations but they select among pre-existing definitions when determining the meaning of an event of an encounter (Appelrouth and Edles, 2011). Therefore, Thomas argues that an individual acts on the basis of the meaning attributed to the situations or stimuli that is confronted. Moreover, Thomas's dictum suggests that reality is itself created through the definition of the situation because it lays the foundation on which individuals will interpret their own and others' actions. Cuff et al. (2006) state that there is nothing innate in the situation and that people may see the same situation differently. Cuff et al. (2006) argue that the reason that individuals interpret their situation differently is because the meaning of the situation for the individual is viewed as originating with the individual, as being a meaning with which the individual imbues the situation.

This is also known as socialisation whereby the self will only appear out of social interaction, signifying that we are not born with an already made self (Dillon, 2010). It is socialisation which teaches the self how to recognise and interpret everything in the social environment (Dillon, 2010). Mead (1934) advises that self is not present at birth but developed in the process of social experience and activity which occurs as a result of the individuals' relationship to the whole process. Dillon (2010) states that in the process of socialisation it is the family which is the main factor, as it is an individual's initial source of socialisation and because the effect of this socialisation continues over a large period of time. Therefore, Dillon (2010) concludes that the different family compositions, formations and differences in people's individual social environment in respect to gender, race, social class, culture will provide different influences on and contexts for the development of the self.

This can be further explained and related to social workers who work in teams by using the concept of social representation. This concept was introduced by Serge Moscovici (1983) who maintained that people's beliefs are socially constructed; they are shaped by what other

people believe and say and they are shared with other members of one's community, which can be applied to a social work team.

> Our reactions to events, our responses to stimuli, are related to a given definition, common to all the members of the community to which we belong (Moscovici, 1983: 5).

This can relate directly to how social workers might interpret experiences and can differ between different groups too. Hogg and Vaughan (2014: 103) would define this as a 'consensual understanding shared among group members.' They emerge through informal everyday communication. They transfer the unfamiliar and complex into the familiar and straightforward and thus provide a common sense framework for interpreting experiences (Hogg and Vaughan, 2014). An individual or a specialist group (child protection social work team) develops a sophisticated, non-obvious, technical explanation of a phenomenon. This attracts attention and becomes widely shared, popularised, simplified, distorted and ritualised through informal discussion. It is now a social representation, an accepted, unquestioned common-sense explanation that ousts alternatives to become the orthodox explanation (Hogg and Vaughan, 2014).

Therefore, whilst the research is being undertaken using a pragmatic approach it is important to understand that the research is based on knowledge through understanding how humans perceive reality. In the context of this research, social workers use the definition of child neglect for the purpose of assessment, thus the matters arising from interpretation and subjectivity relating to assessment and definition may be explained through the social construction of reality. As stated by Creswell (2003: 11) the pragmatic paradigm places 'the research problem' as central and applies all approaches to understanding the problem. Therefore, I have used the theory of the social construction of reality to allow for understanding 'the research problem' or in this case to provide a view, as much as possible on the how a participant may view the situation being studied (Creswell, 2003). In line with keeping the research question 'central', data collection and analysis methods were chosen as those most likely to provide insights into the question with no philosophical loyalty to any alternative paradigm (Mackenzie and Knipe, 2006).

Johnson and Onwuegbuzie (2004) state that for more than a century the advocates of quantitative and qualitative research have been engaged in disagreement. Quantitative purists assumptions are based upon a positivist paradigm which include the following: a single

objective reality, cause and effect relationships, time and context-free generalisations are possible and desired and researchers remain detached and uninvolved with the participants of the study. Alternatively, qualitative purists adopt an interpretivist paradigm with the following assumptions: there are a multiple realities, cause and effect relationships are difficult to distinguish and not of interest, the researcher and participant are inseparable and context-free generalisations are not possible. Both sets of purists view their paradigms as the ideal for research, and, indirectly if not directly, they advocate the incompatibility thesis (Howe, 1998). This suggests that quantitative and qualitative research paradigms and their respective methods are incompatible with one another and cannot be combined. However, Ary et al (2010) argue that the mixed methods approach rejects the purists' paradigm in favour of a pragmatic approach. Instead of choosing between methods which have in the past being considered paradigmatically incompatible, pragmatism focuses on what works to answer the research question (Tashakkori and Teddlie, 1998). Pragmatism shifts energies away from philosophical underpinnings and focuses on actions. The goal of mixed methods is not to replace qualitative or quantitative approaches but rather to combine both approaches in creative ways that utilise the strengths of each within a single study (Ary et al, 2010).

Creswell and Clark (2007) state that mixed methods research provides strengths that offset the weaknesses of both quantitative and qualitative research. According to Creswell and Clark the argument is based upon the idea that quantitative research is weak in understanding the context of setting in which people talk. The voice of participants is not directly heard and researchers are in the background whereby their own personal biases and interpretations are seldom discussed. In the case of qualitative research its potential deficiency is in the personal interpretation made by the researcher, the ensuing bias created by this and the difficulty in generalising findings to larger groups because of the limited number of participants.

According to Terry (2015) some of the advantages of a mixed method research are that (1) it allows the use of narrative to add meaning to numbers; (2) it can be used to study large numbers of people; (3) it can be used to describe complex phenomena; (4) it can answer a broader and more complex range of questions because the researcher is not confined to use if a single approach to the research; and (5) it can reveal insight that would not have been evident with use of only one research method and it can increase the generalizability of the results to a larger population. However, some of the disadvantages of mixed method research are that (1) it will require the researcher to have a thorough understanding of the intricacies of each method in order to successfully combine them; (2) it will require the researcher to

interpret accurately conflicting results; and (3) it can be more time consuming than the use of quantitative or qualitative research alone due to collecting two methods of data collection and analysis.

Nevertheless, this study used a mixed method design as described by Creswell and Clark (2007). This is where a survey study includes open and closed ended questions. Qualitative responses were analysed to validate and explore further quantitative findings. The qualitative data consisted of long responses as well as short sentences and brief comments. Although these were limited in terms of the type of qualitative data that involves rich context and detail, the approach was consistent with a mixed methods design. Therefore an online survey was developed. The goal of the quantitative research questions was to examine the data for frequencies, provide percentages of totals in order to make comparisons between variables. The goal of the limited qualitative research questions within the survey was to collect textual data following quantitative questions to allow opportunities to participants to explain further their chosen responses. The rationale for this approach is that the quantitative data and results provide the general picture of the research problem while the qualitative data and its analysis refine explanation of those statistical results by exploring participants' views in more detail.

There are a number of strengths in using quantitative research questions as part of an online survey. These are valuable in gathering large and organised information in the form of numerical data. Quantitative questions allow the researcher to measure and compare variations (Seale, 2004). Silverman (2005) states these allow the researcher to feel confident about the representativeness of a sample for broader inferences. The information gathered from quantitative research questions alone may preclude explanation of why things happen. Therefore, using a pure quantitative research design is not wholly suitable for exploratory enquiry and so within the online survey a limited number of qualitative research questions allowed participants to provide detail and both qualify and clarify responses on particular questions. Evan and Mathur (2005) highlight numerous strengths and potential weaknesses of online surveys. Strengths include large samples which are easy to obtain and have the advantages of convenience, speed, timeliness and ease of data entry and analysis. Potential weaknesses include skewed attributes of an internet-based population, a low response rate, lack of opportunity to clarify queries about answering instructions and internet privacy issues. In order to contest with the potential weaknesses it was important to ensure that the survey was user friendly and clear in terms of answering instructions. A participant information sheet was provided making it absolutely clear that all answers would be treated in confidence.

Sampling and participant recruitment

The British Association of Social Workers (BASW) is the largest professional association for social work in the UK. The proposed research has passed through BASW's Policy, Ethics and Human Rights Committee and agreement was gained with BASW to feature publicity for this research study within its e-bulletins. This included a link to the questionnaire survey which was sent to all BASW members in England.

BASW members are made up of five categories which consist of student social workers, newly qualified social workers, experienced social workers, self-employed social workers and those who have retired from the profession. BASW members are divided into one of four areas, dependent upon their location, which are England, Northern Ireland, Scotland and Wales. BASW members from England formed the sample group as they work with the definition of neglect identified within the proposed research. At the end of September 2012 there were 14,558 BASW members in total and no detail of the number specifically for England was released to the researcher (BASW, 2013). This meant that participants could be drawn from any of the five categories, and no exclusions were applied on grounds of sex, ethnicity, length of experience or place of work. A large majority of BASW members are based in England, so the potential population from which to sample was in the order of several thousands. No further estimate was possible despite requests made of BASW.

Given there was no firm basis on which to estimate the likely number of responses, a Local Authority in the North West of England was also approached with the aim of increasing potential response rates. The Operational Director of Children's Services agreed for the survey link to be emailed to all social workers who work within all five departments consisting of Children in Need and Protection, Fostering, Adoption, Children in Care and Care Leavers and the Safeguarding Unit. Employees within these respective departments include the Operational Director, Divisional Managers, Senior Managers, Principal Managers, Independent Reviewing Managers, Practice Leads, Social Workers and Newly Qualified Social Workers. At the time of writing there were approximately 90 employees collectively and these include permanent and temporary staff.

Data collection

Data collection was undertaken by using an online questionnaire survey, i.e. the Bristol Online Survey tool. The link to this survey was publicised via a BASW e-bulletin for BASW

members and the survey link was also emailed out to all Social Workers within the selected Local Authority. The survey took the form of five sections with 21 questions altogether. These questions have been developed taking into consideration previous research and literature and consisted mainly of closed questions with a limited number of open questions. The closed questions had predetermined response categories from which participants could choose and the open questions allowed participants to elaborate further on a particular closed question if they wished. The survey was made available between the period 3rd September 2014 and 4th September 2015, after which attempts to access the survey prompted a message that the survey was closed.

Questionnaire

The survey was split into five sections. The first section is the demographic data section. Demographic data provides the basis for comparison groups and is the information that describes or characterises the subject or sample (Blessing, 2013). Therefore as this research is aimed at social work practitioners the questions within this section relate to identification of gender, time served as a qualified social worker, time spent working within a children and families service, ethnicity, geographical area and job role. The categories which have been used within the ethnicity table have been taken from the Health and Care Professionals Council (HCPC, 2014) equality and diversity monitoring form which is used by all applicants who must register with the HCPC, including social workers. The categories which have been used within the geographical area have been taken from the Office for National Statistics (ONS, 2013). They provide a breakdown of the different regions within UK although the survey questionnaire does not include Scotland, Wales and Northern Ireland, as the questionnaire was only sent to the members of BASW within England.

The second section consists of three quantitative and one optional qualitative question(s) which relate to caseloads and the proportion of the practitioner's cases featuring neglect and of those how many featured neglect as a primary concern. These are closed questions and allow for a choice of responses which range from <25% to 75-100%. Information from the Department for Education (2014) highlights that between the period 2013-2014 there has been an increase in the number of children in need to 397,600 which is an increase of 5.0% from the previous year. During this period abuse or neglect continued to be the most common primary need increasing from 45.5% to 47.2%. The number of children who were the subject of a child protection plan at 31st March 2014 was 48,300, which represented an increase of

12.1% from 43,100 at the same point in 2013, therefore child neglect continued to be the largest category for which children were made subject to child protections plans. It was anticipated that the response would reflect information highlighted by the Department for Education that neglect continues to be a primary concern and a major feature of caseloads. The final question like the majority of the remainder of the questionnaire followed a Likert scale format which consisted of a statement offering 5 available responses which range from strongly agree (= 1) to strongly disagree (= 5). The statement within this section refers to participants' level of comfort managing risk within their current caseload. If the participants response ranged between neither disagree or agree to strongly disagree there was an option which allowed the participant to expand further and indicate why. The purpose of this question was to assess the individual's perception of risk with their caseload. This was designed to determine whether there were any factors which might hinder the identification of neglect such as issues relating to stress, high caseloads or lack of management support.

The focus on the third section is on the identification of child neglect and factors likely to impact on this aspect of social work practice. Literature highlights the definitional issues which are associated with the working definition of child neglect in England (Corby, 2007; Munro, 2008). Therefore, the first statement in this section refers to the perceived usefulness of the Working Together to Safeguard Children (2015) definition. There is an option available to participants to expand further with a qualitative comment if their response ranges from neither agree or disagree to disagree or strongly disagree. Following this is a question which focuses on the factors significant in the identification of child neglect. The factors highlighted within the questionnaire have been taken from Stone (1998) who identified 35 different factors identified by practitioners as potentially significant in the identification of child neglect, but there was not one particular factor which could be taken alone to define neglect. Therefore, this question has been included to ascertain whether there are any consistent factors reported by practitioners in the identification of neglect. These were arranged under five subcategories which are child, parent/ caregivers, family dynamics, compliance and social factors.

Following this there are three further statements which follow the format of a Likert scale. These statements have been taken from the work of Jan Horwath and given their relevance, two of these have been incorporated within the questionnaire to permit direct comparison of responses. Horwath (2005: 104) reported that participants were asked in a questionnaire whether or not they agreed with the following statement, 'whether we like it or not, if one of

the carers is physically aggressive we may tolerate standards of care that we would not accept among less aggressive carers.' There was a distinct difference in the response between social workers and managers with 27.6% of practitioners agreeing, 33.3% unsure and 36% disagreeing. Among the seven managers who answered this question six disagreed with the statement and one was unsure. Furthermore, within the study undertaken by Horwath (2005: 103) participants were asked whether, 'communication with the child influenced their decision making.' Responses varied with 48.7% of participants reporting that it influenced their decision making all the time, 30.8% of participants reported that it influenced their decision making some of the time and 5.1% claimed never being influenced by this factor. In order to compare response rates this statement has been included within the questionnaire. The final statement within this section is in response to the work by Horwath (2005) in which she states that differences in the interpretation of child neglect lead to inconsistencies in the way neglect is assessed and there are differences of judgement about what constitutes good enough parenting, even among professionals within the same team. Therefore, in order to test this a Likert scale statement ascertains the level of agreement on the nature of neglect amongst members of the same professional group. Where participants indicate there is a lack of agreement there is a qualitative option for the participant to expand further on this and provide further clarification about why and what can be done to rectify this lack of agreement.

The fourth section focuses on the guidance tools/ resources which are designed to help in the identification of neglect. The first question allows the participant to choose from a variety of options with regard to the guidance, procedures or tools to indicate what they use in the identification of child neglect. In a study undertaken by the NSPCC (2012) sixteen statements were offered for social work participants to select in order to reflect their experience of dealing with child neglect. Their findings showed that social work professionals highlighted that there are a lack of tools to effectively measure and evidence neglect. Therefore this item was inserted in order to provide a comparison of the options available. A second question follows this up by explicitly asking practitioners to indicate their relevant training. The final question relates to the NSPCC (2012) study whereby 45% of 242 social work participants highlighted a lack of understanding of the cumulative effect of on-going neglect. In order to assess this a Likert scale assesses whether participants feel equipped to work with families in cases of child neglect. There is an option for participants to expand further on this if they select a response in the negative.

The fifth section focuses on the health and well-being of practitioners and consists of three questions relating to their capacity to carry out their role. In 2013 Community Care reported findings from their survey of more than 1000 frontline social workers which showed that 96% reported feeling moderately or very stressed. Therefore, in order to form a comparison a Likert Scale measures whether social workers feel stressed by their job, followed by an option for participants to expand further on this if they select a response in the positive. The impact of stress upon social work practitioners and potential consequences is well documented through the work of Horwitz (2006) and Langan-Fox and Cooper (2010) and is referred to within the literature review. Therefore, in order to provide a context to this a Likert scale measure assesses to what degree the practitioner perceives work-related stress affects their ability to do their job. Once again this question is followed by an option for participants to expand further on this if they select a response in the positive. The final question is in response to the findings of studies by Coffey et al (2004), Unison (2009) and Lord Laming (2009) which reported increases in caseloads and accompanying difficulties in managing work. A Likert Scale is used to assess personal capacity to address neglect within the social worker's workload and to what degree this might make it difficult to follow up every aspect of a case where they have concerns.

Data analysis

Descriptive analysis of data was calculated and is presented in tables to provide an overview of the results obtained. These are represented in the format of percentages and the number of responses to ensure a clear view of findings. Furthermore, the Statistical Package for the Social Sciences (SPSS) has been used in order to test for associations between all variables, calculating chi-square statistics and correlations where appropriate. As continuous variables, relationships between years qualified and working as a social worker and all of the ordinal level Likert scale questions were explored using the non-parametric Spearman's correlation test. In order to explore associations between levels of agreement/disagreement in each of the Likert scale questions, chi square tests were used as this type of variable with a restricted range of scores was more suited to analysis as categorical data. In using chi square, Fisher's exact probability tests were deployed and are reported in the results section to statistically account for categories containing less than five responses (Mehta and Patel, 2012).

In respect of the open questions, given the limited number of qualitative responses received, all responses will all be included verbatim as reported. Whilst there were qualitative elements

of open questions within the research questionnaire the data received from the open questions was limited and thus the data collection is predominately based on quantitative data.

<u>Ethical approval</u>

On the 21st July 2014, the proposed research was approved by the Research, Innovation and Academic Engagement Ethical Approval Panel at the University of Salford. However, prior to approval from the Ethical Approval Panel at the University of Salford the researcher gained approval, on the 4th December 2013, from BASW's Policy, Ethics and Human Rights Committee. This led to BASW agreeing to include a link to the survey within an e-bulletin to all members in England. However, due to the period it took for the research to gain approval from the Ethical Approval Panel at the University of Salford, it was not until the 23rd September 2014 that the link to the questionnaire survey was sent out by BASW. Furthermore, between the period of 6th October 2014 and 10th October 2014 discussions were held between the researcher and the Divisional Manager and Operational Director for Children Services within a Local Authority about the possibility of emailing the survey to all social workers working within the Children's Services departments. On the 17th October 2014, the Operational Director agreed to this request and the email link was sent to social workers within Children's Services of the Local Authority by a Senior Administrative Worker on the 17th October 2014, with a follow up email sent on the 24th October 2014.

In order to publicise the survey, on the 12th October 2014 further contact was made with BASW whereby a request was made to include the link to questionnaire survey within the next three e-bulletins to all members in England. On the 20th October 2014, correspondence was received from the BASW Marketing and Communications Manager which indicated that the link to the questionnaire survey would feature within the next e-bulletin, but that would be the final occasion. On the 29th October 2014, the BASW Marketing and Communications Manager confirmed that the next e-bulletin would be sent to BASW members on the 20th November 2014 and this e-bulletin would contain a link the questionnaire survey. This was the final e-bulletin containing the link to the questionnaire survey sent out to BASW members

Ethical issues

A risk-analysis approach was adopted (Long & Johnson 2007). The main risks to participants was the potential for breach of confidentiality and perceived coercion and these have been discussed below.

Confidentiality

Data has been kept only for the declared purpose of the study and not disclosed to third parties without the consent of the individual participant, and it will be retained for the period proposed by the British Psychological Society. There were no guidelines available from the Health and Care Professions Council regarding data retention. The British Psychological Society advise that in relation to data retention: the Good Practice Guidelines for the conduct of psychological research within the NHS outlines within its Data Storage Section; If the research is to be published, most scientific journals require original data (including videos and transcripts) to be kept for 5 years. If it is not to be published then the data should be kept for 1 year (British Psychological Society, 2005). Therefore, data has been kept only for the declared purpose of the study. Since service users are not involved, data will be retained by the researcher until six months after the end of the study to allow for publications to be completed. After this, the data will be retained by the supervisor for a period of five years from the date of completion of data collection, and then securely destroyed.

Data will be used to compile the thesis and to prepare publications and conference presentations, but no names or personal details will be included. Participants were not asked to divulge their name or other identifying details. Each response has been identified by a research number. The data is stored within the Bristol Online Survey database which is password-protected, restricted to the researcher and supervisor.

Anticipating perceived coercion

The e-bulletin sent by BASW to their members and the email sent to social workers at the selected Local Authority allowed potential participants to click into the survey link. This opened a page divided into two sections, a welcome section and data protection confidentially and consent section. The welcome section provided an introduction and at the bottom of this section was a link to the participant information sheet. The participant information sheet emphasised that names, personal details or organisational details were not required, and that participants did not have to answer any questions with which they felt uncomfortable. The

data protection, confidentiality and consent sections reinforced these issues and prior to the potential participant clicking into the survey there was a section stating that:

In continuing to complete the online survey and submitting your responses, you are confirming that you
* have read and understood the participant information sheet;
* understand that your participation is voluntary and that you are free to withdraw at any time prior to submitting your responses without giving a reason;
* understand that all the information provided will be treated in confidence;
* understand that given the anonymous nature of the survey, it is not possible to withdraw your responses once you have completed the survey and submitted your responses;
* will not disclose information that will identify specific individuals, organisations and/or cases;
* agree to take part in the study.

In order to ensure neutrality and to avoid any form of coercion within the children's services departments of the local authority where I was working, who had agreed to take part in the research, there was no direct contact made with anyone other than the Operational Director, Divisional Manager and Senior Administrator. Once approval had been sought from the Operational Director that the children's services department within the local authority would participate a Senior Administer sent out two emails, at different times, to the survey link. There was no further discussion held with anyone in the local authority about the research or any persuasion of any of the employees within the children's services department.

In undertaking the research there was no direct contact made with participants, in terms of interviewing participants, and no way that they could have been traced or identified unless participants identified themselves within their responses, which they were advised against doing in the participant information sheet. Nevertheless, the Children's Services Department within a Local Authority in the North West of England who agreed to take part in the research were known to me in a professional capacity and it is possible that some of the participants may have been cautious in the responses that they provided. If participants' experiences have been negative then they may have purposefully omitted information, especially if they are aware that the researcher has a professional responsibility to act on any disclosed information (Jack, 2008).

Richard and Emslie (2000) conclude that the disclosure of the researcher's professional role and the participants perceptions of that role have the capacity to influence qualitative data shared. This may be more pertinent within my research as even though my research contained limited qualitative questions but no interviews, I was professionally involved with the Local Authority in a management role at the time of the research. It is therefore possible that some of the responses may well have subliminally filtered through differing roles and relationships, such as stranger- stranger, researcher- participant, friend-friend, manager-worker or social worker-social worker (Jack, 2008).

CHAPTER 4: RESULTS

Demographic data

The results consist of the responses from 60 participants. These originate from 14 males, 44 females, one transgender participant and one participant who did not wish to disclose their gender. Their experience as qualified social workers ranged between none to 35 years (average = 10.83 years; standard deviation = 8.59 years) and their experience of working within a children and families' services ranged between one year and 30 years (average = 10.30 years; standard deviation = 7.78 years). 48.3% of participants identified their ethnicity as British, followed by 28.3% categorising themselves as English. Smaller other categories included African (5.0%) and equal percentages identifying their ethnicity as Pakistani, Irish and any other White background (all 3.3%), followed by Scottish, Welsh and Caribbean (all 1.7 %).

Participants identified themselves as residing in all the geographical areas in England. The largest identified geographical area was the North West (46.7%), followed by the South East (11.7%), East Midlands, London and South West (each with 8.3%), West Midlands (6.7%), the North East, Yorkshire and the Humber and the East (each with 3.3%). Social workers were the largest group of participants (50%), followed by team managers (23.3%), advanced practitioners/ senior social workers and senior managers (10%) and assistant managers (6.7%).

Caseload section

Table 1

What proportion of your current caseload features aspects of child neglect?		
	Percentage of cases	Number of cases
Less than 25%	18.3%	11
26-50%	15%	9
51-75%	20%	12
76-100%	18.3%	11
Do not hold a caseload	28.3%	17

The results from Table 1 indicate that child neglect is a significant feature of caseloads. 38% of social workers reporting that neglect features in over half of their casework, whilst a further 33% of respondents report that neglect features in up to half of their casework. Research by Community Care (2013) featured the same question and at the time of their survey they found that 61% of social workers reported that child neglect features in over half of their casework.

Table 2

What proportion of your current caseload features child neglect as the primary concern?		
	Percentage of cases	Number of cases
Less than 25%	28.3%	17
26-50%	20%	12
51-75%	15%	9
76-100%	8.3%	5
Do not hold a caseload	28.3%	17

The results from Table 2 indicate that 48% of social workers report that child neglect is the primary feature of up to 50% of their casework. Furthermore, 23% of social workers identified it as a primary concern in over half of their casework. Research by Community Care (2013) again featured the same question and found a slightly higher proportion of 36% of social workers identifying child neglect as a primary concern in over half of their casework.

Table 3

I am comfortable with the level of risk that I am currently managing in my caseload		
	Percentage of responses	Number of responses
Strongly agree	11.7%	7
Agree	48.3%	29
Neither agree or disagree	16.7%	10
Disagree	13.3%	8
Strongly disagree	10%	6

Table 3 indicates that 60% of social workers are comfortable with the level of risk that they manage in their caseload. However, 23% of social workers are not comfortable with the level of risk they manage in their caseload.

This question included an option available to participants' to expand further if their response ranges from neither agree or disagree, disagree or strongly disagree Qualitative responses received were as follows:

'I need more time to complete my write ups.'

'Too many cases to manage the complexity and degree of neglect.'

'Caseload is too high to ensure enough time is spend with families working on the issues.'

'I am carrying more cases than I can handle.'

From the qualitative data received it would appear that the main issue relates to high caseloads.

Identification of child neglect

Table 4

The Working Together to Safeguard Children (2015) definition of child neglect clearly helps me in the identification of child neglect		
	Percentage of responses	Number of responses
Strongly agree	8.3%	5
Agree	55%	33
Neither agree or disagree	26.7%	16
Disagree	5%	3
Strongly disagree	5%	3

Table 4 indicates that 63% of social workers find that the Working Together to Safeguard Children (2015) definition of child neglect clearly helps them in the identification of child neglect. However, 10% of social workers do not find that the definition clearly helps them in the identification of child neglect. This question included an option available to participants' to expand further if their response ranges from neither agree or disagree, disagree or strongly disagree. Qualitative responses received were as follows:

'Too broad.'

It is OFSTED based and designed to provide that body with an easier access to data, and appears to forget the fact that we are working with people, culture and beliefs.'

'It may be beneficial to outline what would be considered serious impairment.'

Table 5

Top 10 significant features of child neglect comparing current results with Stone (1998)		
Top 10 features	Stone (1998)	Current study
1	Parents/ caregivers- Poor parenting of caregivers	Child- failure to thrive
2	Parents/ caregivers- Disorganisation/ mismanagement	Child-Lack of stimulation
3	Compliance- Family known to SSD	Child-poor hygiene
4	Social factors- Poverty/ deprivation	Child-Hunger/ feeding problems/ inadequate diet
5	Social factors- Unemployment/ reliance on benefits	Child-Delayed development
6	Family dynamics- High stress levels	Parents/ caregivers- Poor parenting skills
7	Parents/ caregivers- History of neglect/ abuse in caregivers	Family dynamics- Parent's needs first
8	Social factors- Poverty/ deprivation	Child-Health problems/ inappropriate medical requests
9	Family dynamics- Parent's needs first	Parents/ caregivers- Substance misuse
10	Compliance-Failure to keep appointments	Compliance-Failure to keep appointments

Table 5 provides results of the top ten significant features of child neglect. The results indicate a contrast in findings between Stone (1998) and the current research project. In order to be able to compare findings directly, this question was replicated from Stone's study. Stone (1998) broke down the significant features of child neglect into 6 areas which consisted of further categories within each area. The 6 areas were: child, parent/ caregivers, family dynamics, supervision, compliance and social factors. Stone's categories are not all in descending order as some were rated equally. However, it has been interesting to note that the results from the current study indicate an emphasis on categories directly related to the child, whereas, in the Stone (1998) study there is no mention of any category relating to the child. Relating the current findings to practice review as indicated by OFSTED (2014: 19) highlights that 'Some assessments focused almost exclusively on the parents' issues rather than on analysis of the impact of adult behaviours on children.' This raises the question whether the complexity of some of the adult lives becomes the focus of the work as the parents' needs are so great, and professionals lose their focus (OFSTED, 2014)

Table 6

Whether I like it or not, if one of the carers is physically aggressive I may tolerate standards of care that I would not accept among less aggressive carers		
	Percentage of responses	Number of responses
Strongly agree	3.3%	2
Agree	11.7%	7
Neither agree or disagree	3.3%	2
Disagree	38.3%	23
Strongly disagree	43.3%	26

Table 6 indicates that 15% of social workers report that, if one of the carers is physically aggressive they may tolerate standards of care that they would not accept among less aggressive carers. However, 82% of social workers report that they would not. This response can be contrasted to findings made by Horwath (2005) which found fairly even response rates to the same question with 27.6% agreeing, 33.3% unsure, and 36% disagreeing.

Table 7

Communication/ interaction with a child influences my decision-making		
	Percentage of responses	Number of responses
Strongly agree	41.7%	25
Agree	55%	33
Neither agree or disagree	3.3%	2
Disagree	0.0%	0
Strongly disagree	0.0%	0

Table 7 indicates that 97% report that communication/ interaction with a child influences their decision-making. This response can be contrasted to findings made by Horwath (2005) which found a varied response to the same question. Similarly Horwath (2005) found that 48.7% stated that it influenced their decision-making all the time, 30.8% some of the time and only 5.1% claimed never to be influenced by this factor.

Table 8

There is a lack of agreement on the nature of neglect amongst members of the same professional work group		
	Percentage of responses	Number of responses
Strongly agree	15%	9
Agree	45%	27
Neither agree or disagree	13.3%	8
Disagree	25%	15
Strongly disagree	1.7%	1

Table 8 indicates that 60% of social workers report that there is a lack of agreement on the nature of neglect amongst members of the same professional work group. However, 27% report that this is not the case. This response is surprising given the response to the question in Table 4. Table 4 indicates that 63% of social workers find that the Working Together to Safeguard Children (2015) definition of child neglect clearly helps them in the identification of child neglect. Yet the response to this question indicates a lack of agreement on the nature of neglect from members of the same profession. If the definition of child neglect clearly

helps in the identification of neglect then one would expect there to be a consensus on the nature of neglect, yet this is not the case.

This question included an option available to participants' to expand further if their response ranges from strongly agree, agree or neither agree or disagree. Qualitative responses received were as follows:

 'People have different definitions of neglect due to either life experiences, or experience within the profession.'

'Home conditions is often an area of disagreement.'

<u>Child neglect resources</u>

Table 9

What guidance, procedures or tools do you use in cases of child neglect?	
	Number of responses
The Framework for the Assessment of Children in Need and their Families (2000)	46
Working Together to Safeguard Children (2015) definition of child neglect	44
The Children Act 1989	36
Home conditions assessment tool	26
Graded Care Profile	22
The tools to measure neglect effectively are not available	14
Other	14
None	1

Note: Numbers rather than percentages are reported as more than one answer could be indicated by respondents.

Table 9 highlights that the most used guidance, procedure or tools are the Working Together to Safeguard Children (2015) definition of child neglect and the Framework for the Assessment of Children in Need and their Families (2000). This is the same definition which has been noted within this questionnaire to help with the definition of child neglect and yet which results in the lack of agreement on the nature of neglect within the same professional group. The top three results within Table 9 are guidance and procedures whereas actual tools to identify child neglect have scored much lower. This would appear to be consistent with the findings from the NSPCC (2012) study which indicated that social work professionals highlighted that there are a lack of tools to measure effectively and evidence neglect. Interestingly, the home conditions assessment tool and the Graded Care Profile, which are tools used in the assessment of neglect, have not been as frequently used.

Table 10

What training have you received relevant to child neglect?	
	Number of responses
Local Authority training	45
Studied as part of social work degree	28
Own independent training undertaken:	19
Other	5
None	6

Note: Numbers rather than percentages are reported as more than one answer could be indicated by respondents.

Table 10 highlights that the greatest amount of training received in respect of child neglect is through the Local Authority, followed by the Social Work degree programme. The responses indicate that a large number of participants have also undertaken independent training.

Table 11

I feel equipped to work with families in cases of child neglect		
	Percentage of responses	Number of responses
Strongly agree	23.3%	14
Agree	41.7%	25
Neither agree or disagree	18.3%	11
Disagree	16.7%	10
Strongly disagree	0.0%	0

Table 11 indicates that 65% of Social Workers feel equipped to work with families in cases of child neglect. However, 17% do not feel so equipped.

This question included an option available to participants' to expand further if their response ranges from neither agree or disagree, disagree or strongly disagree. Qualitative responses received were as follows:

'Neglect covers such a wide range it is difficult to feel comfortable in dealing with all aspects of neglect.'

'I struggle at times to decide whether a case is neglect.'

'I am still waiting for training but high caseload has prevented attending courses.'

Health and Well-Being

Table 12

My job makes me feel stressed		
	Percentage of responses	Number of responses
Strongly agree	38.3%	23
Agree	36.7%	22
Neither agree or disagree	13.3%	8
Disagree	11.7%	7
Strongly disagree	0.0%	0

Table 12 highlights that 75% of social workers feel stressed by their job.

This question included an option available to participants' to expand further if their response ranges from strongly agree, agree or neither agree or disagree. Qualitative responses received were as follows:

'Too bigger caseload, inadequate supervision.'

'High caseloads mean that I cannot complete all the tasks.'

'Poor senior management. To many agency staff coming and going. High caseloads.'

'OFSTED and media attention.'

'The nature of the work can be stressful. Unpredictable caseloads.'

'Constantly scared of making a mistake and being sacked rather than supported. Caseloads too high.'

These results appear consistent with the study by Community Care (2013) whereby 96% of social workers reported that their job makes them feel stressed.

Table 13

Work-related stress is affecting my ability to do the job		
	Percentage of responses	Number of responses
Strongly agree	11.7%	7
Agree	20%	12
Neither agree or disagree	23.3%	14
Disagree	40%	24
Strongly disagree	5%	3

Table 13 highlights that 32% of social workers feel that work related stress is affecting their ability to do their job.

This question included an option available to participants' to expand further if their response ranges from strongly agree, agree or neither agree or disagree. Qualitative responses received were as follows:

'Fatigue- physical and emotional.''

'Sometimes I feel overwhelmed and struggle.'

However, 45% of social workers do not feel that work-related stress is affecting their ability to do their job

Table 14

My workload makes it hard to follow up every aspect of a case where I have concerns		
	Percentage of responses	Number of responses
Strongly agree	28.3%	17
Agree	16.7	10
Neither agree or disagree	21.7%	13
Disagree	28.3%	17
Strongly disagree	5%	3

Table 14 indicates that 45% of social workers report that their workload makes it hard to follow up on every aspect of a case where they have concerns. However, 33% of social workers do not feel that their workload makes it hard to follow on a case where they have concerns. The results appear to be consistent with the findings of studies by Coffey et al (2004), Unison (2008) and Lord Laming (2009) which report increases in caseloads and difficulties in managing work, ultimately lead to difficulties in following up every aspect of a case where a social worker may have cause for concern.

<u>Inferential statistics and interpretation of cross-tabulations</u>

SPSS was used in order to provide statistical analysis of any potential associations between variables. For questions which were structured as Likert scales (specifically questions numbered 3-4, 6-8, 11-14), responses were coded so that 1 = strongly agree, 5 = strongly disagree, however both sets of agreement and disagreement categories were amalgamated for the purposes of conducting chi square tests. For questions 1-2 in section 2, higher scores were accorded to the lower proportions of caseloads featuring child neglect.

Cross-tabulations were used to help visual examination of percentages which might indicate potential associations between variables relevant to the focus of the research. Patterns of association found in cross-tabulations are generally an indication of a pattern in the sample data. In this way it was possible to consider associations between caseloads, factors in the

process of assessing neglect and practitioner-related issues including preparedness, perceived workload and stress. Chi-Square tests were used to analyse the data for any significant association shown in cross-tabulations. Therefore, the issue that chi-square tackles is whether the relationship in the sample data is great enough to relate to the larger population. Thus the interpretation of chi square involves reviewing the probability of the finding and if this is less than .05 then the critical value is significant (Bryman and Bell, 2015). Essentially this would indicate that the association found in the sample data is significant and would be regarded as evidence that there is an association between the variables in question which has the potential to be generalised to the population from which the sample has been drawn. In the inferential statistics presented below, only statistically significant findings are highlighted, however given the small sample size such findings should be taken as indicative rather than conclusive.

The descriptive statistics had highlighted potentially concerning incidences related to social workers' capacity to carry out the demands of the role as they felt appropriate. These included agreement by the majority of the sample that communication with the child influenced their decision making, yet there was a lack of agreement on the nature of neglect, most respondents felt the job made them stressed. There was agreement by a minority of the sample that they did not feel comfortable with the level of risk they were managing; perceive the helpfulness provided by the Working Together to Safeguard Children definition; feel equipped to work with families in cases of child neglect; follow up every aspect of a case due to workload; and would tolerate standards of care where carers were aggressive. However most did not feel work-related stress affected their ability to do the job.

Caseloads, practitioner preparedness and factors in the process of assessing neglect

Reflecting on the qualitative data, although limited, this highlighted views which are indicative of the themes identified within the literature review. Whilst the majority of participants have reported that they are comfortable with the level of risk they manage, qualitative data has indicated that the issue of high caseloads impacts on this. With regard to the definition of child neglect, the issue raised relates to the definition being too broad and the need to define what is meant by the term 'significant impairment,' as used in the definition. There may be a link between subjective reality and the responses of 60% of participants, who reported that there is a lack of agreement on the nature of neglect amongst members of the same group. Whilst the qualitative data is limited and would require further

exploration, the responses relate to people having different definitions of neglect based on their own experience, together with home conditions being an area of disagreement. These responses may suggest that decisions about what constitutes neglect is based on individual subjective reality, i.e. based on subjective perceptions, two people may experience the same situation differently.

The potential association between responses to the following statements was tested: 'The Working Together to Safeguard Children (2015) definition of child neglect clearly helps me in the identification of child neglect' and 'There is a lack of agreement on the nature of neglect amongst members of the same professional work group'. The chi-square test in respect of these two variables did not indicate any significant association. However, what is interesting from reviewing the results is that although 63% of social workers report that the Working Together to Safeguard Children (2015) definition of child neglect clearly helps in the identification of child neglect, 10% of social workers reported that they did not find the definition helpful. Yet, there were a further 27% of social workers who neither agreed nor disagreed with the statement. Therefore, an inference can be made that as the definition has been written with the intention of supporting professionals with the identification of neglect, that the 27% (who neither agreed nor disagreed with the statement) could be combined with the 10% of social workers who were clear they did not agree with the statement. This would result in 37% of social workers who do not find the definition helpful in the identification of child neglect. However, this inference is merely a discussion point and the percentage of participants who chose to answer 'neither agree nor disagree' will not be included with the 10% of social workers who were clear they did not agree with the statement. Sturgis et al (2014) highlights that it must be assumed that the mid-point of the response scale represents views which are genuinely neutral and that neutrality is often an entirely reasonable position to take on many issues. Therefore excluding a middle alternative by providing an even number of categories, may force genuinely neutral respondents to choose from among the directional answer categories (O'Muircheartaigh et al, 2000).

Whilst 63% of social workers report that the Working Together to Safeguard Children (2015) definition of child neglect clearly helps them in the identification of child neglect, 60% (36 out of 60) of social workers also reported that there is a lack of agreement on the nature of neglect amongst members of the same professional group. Therefore, what is being identified is a definition which most social workers report to be helpful, yet most social workers also report that members of the same professional group do not agree on the nature of neglect.

Qualitative data suggest that differing understanding, expectations, values and manager input play key roles in this, as well as attitudes about the utility of the definition itself. Thus, one can argue, how helpful is a definition when there is a lack of agreement? It is possible that when participants were responding to the question of whether there is a lack of agreement on the nature of neglect amongst the same professional group that their responses may have been based on their experiences of multi-agency practitioners as opposed to social workers. However it is noted the qualitative responses to this question do not specify responses based on multi-agency practitioners. No relationship was found between length of experience in the job and the perceived usefulness of the definition, however practitioners with more years as a qualified social worker were significantly less likely to tolerate poorer standards of care where carers presented as aggressive ($r(s) = .37$, $p = .003$). Despite this, there was an association between feeling comfortable with the level of risk being managed on their caseloads and social workers' agreement they might tolerate unacceptable standards of care where the family was aggressive ($\chi^2 = 8.37$, $p = .03$). As one might expect, years spent working within a children and families service was significantly related to feeling equipped to work with families in cases of child neglect ($r(s) = .39$, $p = .002$).

A review of other results from this section of the questionnaire provided key findings in respect of the responses from the question. In response to the statement, 'I feel equipped to work with families in case of child neglect', only 65% of participants agreed. 17% of participants reported they did not feel equipped to work with families in cases of child neglect and a further 18% did not agree or disagree with the statement. The qualitative responses indicate the role played by size of this field of work and linked to this the challenge of dealing with all aspects, as well as differing opinions between colleagues. However, if they do not agree with the statement then there is a query as to how equipped they are to work with families in cases of child neglect and there is a query as to why 18% did not agree or disagree with this statement.

Scrutinising this further it was found that 13 out of 14 respondents who were not comfortable with the level of risk they were managing in their caseloads, maintained that communication with the child influenced their decision making. Whilst this may be reassuring in this specific regard, it does not detract from some practitioners' more general unease about preparedness in working in this area. There was also a clear association between feeling equipped to work with families and how comfortable social workers were with the level of risk they were

managing in their caseloads ($\chi^2 = 14.91$, p = .002). This seems to be linked to a personal toll reflected in stress-related outcomes explored in the subsection below.

Perceived workload and stress-related factors

Qualitative data indicates that the main reason that participants feel stressed relates to high caseloads. Interestingly, this is not the first open-ended response mentioning high caseloads as these are also given as the reason why participants do not feel comfortable with the level of risk that they manage. Furthermore, where participants do report that work related stress is affecting their ability to do the job, this is manifested through fatigue and feelings of being overwhelmed.

As expected there was a significant association between the items 'my job makes me feel stressed' and 'work related stress is affecting my ability to do the job', ($\chi^2 = 11.10$, p = .012). This suggests that similar concepts were being assessed and/or that experiences of psychological strain can generalise across different aspects of one's life. No significant associations were found between feeling 'stressed' and having neglect as a primary area of the respondents' work or with communications with the child, indicating that simply working in this field may not represent the primary cause of stress for this sample. Consistent with this finding was that only one fifth of the sample agreed that the job was 'making me feel stressed'. This finding also raises alternative possibilities. It may suggest a degree of self-selection in that those working with cases of child neglect have developed a level of resilience to help them cope, or that those with heightened stress maintain lower caseloads in which neglect is featured. Support for the former explanation is found in the significant correlation between length of time as a qualified social worker and a decreased tendency for workload to prevent the practitioner following up aspects of a case where there were concerns (r(s) = .26, p = .045). This would suggest that longer serving respondents to this survey were more likely to have developed strategies for dealing with the challenges of the job. However this did not mean that the work became less stressful, as in fact those with longer experience within a children and families service were more likely to agree that 'my job makes me feel stressed' (r(s) = .33, p = .009).

Furthermore there are other aspects of the job which the practitioner finds 'stressful'. The issue of workload may be such a stressor. Ten out of fourteen respondents who reported higher proportions of child neglect cases in their caseloads agreed that, 'My workload makes it hard to follow up every aspect of a case where I have concerns'. This did not represent a

significant association but reflected a situation which may be expected to impact on the practitioner at some level. A significant association was noted between 'The job makes me feel stressed' and finding it hard to follow up concerns because of workload (χ^2 = 13.89, p = .002). High caseloads emerged as a theme contributing to reports of stress in the qualitative responses, as well as issues linked to scrutiny (OFSTED and the media) and child suffering.

Analyses of stress-related factors highlighted growing concerns among respondents about managing risks. Whether or not social workers felt comfortable with the level of risk they managed in their caseloads was significantly associated with stress-related experiences. Those reporting less comfort with the risks were more likely to state their job made them feel stressed (χ^2 = 8.70, p = .034), however greater comfort with the risks was also associated with enhanced capacity to follow up concerning cases (χ^2 = 14.64, p = .003).

Given the strong association described in the previous subsection, it seems logical to conclude that the level of comfort with risks encountered in their work reflects practitioners' confidence in feeling equipped to work with children and families. Furthermore this appears to have ramifications for individuals' capacity to work effectively. Significant associations were found between feeling equipped to work with families and reporting a) that work-related stress was affecting practitioners' ability to do their job (χ^2 = 12.78, p = .007), and b) workload making it hard for them to follow up case concerns (χ^2 = 9.08, p = .046). Related qualitative responses indicate respondents recognise their own personal limits in combating the 'unrelenting work involved in front line practice', such as fatigue and 'feelings of being overwhelmed'.

CHAPTER 5: DISCUSSION

Child-centred Assessment

The results from this study show that when social workers assess neglect the factors that they find most significant are those which relate to the child. This is in clear contrast to the study by Stone (1998) which found that out of 35 factors identified by practitioners as being significant in the identification of child neglect, the top 10 factors did not consist of any factors relating to the child. Furthermore, the study undertaken by Stone also found that there was no particular factor which, taken alone, could be used to define neglect. Eighteen years later, findings from this research study were that from the same 35 factors, the top 10 factors included 6 factors relating to the child. These factors are failure to thrive, lack of stimulation, poor hygiene, hunger/feeding problems/inadequate diet, delayed development and health problems/inappropriate medical requests. In accordance with Stone (1998), no single factor was seen to be the most significant in the identification of neglect. However, the research participants in Stone's study were practitioners from varied agencies and not exclusively social workers. It is possible that this could account for the apparent difference in findings.

Whilst this research reports that factors relating to a child are most significant whilst assessing neglect, it is not entirely reflective of this within practice. This can be seen in the study completed by Long et al (2012) relating to family support for families and children in need. They found that little focus was placed on factors relating to the child. Greater prevalence of factors in parents was notable, and the bulk of efforts made by workers were focused on parental behaviour. This is further noted by OFSTED (2014) who completed a thematic analysis in practice. OFSTED (2014: 18) found that 'Some assessments were comprehensive and child focused, with clear descriptions and analysis of the daily effects of living with neglect.' However, the assessments that were most effective, 'considered not only the child's perspective and experiences, but also analysed the long-term prognosis for change and the potential long-term impact on children living with neglect and very few assessments addressed all of these factors' (OFSTED, 2014: 19). OFSTED further report that they found that assessments almost exclusively focussed on parents issues rather than analysing the imapct of the adults behaviour upon the children. OFSTED argue that this raises the question of whether the complexity of some adult lives becomes the focus of the work as the parents' needs are so great, and professionals lose their focus. Within this, the actual impact on the child of being neglected can be overlooked.

The importance of direct communication with the child

In this study 97% of participants reported that communication and interaction with a child influenced their decision-making. This contrasts with the findings about the same question by Horwath (2005) who found that 48.7% stated that communication with the child influenced their decision-making all the time, 30.8% reported that it did so some of the time, and 5.1% claimed never to be influenced by this factor. Furthermore, the findings from this study may be viewed against the background of formal review of practice. OFSTED (2011), in its thematic report of an analysis of 67 serious case reviews, found that the child was not seen frequently enough by the professionals involved, or was not asked about their views and feelings. Furthermore agencies did not interpret their findings well enough to protect the child (OFSTED, 2011). Whilst the majority of participants from this study report the importance of communication with child and how this influences their decision making it is in clear contrast to the finding reported by Horwath and Tarr (2015) which found superficial engagement with children. Whilst it is acknowledged that the participants in this study recognise the need to communicate with a child and for this to be meaningful there is a plethora of research from recent studies and reviews which would suggest otherwise. In the event case file audits were part of this study, it would have allowed for further scrutiny in respect of this particular finding which would have allowed for an overview in respect of what participants report and undertake in practice.

Recent high profile cases have once again put child protection services under close scrutiny. The exposure of systematic safeguarding failures in Oxford and Rochdale have raised questions about the extent to which services are putting children's experiences and voices at the heart of the child protection process. In Rochdale, a high-profile case uncovering a child sexual exploitation ring revealed that, despite victims disclosing acts of child sexual exploitation to professionals, 'overall child welfare organisations missed opportunities to provide a comprehensive, co-ordinated and timely response (Rochdale Borough Safeguarding Children Board, 2012:19). Victims expressed frustration with the response from social services and the police, describing them as 'not listening to them' (Rochdale Borough Safeguarding Children Board, 2012:28). Furthermore, these messages of children not being listened to appear to be reflective of current practice concerns. Casey (2015) in her report of the inspection of Rotherham Metropolitan Council makes reference to a serious case review published in 2012 and argues that all the 22 weaknesses that had been features of previous case reviews are clearly in place today, 'Children not heard,' is one such feature (Casey,

2015: 69). This is also reported by OFSTED (2014) which found from a thematic analysis a lack of representation of the child's views, wishes and feelings and in families with large sibling groups, the individual needs of children and the impact of neglect on each child were not always identified and explored.

The usefulness of a definition

The usefulness of any definition, and, in particular, that provided by central authorities, is worthy of further discussion. In this study, 60% of social workers found the Working Together to Safeguard Children (2015) definition helpful, 10% of social workers did not and 27% of social workers neither agreed nor disagreed about the definition helping them to identify neglect. Furthermore 60% also reported a lack of agreement on the nature of neglect amongst members of the same professional group. The qualitative response relating to the definition were consistent with the concerns addressed earlier in relation to the definition. The qualitative responses highlighted issues relating to the definition being too broad, the lack of consideration given to neglect from a cultural norms perspective and the subjectivity around the term 'serious impairment.' This finding is interesting although somewhat contradictory as 60% of social workers find the definition helpful in identifying neglect but 60% report that there is a lack of agreement on the nature of neglect from the same professional group. It is possible that social workers may find the definition helpful as they apply the definition based on their own understanding and reasoning but when this understanding and reasoning is shared with other social workers there is a lack of agreement.

This can be seen in practice and is highlighted by OFSTED (2014). Lack of agreement on the nature of neglect can also be seen within the thematic report from OFSTED (2014) who report inconsistency in the application of thresholds for neglect and poor professional understanding of neglect. Furthermore, OFSTED found delays were apparent in some cases because of inconsistency in decisions about whether the threshold for proceedings had been met. One local authority had undertaken a multi-agency audit of 68 neglect cases and had established that there was serious inconsistency in the identification of neglected children whose families were accessing universal and preventative services (OFSTED, 2014). This is reinforced within the study by Horwath (2005) who found a varied response from social workers regarding the link between neglect and emotional abuse. Furthermore, Horwath (2005) found that a minority of social workers do not fully understand the nature of emotional neglect. These differences in assessing neglect were also evident in the study by

Horwath (2005) who found that only 13% of the participants use the same criteria for assessing parental behaviour of clients as they would use for themselves of their friends. Horwath (2005) argues that social workers do not make decisions about what is good enough for children in isolation. Their own beliefs and values and those of society, as with any other professional, will determine their decision.

Horwath (2013) provides two examples of this. The first example refers to Madeline McCann, who at aged 3 years old was left unsupervised with her 2 younger siblings and was abducted from a holiday apartment whilst her parents were eating in a nearby restaurant with friends. The parents indicated that they made checks on the children every half an hour. The response by the UK press to the child's disappearance was one of overwhelming support for the parents. In this case the parents were doctors, white middle class professionals. The second case was reported very differently in the UK press and concerned Scarlett Keeling, who at aged 15 years old was left with a 25 year old local male guide in Goa whilst her mother and family went travelling for a few days. Scarlett was raped and murdered. In this case, whilst the mother was articulate and described as middle-class, the same paper, the Daily Mail, which showed sympathy for the McCanns, criticised Scarlett's mother for leaving her daughter. The article concluded that articulate white middle class people should know better, a comment the paper did not make for the McCanns. However, one could argue that in both cases the parents were neglectful as they failed to provide adequate supervision for their children.

Brandon et al (2014) argue that defining neglect in terms of the likelihood of significant harm or impairment to the child's development, rather than on whether the child has already been harmed, may encourage practitioners to focus on whether a child's needs are being met, regardless of parental intent. This is the approach adopted in the UK as advised in the DfE definition. Indeed, a shorter version of the definition is often used as a rule of thumb: 'Neglect occurs when the basic needs of children are not met, regardless of cause'. However, even with this apparently precise definition, health professionals, teachers and social workers often find it difficult to recognise indicators of neglect or to appreciate their severity (Brandon et al., 2014).

Farmer and Lutman (2014) argue that a focus on the parent rather than the child can arise because of the high level of need or vulnerability of the adults in the family. It can also reflect a tension in priorities between adult and children's services with a lower priority for

safeguarding children than responding to the needs of an adult primary service user (Farmer and Lutman, 2014). The work of Dubowitz et al. (2005), Smith and Fong (2004), and Macdonald (2001) has been discussed earlier and focusses on definitional issues due to a lack of agreement on whether to focus on neglect based on parental action or based on a child's experience.

Social Workers' Self-Confidence and Feeling Equipped to Work with Neglect

Approximately one third of participants in this study did not feel equipped to work with families in cases of child neglect: a cause for serious concern whether prompted by lack of knowledge, experience or confidence. OFSTED (2014) provides working examples of how this is played out in practice. The OFSTED (2014) review revealed that some assessments were characterised by insufficient consideration of the parent-child relationship, with no consideration of attachment behaviour and a lack of attention to the child's emotional and physical development. There were a number of examples where it was evident from assessments that professionals had a limited understanding of children's presenting behaviour within the context of neglect. The online questionnaire in the study reported in this thesis included a question on what guidance, procedures or tools social workers used in cases of child neglect. The responses indicated that the most commonly used resources were the Framework for the Assessment of Children in Need and their Families (Department of Health, 2000), the Working together to Safeguard Children (DfE 2015) definition of child neglect and the Children Act 1989.

Even with the resources which are readily available and what is being reported as being used by social workers it is surprising that whilst 63% of social workers find the Working Together to Safeguard Children (2015) definition helpful, there are 60% of social workers reporting that there is a lack of agreement on the nature of neglect amongst members of the same professional group. This presents as a contradictory finding as the definition is being highlighted as helpful yet there is no apparent agreement from social workers on what constitutes neglect. This raises serious concerns around assessments being completed as if there is no consensus on the nature of neglect by social workers then this may mean that there is no consistent measure in place to assess neglect. Intervention in the lives of some families may be too intrusive or unwarranted. It may be possible that inconsistency in application and understanding of the guidance and legislation is leading to social workers feeling unprepared.

Tools such as the Home Conditions Assessment tool and the Graded Care Profile (Pollnay & Srivastava, 2001) were scored much lower in the online survey, with only approximately one third of participants reporting using such tools. However, in OFSTED's report (2014) Professional Responses to Neglect, consistency in standards and practice occurred more often where local authorities had adopted models of assessment with clear theoretical foundations. Standardised, structured approaches such as the Graded Care Profile and Signs of Safety were valued by social workers who felt that these tools helped them to analyse different aspects of neglect, to produce better assessments, and to compile more informed support and protection plans. There are additional toolkits available specifically for use with neglect which have been demonstrated to exert positive effects (Long et al 2013; Action for Children 2013). The outcome of all of this is that in practice social workers resort to guidance and legislation which may be understood and used inconsistently, while the tools which have been shown to be effective in assessing neglect are being ignored.

It is noted within the findings that where social workers have been qualified for a longer period they are less likely to tolerate poorer standards of care where carers presented as aggressive. A similar finding was noted in respect of the longer the period spent by a social worker working within a children and families services the more equipped the participant felt to work with families in cases of child neglect. Both findings may be related to a number of factors such as increased resilience over time, experience in working with hard to reach/ engage families and confidence in own practice which allows for constructive challenge when working with families and experience of working with neglect. There was an association found between feeling comfortable with the level of risk being managed on their caseloads and some social workers' agreement they might tolerate unacceptable standards of care where the family was aggressive.

<u>The Impact on Meeting the Standards</u>

Number 1.3 of the standards of proficiency is to 'be able to undertake assessments of risk, need and capacity and respond appropriately' (HCPC, 2012: 1). However the findings from the research indicate that 60% of the participants report that there is a lack of agreement on the nature of neglect amongst social workers. This suggests that the assessment of risk, need, capacity and response is varied and inconsistent within teams, presumably leading to equally varied action plans. The impact of this can be seen in practice as OFSTED (2014) reports

inconsistency in the application of thresholds for neglect and inconsistency in the identification of neglected children.

Number 1.5 of the standards of proficiency is to 'be able to recognise signs of harm, abuse and neglect and know how to respond appropriately' (HCPC, 2012: 2), while point 7.13 of the professional capabilities framework is to be able to 'identify appropriate responses to safeguard vulnerable people and promote their wellbeing' (HCPC, 2012: 2) The research findings indicate that neither of these standards are being met to a satisfactory standard as evidenced by the 45% of participants who reported that their workload made it hard to follow up on every aspect of a case where they have concerns. Based on this response it is possible that there is unassessed risk on social workers' caseloads which is not responded to in a timely or appropriate manner.

The research findings indicate that 17% of social workers do not feel equipped to work with families in cases of child neglect. It has not been possible to determine what social workers are doing in response to this. However, point 1.9 of the professional capabilities framework indicates the need to 'demonstrate a commitment to your continuous learning and development,' and this is a pertinent standard for those social workers who have reported that they do not feel equipped in working with child neglect (HCPC, 2012: 5). There is a concern that if those social workers who have identified that they do not feel equipped to work with child neglect do not commit to learning and development, then the impact of this will be felt by the children and families with whom they work; assessments may be flawed and cases inappropriately identified. Given that neglect is a significant feature on caseloads, according to 48% of social workers who report that neglect is the primary feature of up to 50% of their casework, it is a concern that children may not be getting the quality of assessment and intervention that they require.

The transition from student to qualified practitioner is negotiated through the achievement of practitioner competence measured through the assessed and supported year in employment (ASYE) programme in key elements of role performance, combined with a sense of confidence in their own ability. In England, this transition has been described as problematic by local authorities and social workers (Bates et al, 2010; Jack and Donellan, 2010). For the employers, the problem results from the need of the organisation to have newly qualified social workers able to practice effectively with a large number of cases, as soon as possible. The Social Work Task Force (2009) appointed by the Labour government, to review social

work in response to the high-profile death of Peter Connelly found that many social work graduates were not ready for practice. When considering readiness for practice, Moriarty et al (2011: 1351) argue that there is 'fundamental distinction between those who view qualifying education as a development process and those who view it as an end product'. Following the review the Social Work Task Force (2009) similarly recommended that support to newly qualified social workers (NQSWs) be enhanced during their first year of employment.

Community Care (2016) report that findings of survey which relates to newly qualified social workers. Community Care report that forty percent of the two hundred and eight social workers responding to their own survey said their caseload was not protected or capped during their ASYE. Furthermore, seventy nine per cent had been the primary case holder of either child protection cases, cases going to court, mental capacity assessments or cases involving adult safeguarding concerns. A worker's confidence in the effectiveness of interventions with families also contributes to decision-making (Minty & Pattinson, 1994). When the presenting issue is child neglect, social workers often experience feelings of pessimism and cynicism about their ability to assist families (Minty & Pattinson, 1994). The concern from the findings of Community Care is newly qualified social workers have unprotected caseloads and are working complex cases. This must be considered alongside what Moriarty et al (2011) refers to above as readiness for practice and alongside the Social Work Task Force (2009) finding of graduates not ready for practice. With this in mind, it is not difficult to why there is a lack of consensus on neglect, workload pressures do not allow for concerns to be followed up and why social workers do not feel equipped to work with families in cases of child neglect. Therefore, newly qualified social workers are progressing through the ASYE programme into qualified social workers without having protection and stable learning environment. This may then be resulting in a workforce who have not developed into skilful practitioners and feel deskilled in working with families in cases of child neglect.

Workload and Resources

Forty-five percent of social workers who completed the online survey reported that their workload makes it hard to follow up on every aspect of a case where they have concerns. Whilst there is no qualitative data to provide for further analysis of this, the current economic climate of austerity is undoubtedly challenging for both families and professionals and is

adding to the pressures. Safeguarding services are under significant pressure and this is being felt by practitioners on the front line across the UK (Burgess et al., 2014). Expenditure across the UK has not been able to keep pace with the increased demand for services to protect children; public expenditure peaked in 2009/10 and has been falling since this date (Jutte et al., 2014: 5). Therefore, a rise in workloads in the context of lack of resources to support staff may be a contributing factor to why every aspect of concern on a case is not being followed up. However, Farmer and Lutman (2013) make a similar finding in their book which is based on a major study following a cohort of neglected children who had been looked after and reunified with a parent. Farmer and Lutman report that after the children were returned to their parents, children's services received referrals expressing concerns about the safety and welfare of almost three quarters of them. In as many as three-fifths of the families, referrals were received in relation to abuse and neglect and they were not adequately followed up, or insufficient action was taken to make them safe. Farmer and Lutman provide a rationale to explain this. They report that referrals from neighbours and relatives were often discounted or ignored. Referrals were seen in isolation and not in the light of the whole history. In isolation the issue did not present as concerning, the parents denied allegations, and so issues were not pursued further. Farmer and Lutman identify further cause of why referrals were discounted or ignored. These relate to staffing problems which result in a lack of action, the rule of optimism, and habituation associated with long-term work can result in workers becoming desensitised or inured to maltreatment or poor standards of care so the threshold to intervene may become too high. However, Welbourne (2012) argues that failure to respond to referrals and risk has been found not to be attributable to a lack of concern on the part of the worker, but to the result of environmental pressured to paralysis. The findings of a study of serious case reviews highlighted the:

> struggle that practitioners and managers face in trying to deal with overwhelming workloads and cope under pressure. The additional impact of having to work with distress, volatility, hostility and violence often contributed to paralysis in the workers. To work effectively with hostility and notice potentially damaging patterns of cooperation like disguised compliance, it is arguable that practitioners need to be self-aware, flexible and sensitive to the factors underlying their own and the family's behaviour and emotions… Besieged workers, however, may feel they have nothing left to give (Brandon et al., 2008: 98-104).

The Impact of Stress

There has been some exploration of the reasons why over one third of participants did not feel equipped to work with families in cases of child neglect and just under half of participants reported that that their workload made it hard to pursue all cases of concerns. A further explanation relates to the statistically significant association between the statements, 'My job makes me feel stressed' and 'Work related stress is affecting my ability to do the job'. It seems likely that the stress of social work is resulting in participants feeling unprepared to address cases of child neglect, and this is compounded by the stress of their workload making it impossible to respond actively to all of their professional concerns. The impact of stress in social work has been covered earlier, however in light of the significant association between job stress and work stress affecting one's ability to do the job, a context is provided here. Donnellan and Jack (2010) report that when stress becomes too challenging, rather than enjoying and developing through work experiences, surviving them becomes the major need. Usual behaviour may begin to alter and any or all of the following symptoms may become evident: 'loss of concentration; inability to handle new information; an increased tendency to procrastinate or postpone activities; hasty decision-making or panicked choices; oversimplification of alternatives; a reduction in creative thinking; more defensiveness about your decision making; more irrational or hostile feelings; and increased withdrawal and social isolation' (Donnellan and Jack, 2010: 113).

The issue of stress in social work is not new and following the death of Peter Connelly in 2007 the Government commissioned Lord Laming to provide a report in relation to progress being made across the country to safeguard children. Within this publication Lord Laming (2009) included a progress report of the Children's Workforce, highlighting that frontline social workers were facing a great amount of pressure. 'Low staff morale, poor supervision, high case-loads, under-resourcing and inadequate training each contribute to high levels of stress and recruitment and retention difficulties' (Laming, 2009: 44). Public criticism of social workers through the media is damaging and undermining and this exerts a harmful impact upon staff, with severe implications upon the efficiency and confidence of the staff within children's services (Laming, 2009). Furthermore, it was argued that social work, predominantly child protection, was considered to be a 'Cinderella' service within the children and families department, receiving significantly less funding than other services. This may result in Local Authorities not recruiting for social work positions which can further heighten stress levels in appointed social workers as their caseloads will increase. This

is exacerbated by a rise in referral rates, and additional work being allocated to social workers with already high caseloads which can lead to dangerous practice (Unison, 2009). In turn this can contribute to increased turnover and resulting skills shortages (Huxley et al, 2005).

Furthermore, Kirkman and Melrose (2014) within their report for the Department of Education state that social workers work under considerable time and workload pressures even under normal circumstances, meaning that they have to make many difficult decisions throughout the day. The task of making so many decisions requires considerable mental effort, resulting in the gradual depletion of mental resources which in itself can lead to poor decision-making and decision-avoidance. This can be seen in the results as those reporting less comfort with the risks were more likely to state their job made them feel stressed. Thirty two percent of participants within this study report being affected by work related stress and reasons given around this are due to unrelenting work involved in front line practice, fatigue, role-related stress and feelings of being overwhelmed. A significant association was noted between the items 'The job makes me feel stressed' and finding it hard to follow up concerns because of workload. This is not an unexpected finding given the responses provided by participants reporting feeling stressed and workload pressures, whereas where there was greater comfort with risks it was also associated with enhanced capacity to follow up concerning cases.

Number 3.2 of the standards of proficiency is to 'understand the importance of maintaining their own health and wellbeing' (HCPC, 2012: 5). Whilst the standard of proficiency indicates that the social worker is to maintain their own health and wellbeing, the social workers in this study reported a significant association between perceiving job stress and feeling that work stress affects their ability to do the job. What the research has not been able to determine is what social workers or employers are doing to alleviate stress. The professional capability framework also places a requirement upon the social worker to 'take steps to manage and promote own safety, health, wellbeing and emotional resilience' (HCPC, 2012: 5). Given the association found between the two statements it is important to attempt to provide a context around the workload of social workers in children's services. This may provide an illustration of some of the reasons for the significant association found between job stress and ability to do the job.

It is noted that in in the period 2013-2014 there were 657,800 referrals to children's social care, an increase of 10.8% compared to the previous year when there were 593,500 referrals

(DfE, 2014). What is unknown is how many of the 657,800 referrals progressed to an assessment. It is possible that some of these referrals were dealt with by early years support, universal services or signposted to other agencies for support. It is likely that not all of the 657,800 referral resulted in an assessment by a social worker within children's services. Nevertheless, at 31 March 2014 there were 397,000 children in need, an increase of 5% from the previous year (DfE, 2014). There were also 48,300 children who were subject to a child protection plan, an increase of 12.1% from the previous year, and there were 68,840 looked after children, an increase of 1% from the previous year (DfE, 2014).Therefore, there were approximately 514,140 children who were subject to a children social care assessment at that point, an increase from previous years.

Keeping this figure in mind, it is important to refer to the publication by the Centre for Local Economics Strategies (2014) which was designed to review the impacts of austerity, focusing upon how changes in publically funded services affect both people and places across the country now and in the years to come. The review focussed primarily on the impact on adult social care and children's services and considered changes in service provision resulting from cuts in nine local authority case studies across England. The report highlights that despite trying to protect children's social services from the cuts, local authorities were increasingly finding this to be a challenging task. There were concerns that statutory safeguarding responsibilities could be violated and children looked after by local authorities could wait for longer periods before specialist support was offered. Local authorities had been trying to make the cuts in back office restructuring and through reductions in the cost of children in care placements, but the pressures were clearly beginning to affect service delivery.

Practice examples of this are provided by Community Care (2014) which found a number of plans of which a few examples demonstrate the variety of extreme measures being considered.

1) Decommission specialist support for children in care. Brent council plans to save £405,000 by replacing a specialist mental health service for children in care with a cheaper reduced offering, whilst acknowledging that the move risks children waiting longer for care. Furthermore, East Riding Council plans on saving £30,000 by cutting an advocacy post for children in care.

2) Cutbacks in safeguarding. Brighton and Hove council plans to cut £62,000 from its safeguarding budget, though accepting that the move could see Independent

Reviewing Officer caseloads exceed recommended levels and impact upon the ability to fully discharge statutory duties. The council also plans to save £126,000 through staffing cuts in its assessment, advice and referral teams. This would leave no flexibility to cover long-term sickness or staff vacancies and 'could potentially impact negatively on quality and timeliness'.

3) Transfer social work cases to non-qualified staff. East Sussex council plans to save £297,000 by re-allocating 230 cases from social workers to key workers, but this will see more risk managed by non-qualified staff. Furthermore, a rapid response team which successfully reduced residential care admissions will also be disbanded to save a further £120,000.

4) Find savings from social work caseloads. Newcastle council plans to save £273,000 through a review of caseloads and management arrangements in its children's social work teams. This will lead to up to seven full-time posts being cut.

Such changes are likely to have a major effect upon social work with children and families. Referrals to children's social care are increasing everywhere and, whilst there has been protection of front line services, there is evidence that local authorities are compromising safeguarding and care by cutting back on services, staff and teams. There is a concern that this will have an impact upon the social workers in practice leading to a demoralised and stressed workforce. Although it is not possible to corroborate the reasons why, there was a correlation found in this study which highlights that those with longer experience working within children and families services were more likely to agree that 'my job makes me feel stressed.' It is possible that those social workers who have been working in a children and families for a longer period have been affected by the ongoing changes in social work which is leading to a cumulative impact of exposure to stress.

From a practice standpoint, some of the issues raised by Community Care (2014) are suggestive of a situation which indicates increased caseloads for social workers will place further demands and time constraints on responses to allocated work in a timely manner. Presumably, cases moved to unqualified staff will also result in some cases being returned to social workers, potentially in a state of greater need due to lack of professional intervention, but with a smaller pool of social workers to take this work back. However, cutting back on services for children and decommissioning will lead to social workers trying to manage children and families with difficulties who are not be able to access identified support to remedy their behaviours. This will only serve to exacerbate the challenging conditions facing

social workers working with children and families - who are unable to access the relevant support - whilst dealing with rising caseloads.

Summary

In summary, factors relating to the child are most significant in the identification of child neglect, and communication with a child influences the decision-making of social workers. However, what is clear is that there are major barriers which impact upon how well social workers identify child neglect, and these may contribute to the significant association found between job stress and work stress affecting their ability to do the job. However, stress is not the sole issue, and this is compounded by other issues which relate to social workers feeling ill-prepared for the demands of work with families in cases of child neglect and ill-equipped to deal with unrealistic workloads which prevent investigation of some serious professional concerns. Lack of guidance from formal resources and conflicting understanding of definitions within social work teams make effective working even more unlikely.

CHAPTER 6: REFLECTIONS

Child neglect is a result of the parent or carer failing to meet the needs of the child. This simple definition, however, contradicts the complexity of identifying and working with neglect. As noted by Brandon et al (2014) and from practice review undertaken by OFSTED (2014) neglect is not always easy to identify and is usually a consequence of cumulative harm rather than one specific incident. However, response to child neglect remains incident focused and as a consequence there is a failure to address cumulative harm effectively, focusing instead on addressing specific parenting behaviours and looking to short-term interventions. This study has highlighted that child neglect is open to interpretation although there is a definition available to social workers in order to support them in identification of child neglect as can be seen through Working Together to Safeguard Children (HM Government, 2015). Whilst 60% of social workers found the Working Together to Safeguard Children (2015) definition helpful this study has also sought to reinforce the discussion points within the literature review around the definition being too broad and subjective. Therefore, consideration needs to be given around how to tackle child neglect in practice in the absence of easy operationalisation.

Given the definitional issues already raised, whilst recognising that the definition cannot be ignored and needs to be central in assessing neglect, it is essential that other methods are employed alongside using the definition in order to assess neglect. As reported by OFSTED (2014: 19) in their practice review that the assessments that were most effective, 'considered not only the child's perspective and experiences, but also analysed the long-term prognosis for change and the potential long-term impact on children living with neglect. Furthermore, OFSTED (2014) also found that those local authorities who had adopted models of assessment with clear theoretical foundations such as the Graded Care Profile produced better assessments.

With regard to considering the 'child's perspective and experience' (OFSTED, 2014: 19) it is essential to understand what a day in the like in the life of a child. It is by understanding their daily lived experience that practitioners are able to appreciate how various aspects of neglect are affecting the child (Horwath, 2015). Therefore there needs to be a focus on changing the way we work with children and families in order to ensure that our assessments are reflective of the child's lived experience and not just a task which serves a purpose. Horwath (2015)

discusses this in detail and provides a working example. For example, if a child is suffering from dental neglect then this may be recorded as follows:

'Michael is 11 years old, suffers from poor dental hygiene he has tooth decay and has constant infections as a result of this'.

An action from this may be: mother to take Michael to the dentist and ensure he cleans his teeth morning and night'.

However, this does not take into account the impact of the dental neglect on Michael. If we are to really understand neglect then we need to know how it is impacting on his daily lived experience. In Michael's case, as practitioners ask him about his day they learn about his experience of toothache.

He describes sleepless nights because he is in pain. He finds it difficult to eat because it hurts and he lives on juice. When he does go to school he cannot eat due to the pain. His school attendance is 40% due to on-going toothache and infection and because of the pain he cannot go to sleep easily and when he does, it is often late at night and then he sleeps through the morning waking around midday and misses school. Michael is irritable because of his tooth ache and he often argues with his mother and then he leaves the family home to get away from her and spends most of the day and afternoon walking in the local park. If he does go to school he is usually late, really tired due to lack of sleep and therefore lacks the ability to concentrate, feels miserable, is irritable and gets into fights easily. Also, his breath smells and other children tease and bully him.

Drawing on the above it becomes apparent that most aspects of Michael's health and development are being affected by dental neglect. His school attendance is poor and his educational outcomes will be affected due to this. His social presentation is affected as his teeth look unpleasant and he smells. His self-esteem is low particularly as others tease or bully him.

Horwarth (2015) states that in order to begin to identify why the needs of the child are not being met it is also necessary to understand a day in the life of the parent as the two are inextricably linked. Practitioners can only begin to appreciate how daily parenting is impacting on a particular child if they know about both the parent/s day and their approach to meeting the needs of the child during the day.

With regard to analysing 'the long term prognosis for change' (OFSTED, 2014: 19), parents need to not only understand why practitioners want them to change they must be motivated to change and have the ability to do so. Horwath (2015: 4) describes this 'walking the walk and talking the talk.' Horwath (2015) argues that many parents who maltreat children struggle to walk the walk and talk the talk. Horwath states that some parents may understand what is required of them but are not motivated sufficiently to engage meaningfully with services in order to improve outcomes for the child. When this occurs they 'walk the walk' (Horwath, 2015: 5) and superficially comply with actions. Their aim is not to improve the outcomes for the child rather to get professionals out of their lives. Other parents may genuinely want to meet the needs of their child but either do not have the ability or sufficient motivation to prioritise the needs of the child over their own needs. Therefore having an understanding of this model for change and to be able to draw on this to assess both ability and motivation for change is essential.

With regard to the Graded Care Profile which has been highlighted by OFSTED (2014) in supporting with improved assessments, there is an interesting reflection from my own practice experience. I am aware that the local authority where I am currently employed has over the past twelve months rolled out training to staff around how to use the Graded Care Profile. More recently, there was an internal audit undertaken around how many Graded Care Profile assessments have been completed. It was interesting to note that over a 6 month period only 10 graded care profile assessments were completed by social workers. Given that the child neglect accounts for the largest number of children in England who are considered to be at risk of significant harm (DfE, 2014) there is a query as to why there are a low number of Graded Care Profile assessments completed. A study by Sen et al (2013) outlines the reasons for why there may be a lower than expected completion rate of the Graded Care Profile. Sen et al (2013) report findings from research completed in a Scottish local authority where the focus was on investigating the introduction of the Graded Care Profile (GCP). They found that practitioners were using GCP considerably less than the local authority managers had thought, a finding similar to one reported in my local authority. Several factors were identified for this: the time consuming nature of using the GCP with parents; some practitioners' lack of confidence in using the tool; and the fact the social workers were usually trying to use the GCP where child protection concerns were advanced, meaning working relationships with parents were often strained (Sen et al, 2013). In order to improve the use of the GCP in my own practice environment, I have ensured that where cases of

neglect are first identified that I task the social worker to complete the GCP in order to help inform their assessment. Alongside this is the responsibility of management in ensuring that social workers have manageable caseloads where they are able to complete assessments to a good standard.

Implications of the home visit on social workers

The findings from this research cannot be taken in isolation and need to be considered in line with an area curiously absent from most social work and child protection literature, policy and discussions about practice, which relates to the core experience of doing the work (Ferguson, 2009). There is not enough attention given to the detail of what social workers actually do, where they do it and their experience of doing it (Ferguson, 2009). In particular, the practice of home visiting, which is the methodology through which most, if not all, protection of vulnerable adults and child protection goes on, is virtually ignored. This in turn means neglecting the movement and flows of emotions, information and power involved in doing the work and conducting relationships. The most important reason to reflect on this area and to focus on the home and the visit is that it is by far the most common place where children and families are seen and actual child protection work goes on. How the space where the child lives is viewed, and whether or not social workers move around it, are central to investigating and preventing child maltreatment. In cases of suspected neglect, the state of the home conditions is central to the assessments of child well-being and parenting capacity (Ferguson, 2009).

Interestingly, Ferguson (2016) reports the findings of his research which aimed to get as close as possible to practice by participating in and observing social workers in their work. The focus of Ferguson was not just on what was done and thought about, but how it felt, seeking understanding of the lived experience of practice as it was being done. Ferguson sought to enter the internal world of practice and the practitioner as they move through the homes and intimate lives of children and families. A key finding concerned the complexity of the work. Ferguson (2016) highlights that home visiting is very different from work that goes on in the office, as workers have to negotiate with family members and relationships as they are lived out in their space, and deal with the presence of strangers and the impact of the home itself, such as smells and atmospheres (welcome, hostile) and dogs. These experiences can be understood and interpreted very differently from person to person. As Turnell and Edwards (1999: 110) observe, having to knock on a door and tell a complete stranger that they are

under suspicion of maltreating their children is deeply, personally and professionally challenging for even the most experienced workers (see also Brandon, 2014).

Ferguson reported that multiple tasks have to be completed, invariably within time limits: parents and other carers interviewed, children spoken to on their own, interactions between family members observed, and bedrooms and other home conditions inspected. Ferguson found that this complexity meant that the risk of superficial, non-intimate practice was ever present. Sometimes social workers were observed in encounters and atmospheres on home visits that threatened to distract them from their focus on the child but they managed to pull themselves back from the edge of being overwhelmed to complete purposeful work. However, in some cases, social workers did not overcome these challenges and this resulted in different degrees of detachment and invisibility of children. Ferguson (2016) states that such detachment from children occurs when social workers reach go beyond the limits of anxiety and complexity that it is possible for them to tolerate. They are overcome by the sheer complexity of the interactions they encounter, the emotional intensity of the work, parental resistance and the tense atmospheres in the homes, leading to invisible children and superficial engagement with children. Therefore, whilst the importance of communication with children is recognised and articulated by social workers, this is not being seen in practice. Furthermore, there does not appear to be much recognition given in literature to the interactions played out in practice between social workers and the environment in which they practice.

There are similar themes noted by the researcher in his own area of practice and the qualitative findings reported by participants. Working in a local authority which is rated by OFSTED as inadequate has resulted in improvement plan being developed with numerous areas within children's services being identified as requiring corrective action. There is a lot pressure within the children's and families service area around ensuring that the actions agreed in the improvement plan are progressing. Some of the areas that require attention are around ensuring social workers are compliant with statutory timescales, ensuring case recording is up to date and reflective of work completed and ensuring that children are seen and responses are in line with child protection guidance. Following an inadequate OFSTED inspection and introduction of an improvement plan there is significant activity within a local authority which takes place in the form of monitoring visits from an the Chair of Improvement Board, OFSTED and Department for Education representatives. The purpose of these visits is to ascertain progress being made and there is a lot of scrutiny of performance

data and social work case work. Therefore, this can be a very difficult and challenging environment to work in for all involved. Some of the qualitative data collected in this research highlights the pressures faced by social workers in terms of 'high caseloads,' and 'feeling overwhelmed' with casework and feelings of 'fatigue,' and 'not feeling able to cope.' It is not possible to state that those social workers who have identified the difficulties they face whilst in practice work as working in inadequate local authorities but what it does highlight is the challenging environment of social work practice.

Additionally some of the qualitative data collected in this research study do appear reflective of the researcher's own experience when supervising social workers in cases of child neglect in practice. Participants from this research have highlighted that, 'p*eople have different definitions of neglect due to either life experiences, or experience within the profession'* and *'home conditions is often an area of disagreement.'* In practice, there have been periods when social workers have returned from a joint visit to a family home where there have been concerns around home conditions, following which they have been debriefed by me. There have been times when both workers have disagreed with home conditions, with one worker reporting it as a cause for concern whilst the other has not. In these situations, unpicking the detail around the areas of concern is vital and ensuring that there is an evidence base to rule in or out either worker's perspective. This relates back to the challenge highlighted by Munro (2008) of not being precise about how much below the average the care needs to be before it becomes neglect. In order to improve this assessment, referring social workers to complete tools such as a home conditions tool and the GCP alongside professionals involved with the family, allows for an improved assessment around the nature of neglect, assists in quantifying it and serves to make neglect not only visible to the social worker but also to parents and others.

However, this assessment is not a straightforward task and consideration needs to be given to when to escalate the case from 'child in need' to child protection and when to escalate the case into pre-proceedings as per the Public Law Outline. As already mentioned by Brandon et al (2014) child neglect cannot be defined as a one-off incident such as seeing an untidy kitchen while on a visit. Neglect is evidenced over a period of time and I have found that the best way to evidence neglect is through the social worker providing an assessment, which is time limited, informed by the GCP with information from all agencies/professionals working with the family, with the focus of the assessment on the child's perspective and experiences

together with an analysis on the long-term prognosis for change and the potential long-term impact on children living with neglect (OFSTED, 2014).

<u>Response rate</u>

At the time the online questionnaire was sent out to social workers in England, BASW was unwilling to disclose the total of its members in England although the number of members based in England, Northern Ireland, Scotland and Wales was 14,558 (BASW, 2013). However, on 17th February 2015, BASW published online that BASW England membership was 13,721 and overall membership was 17,016 (BASW, 2015). Therefore, an approximation of the potential number of participants who were given access to the survey link was 13,721 from BASW England and 90 social workers from the participating Local Authority which totals 13811. Thus, the response rate for this survey is calculated at 0.4%. Denscombe (2014) argues that there is no benchmark figure for judging what is acceptable and what is not. It is the response rates achieved by surveys that are similar in terms of their methods, their size, target group, topic of research that provide an indication of what can be accepted as an acceptable response rate (Denscombe, 2014). As highlighted earlier there is limited research with regard to the current area of research and whilst a response rate of 0.4% is not high and cannot be generalised, the findings do highlight interesting themes which require further exploration.

Cook et al (2000) conducted an analysis of response rates for internet-based surveys using a total of 68 studies and found a mean response rate of 39.6%. Shinn et al (2007) report that the response rate for internet based surveys continues to decrease however, their study found a response rate of 31.25%. Although, it might be expected that a survey of specific interest to the work of a targeted professional group would produce a better response rate than one which is unrelated to the direct interests of the population, such as for marketing purposes. Denscombe (2014) reports that when using internet-based surveys much depends on who is contacted and how they are contacted. The email sent to members in BASW was via an e-bulletin which included a link to the online questionnaire survey. The first e-bulletin was sent by BASW to their members on the 23/09/2014 and within this e-bulletin there were eleven headlines. In order to read the headlines, readers would have needed to scroll down the page to find that the online survey link was headline number seven. A further e-bulletin was sent by BASW to their members on the 20/11/2014 and within this e-bulleting there were 10 headlines and similarly the online survey link was found at headline number eight. Therefore,

the location of link to the online survey was not in an ideal place to attract attention as one would need to scroll to the bottom of the e-bulletin to find reference to the online survey.

<u>Study design</u>

The study was originally configured as a mixed methods design which incorporates quantitative and qualitative questions. However, there have been limited qualitative responses from the questions posed and therefore it has been difficult to provide a detailed analysis of these responses. Belk (2008) argues that the use of multiple data collection approaches has the advantage of providing informants with different formats to respond to inquiries in case they have difficulty with one format or another. Upon reflection, whilst the study was originally configured as a mixed methods design the results do not fully constitute such a design. This is because a mixed methods approach employs the strategy of data collection involving both numeric information and text information so that the final database represents both qualitative and quantitative information (Creswell, 2003). However, the qualitative data in this study was limited and therefore that this research study was completed as a more quantitative research design supplemented by qualitative elements. This is consistent with Bryman's (2008) approach to dealing practically with the challenges of maximising the impact of quantitative and qualitative data. The positive element of the research design is with regard to the quantitative data collected and whilst qualitative data has been collected, the limited amount of the qualitative data qualifies the usefulness of the qualitative data received. This is not to negate the usefulness of qualitative data but given that the qualitative data collected in this research was minimal, the impact it has made is limited. Although the qualitative data collected has sought to verify themes highlighted in the literature review, this impacted on the researcher's ability to produce a detailed social constructionist analysis of the social workers situation.

Whilst the findings have highlighted that 63% of participants find that the Working Together to Safeguard Children (2015) definition of child neglect clearly helps them in the identification of child neglect, the research could have benefitted from including a vignette. Vignettes are ideally suited to understandings and perceptions and social construction-type research questions; they can also be used for accounts of practice, if the open-ended questions centre on how participant would/should think, feel and act in the depicted situation (Braun and Clarke, 2013). Therefore, inclusion of a vignette would allow for exploration on how the Working Together to Safeguard Children (2015) definition is interpreted, exploration of

individual responses to child neglect and the extent of influence of the social construction of reality. This would allow for the exploration of whether practitioners from the same membership group view the situation the same or differently and which factors are significant in the identification of neglect.

The questionnaire was not piloted prior to going live. Other than discussing the questionnaire with my supervisor it was not discussed or reviewed neither with any colleagues nor with a small sample of individuals who represent the sample group. It is possible that the process of piloting would have allowed for 'fresh eyes' to comment on the suitability and clarity of the questions and ambiguous questions could have been restated or redeveloped. Given the limited amount of qualitative responses, a piloting phase would have allowed for consideration around the suitability of including a qualitative element to the questionnaire, especially given the limited amount of qualitative data collected. An example of clarifying ambiguous questions can be related to the statement found in Table 8 of results section, which states, there is a lack of agreement on the nature of neglect amongst members of the same professional work group. The reason this this may be an ambiguous statement is that feedback has been received from a social work professional, following the completion of my research, suggesting that this statement may have led participants to believe that 'same professional work group,' may include multi-agency professionals such as health visitors or school nurses. Qualitative data received for this statement does not indicate any feedback which would corroborate this, although the data received to this statement was limited. Therefore, upon hindsight it would have been prudent to have piloted the questionnaire to ensure that the focus of the questionnaire was clear.

Furthermore, the current study has identified that participants report that communication/ interaction with a child influences their decision-making. However, the study by Horwath (2005) found that in response to the same question within her questionnaire, the review of case material was not consistent with what participants were reporting, in that there was a lack of meaningful communication with children about their lives and out of 48 home visits only 5 social workers recorded that they spoke to the children to ascertain their views and feelings. Therefore, had there been an audit of case files, this would have enabled a check on whether what is being reported by participants in respect of communication/ interaction with a child influencing their decision-making, is consistent with what is being recorded. This is especially relevant given that research from Horwath (2005); OFSTED (2011, 2014);

Rochdale Borough Safeguarding Children Board (2012) and Casey (2015) evidence a lack of attention to children's wishes and feelings.

Upon reflecting on this area of communication with children, whilst this research indicates that 97% of participants reported that communication and interaction with a child influenced their decision-making, the ability of social workers communicating with children needs to be considered. The practice research indicates of lack of attention to children's wishes and feelings. However, where communication with children is taking place, as has been suggested by participants from this research study, the ability of social workers to complete this task needs to explored, given some interesting themes from practice research. There have been growing concerns about the ability of social workers to communicate with children and the extent to which the training they receive enables them to work effectively with children (Laming, 2009; Social Work Reform Board, 2012). Furthermore, Munro (2011**:** 97), in her review of the child protection system and social work training, noted:

> Degree courses are not consistent in content, quality and outcomes for child protection, there are crucial things missing in some courses such as detailed learning on child development, how to communicate with children and young people, and using evidence-based methods of working with children and families.

Ongoing exploration of the research in this area appears to support Munro's statement. The importance of engaging with children was highlighted by Leeson (2010: 486) in her exploration of the importance of social workers' relationships with looked-after children. Of the seven social workers interviewed, she found none 'had received any formal training in direct work with children at either the undergraduate or the post qualifying level'. Although, through their own experience, they had developed some skills in communicating, these were limited to verbal forms of communication and meant it was 'less likely that they would engage with a younger child under 8 years old, perceived as unable to communicate effectively through conversation'. Handley and Doyle (2012) explored the views of qualified social workers about their skills in eliciting the wishes and feelings of children. They noted that on average, practitioners felt able to ascertain the feelings and wishes of children as young as 4 years old. Nevertheless, at qualifying level, only 30% had training in communicating with young children, 16% in ascertaining children's feelings and wishes, and 66% in child development. Many had subsequently relied on in-service training and their own initiatives to acquire further skills and understanding. Therefore, it is very possible that

although social workers are aware of the importance of communication with children, the practice research indicates a lack of evidence in this area. Furthermore, where communication is happening it is very possible, as found by Horwath and Tarr (2015) that communication with children is superficial, and this may be as a result of social workers not being equipped with the necessary tools to engage children in effective discussion and communication.

Areas that require further exploration

What is now required is for further research which explores:

> The contradictory finding between the majority of social workers finding the Working Together to Safeguard Children (2015) definition helpful, yet the majority of social workers reporting a lack of agreement on the nature of neglect amongst members from the same professional working group. The limited qualitative response from this online survey has served to authenticate some of the concerns from the literature review but a qualitative approach to this area, for example through interviews and vignettes, would provide a more detailed analysis of the reasons for the contradiction and the level of difference in the identification of neglect.

> This research has highlighted that approximately one third of social workers do not feel equipped to work with families in cases of child neglect and 45% of social workers do not follow up on concerns from their casework. Therefore, there is a concern that there may be a large number of social workers in practice who are ineffective in their role and providing a disservice to the children with whom they work. This research has not been able to distinguish what is being done to remedy this practice issue and whether social workers feel able to discuss their concerns with their managers and what actions are being undertaken to empower those social workers with the skills and knowledge to feel equipped.

> The issue of stress is social work is not new and this research has found a significant association between reported job stress and its impact upon ability to do the job. What is needed is for further research to explore what local authorities and social workers are doing to alleviate the impact of stress.

CHAPTER 7: CONCLUSION

The findings from this research cannot be generalised to the population of social work practitioners due to a limited response rate. Nevertheless, the findings have allowed for a thought-provoking insight into social work practice in cases of child neglect. The assessment and recognition of child neglect is not straightforward and it is a complex area of work. The findings should not be considered in isolation and need to be reflected upon within the context of face to face encounters between social workers, children and families. Together with understanding the dynamics of practice such as the organisational pressures of caseloads and timescales and the theoretical knowledge, skills and time required to achieve effective social work.

The significance of child neglect should not be underestimated. The incidence of child neglect continues to rise and remains the most common form of child maltreatment. This is not only reflected in the figures provided by the Department for Education (2014) but this can also be seen within this study. Almost half of the participants in this study have identified that child neglect is the primary feature of up to fifty per cent of their casework. Approximately one third of participants have identified neglect as a primary concern in over half of their casework. Even where neglect is not considered to be the primary feature over one third of participants report that neglect features in over half of their casework with over another third of participants reports that it features in up to half of their casework. Where child neglect is identified there is no single factor which stands alone as being significant in the identification of child neglect. Therefore the identification of child neglect is multi-factorial. However the most significant factors are those which relate to the child.

In cases of child neglect, the definition provided within Working Together to Safeguard Children (2015) has been identified as being one of the most used tools. However, the definition should not be thought sufficient without guidance on how to interpret and apply this. This is as over two thirds of participants have reported that the definition of child neglect clearly helps in the identification of neglect. However two thirds of participants report that there is a lack of agreement on the nature of neglect amongst members of the same professional group. Therefore the usefulness of the definition of child neglect is open to question. Neglect is difficult to define because it is difficult to objectively describe the absence of something like love or attention. Neglect often co-exists with other forms of abuse and adversity and although it generally refers to the absence of parental care and the chronic

failure to meet children's basic needs, defining what those needs are is not straightforward. Nevertheless, if a definition has been provided in order to assist with the identification then this should result in an agreed consensus on the nature of neglect. However, what is being reported, is that social work practitioners are working in an ambiguous and contradictory manner, yet are agents of the state, protecting children from harm when they themselves are not in agreement on the nature of child neglect.

This research study has concluded that social workers identify neglect based on factors relating to children and through communication and interaction with children. It is unfortunate that practice examples do not evidence this as can be seen in the failings of Rochdale and Oxfordshire and a recent publication by OFSTED. However, that should not detract from all the good work undertaken by social workers which is not reported in the media. Nevertheless, the completion of assessments and threshold discussions must not be an easy task given the complexity of the definition, which through this research study has been highlighted as potentially ineffective, due to contradictory statements made by social workers around its usefulness and consensus of neglect.

This research has highlighted that one third of social workers report that they not equipped to work with families in cases of neglect and almost a half of social workers report that they are unable to follow up on concerns in their casework due to workloads. Therefore, there is a concern that these social workers who have identified these concerns and issues will be working with children and families who may not be getting the quality of service to which they are entitled. This is a cause for concern as the implication of this is that children may be being left at risk of harm, given that almost a half of social workers report that they do not follow up on concerns. Therefore potentially social workers are not fulfilling the criteria for expected practice and therefore for registration.

Alongside this is the significant association found from this research between perceiving job stress and feeling that work stress affects individual's ability to do the job. It is possible that the impact of stress is a contributing factor to why social workers do not feel equipped to deal with families in cases of child neglect. However the issue of stress may be exacerbated due to work load pressures and working with families where social workers do not feel equipped. However, irrespective of this, the issue at hand is that social workers are feeling stressed and reporting that this is having a negative impact upon their ability to do their work. As such

there needs to be some system in place which results in stress reduction and improved well-being in work.

Messages from the study

The limitations of this unfunded, student research project have been noted, but insights have been gained into a number of problem areas. National research is needed to explore further the concerns highlighted in this study. These areas relate to the usefulness and interpretation of the Working Together to Safeguard Children (2015) definition of child neglect and the barriers to effective social work practice. The tentative messages from this study are as follows.

1) There is a need to improve practitioners' understanding of the prevalence of neglect, to improve the identification of this, and to optimise responses to the problem. The development of a multi-agency strategy in each Local Authority could help to achieve this.

2) There may be a training deficit that contributes to sub-optimal responses to neglect. Ensuring that practitioners and their managers have access to high-quality, specialist training on the recognition and management of neglect could be an important means to move towards better responses. Part of this could focus on appreciation of the definition of child neglect and, most importantly, the application of this in relation to casework.

3) This study has identified a lack of access to research findings by social workers. This is a common problem in field work-based professions and may not be easy to address, however, this deficit isolates practitioners from evidence-based practice. Updates on the latest evidence could be included in routine or ad-hoc training sessions or provided by newsletter or noticeboards.

4) A degree of uncertainty was found among staff of their duty to escalate and respond to concerns when they consider that a child is not appropriately protected or is suffering from neglect or other harm. There is a clear need to address this at an organisational and national level.

5) Completing child neglect assessment using a tool such as the Graded Care Profile could ensure that the DH definition of child neglect is not used in isolation, and such tools could assist with decision-making in difficult circumstances.

6) The causes of work-related stress in the children and family service area need to be explored further and a strategy put in place to combat practitioner stress. A strategy that took into consideration changes in team structures and pressure points in service delivery might be most effective in supporting social workers, addressing issues of stress, and maintaining a healthy workforce.

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APPENDICES

SURVEY QUESTIONNAIRE

How Do Social Workers Identify Child Neglect? Online Survey

Welcome

Social work within a children and families department is often dependent upon being able to undertake assessments in cases when referrals include concern about physical, sexual or emotional abuse or neglect. Of significant concern is that where Local Authorities undertake serious case reviews due to child deaths, the majority feature child neglect. Research indicates that there is limited research of child neglect although it is acknowledged that the outcomes for children who suffer from child neglect can be debilitating. The definition used by social workers in assessing child neglect was provided by the Department for Children Schools and Families (DCSF) in the Working Together to Safeguard Children report (HM Government, 2010). However, information in research suggests that many difficulties are faced by social workers in identifying child neglect. Therefore, the online survey will explore, what if any, are the difficulties faced by social workers when working with child neglect and also explore how social workers identify child neglect.

The research is being undertaken by Nabeel Chaudhry who is a qualified social worker and is currently undertaking a part time Professional Doctorate in Health and Social Care at the University of Salford. The research supervisory team consist of Dr Ashley Weinberg and Professor Tony Long who are both based in the University of Salford.

Data Protection, Confidentiality and Consent

As outlined in the information sheet, we will not be recording your name, personal details, or organisation details. You do not have to answer any questions that you are not comfortable with. Only the research team will have access to the responses you provide and although your responses may be presented in research report, the will be anonymised.

We anticipate that the survey will take no more than approximately 15 minutes to complete: the burden of time will largely depend on the length of responses you provide.

Please contact Nabeel Chaudhry [M.N.Chaudhry1@edu.salford.ac.uk] if you have any further questions, or experience difficulties completing the survey.

In continuing to complete the online survey and submitting your responses, you are confirming that you
* have read and understood the participant information sheet;
* understand that your participation is voluntary and that you are free to withdraw at any time prior to submitting your responses without giving a reason;
* understand that all the information provided will be treated in confidence;
* understand that given the anonymous nature of the survey, it is not possible to withdraw your responses once you have completed the survey and submitted your responses;
* will not disclose information that will identify specific individuals, organisations and/or cases;
* agree to take part in the study.

Please note that once you have clicked on the CONTINUE button at the bottom of each page you cannot return to review or amend that page

Section 1- Demographic data

1. Are you?
- o Male
- o Female
- o Transgender
- o Prefer not to say

2. How many years have you been working as a qualified Social Worker?

> [ ]

 Type in approximate number in above box.

3. How many years has this been working within a children and families service?

> [ ]

 Type in approximate number in above box.

4. Please indicate which of the following describes your ethnic group

Asian	
o Bangladeshi	
o Indian	**Chinese**
o Pakistani	o Chinese
o Any other Asian background, please state ………………………	o Any other Chinese background, please state ……………………
Black	**Mixed**
o African	o Asian and White
o Caribbean	o Black African and White
o Any other Black background, please state ………………………..	o Black Caribbean and White
	o Any other mixed background, please state ……………………………
White	
o British	**Other ethnic group**
o English	o Any other ethnic group, please state ……………………………
o Scottish	
o Welsh	
o Northern Irish	**Undisclosed**
o Irish	o Prefer not to say
o Any other White background, please state ………………………	

5. Which geographical area in England do you work within?
- o North East
- o North West
- o Yorkshire and The Humber
- o East Midlands
- o West Midlands
- o East
- o London
- o South East
- o South West
- o Prefer not to say

6. Please indicate your job role
- o Social worker
- o Advanced practitioner/ senior social worker
- o Assistant Manager
- o Team Manager
- o Senior Manager

Section 2- Caseloads

1. What proportion of your current caseload feature aspects of child neglect?
  - o Less than 25%
  - o 26-50%
  - o 51-75%
  - o 76-100%
  - o Do not hold a caseload

2. What proportion of your current caseload feature child neglect as the primary concern?
  - o Less than 25%
  - o 26-50%
  - o 51-75%
  - o 76-100%
  - o Do not hold a caseload

3. I am comfortable with the level of risk I am currently managing in my caseload
  - o Strongly agree
  - o Agree
  - o Neither agree or disagree
  - o Disagree
  - o Strongly disagree

b. If you indicated strongly agree or agree, please continue to question 4.

  - o If you indicated neither agree or disagree, disagree or strongly disagree, please summarise why you think this is

Section 3- Identification of child neglect

4. The Working Together to Safeguard Children (2010) definition of child neglect clearly helps me in the identification of child neglect
  - o Strongly agree
  - o Agree
  - o Neither agree or disagree
  - o Disagree
  - o Strongly disagree

b. If you indicated strongly agree or agree, please continue to question 5.

If you indicated neither agree or disagree, disagree or strongly disagree, please summarise why you think this is and what needs to be included

5. Which are the factors that you feel are significant in the identification child neglect?

More than one box can be ticked.

Child
- o   Delayed development
- o   Lack of stimulation
- o   Behavioural problems
- o   Aggression
- o   Physical injury/ abuse
- o   Sexual abuse/ disinhibited sexuality
- o   Poor hygiene
- o   Hunger/ feeding problems/ inadequate diet
- o   Failure to thrive
- o   Health problems/ inappropriate medical requests

Parents/ caregivers
- o   Poor parenting of caregivers
- o   History of neglect/ abuse in caregivers
- o   Caregivers experienced care system/ Prison
- o   Substance misuse
- o   Mental illness/ learning disability
- o   Inability to nurture/ lack of bonding
- o   Poor parenting skills
- o   Disorganisation/ mismanagement

Family dynamics
- o   High stress levels
- o   Family violence
- o   Unrealistic expectations of child
- o   Parent's needs first
- o   Scapegoating
- o   Lack of boundaries

Compliance
- o   Family known to SSD
- o   Resistant/ non co-operative
- o   Failure to keep appointments
- o   Poor school attendance

Social factors
- o Poverty/ deprivation
- o Debts, financial problems
- o Unemployment/ reliance on benefits
- o Poor housing
- o Social isolation

6. Whether I like it or not, if one of the carers presents as/ or is physically aggressive I may tolerate standards of care that I would not accept among less aggressive carers

- o Strongly agree
- o Agree
- o Neither agree or disagree
- o Disagree
- o Strongly disagree

7. Communication/ interaction with a child influences my decision making

- o Strongly agree
- o Agree
- o Neither agree or disagree
- o Disagree
- o Strongly disagree

8. There is a lack of agreement on the nature of neglect amongst members of the same professional work group

- o Strongly agree
- o Agree
- o Neither agree or disagree
- o Disagree
- o Strongly disagree

b. If you indicated disagree or strongly disagree please continue to question 9

If you have answered strongly agree, agree or neither agree or disagree why do you think this is and what can be done to rectify this?

Section 4- child neglect resources

9. What guidance, procedures or tools do you use in cases of child neglect?

More than one box can be ticked.

- o Working together to Safeguard Children 2010 definition of child neglect
- o The Children Act 1989
- o Graded care profile
- o Home conditions assessment tool
- o The Framework for the Assessment of Children in Need and their Families
- o The tools to measure neglect effectively are not available
- o None
- o Other

10. What training have you received relevant to child neglect?

More than one box can be ticked.

- o Local Authority training
- o Studied as part of social work degree
- o Own independent training undertaken
- o None
- o Other

11. I feel equipped to work with families in cases of child neglect?

- o Strongly agree
- o Agree
- o Neither agree or disagree
- o Disagree
- o Strongly disagree

If you have answered neither agree or disagree, disagree or strongly disagree what do you feel that you need in order for this to change?

Section 5- Health and well-being

12. My job makes me feel stressed

- o Strongly agree

- o Agree
- o Neither agree or disagree
- o Disagree
- o Strongly disagree

13. Work related stress is affecting my ability to do the job

- o Strongly agree
- o Agree
- o Neither agree or disagree
- o Disagree
- o Strongly disagree

14. My workload makes it hard to follow up every aspect of a case where I have concerns

- o Strongly agree
- o Agree
- o Neither agree or disagree
- o Disagree
- o Strongly disagree

Thank you

Thank you very much for taking your time to complete this survey. The findings will be included within the research thesis and may also be presented at relevant conferences/professional meetings and/or written up for publication in peer reviewed journals.

Please note that the anonymous nature of the survey means that it is not possible to withdraw your data from the study once you have submitted your response.

Please contact Nabeel Chaudhry if you would like any further information about the study. M.N.Chaudhry1@edu.salford.ac.uk

You have now completed the survey.

ETHICS FORM

University of Salford MANCHESTER

College of Health and Social Care Research Ethics

Ethical Approval Form for Postgraduate Research students

ETHICAL APPROVAL MUST BE OBTAINED BY ALL POSTGRADUATE RESEARCH STUDENTS PRIOR TO STARTING RESEARCH WITH HUMAN SUBJECTS, ANIMALS OR HUMAN TISSUE.

The signed Ethical Approval Form and application checklist should be submitted to:

Rachel Shuttleworth, AD 101, Allerton Building, r.shuttleworth@salford.ac.uk

Please note that the application will not be processed without the signatures of both the applicant and supervisor.

College Ethics Panel:

Application Checklist

Name of Applicant: Mohammed Nabeel Chaudhry
Title of Project: How do social workers identify child neglect

Is the research being carried out wholly or in part on University premises?		No
Has a health and safety check been requested?		No

The checklist below helps you to ensure that you have all the supporting documentation submitted with your ethics application form. This information is necessary for the Panel to be able to review and approve your application. Please complete the relevant boxes to indicate whether a document is enclosed and where appropriate identifying the date and version number allocated to the specific document (*in the header / footer*), Extra boxes can be added to the list if necessary.

Document	Enclosed? (indicate appropriate response)				Date	Version No
Application Form		Mandatory		If not required please give a reason		
Risk Assessment Form	Yes				18/05/2014	2
CRB check			Not required for this project	Children are not part of this research study. It is only social workers		
Participant Invitation Letter	Yes			Please refer to introduction before commencing online survey	18/05/2014	2

Participant Information Sheet	Yes				18/05/2014	2
Participant Consent Form	Yes			Please refer to introduction before commencing online survey	18/05/2014	2
Participant Recruitment Material – e.g. copies of posters, newspaper adverts, website, emails	No					2
Organisation Management Consent / Agreement Letter	Yes			Please refer to email confirmation from BASW		
Research Instrument – e.g. questionnaire	Yes				18/05/2014	2
Draft Interview Guide	Yes				18/05/2014	2
National Research Ethics Committee consent		No	Not required for this project	No NHS involvement		

Name of Student: Mohammed Nabeel Chaudhry

Name of Supervisor: Dr Ashley Weinberg

School: School of Nursing, Midwifery, Social Work & Social Sciences

Course of study: Professional Doctorate Health and Social Care

Name of Research Council or other funding organisation (if applicable): None

1a. Title of proposed research project

Clarifying the ways in which social workers identify child neglect

1b.   Is this project purely literature based?

 NO (delete as appropriate)

2. Project focus

Social work within a children and families department is often dependent upon being able to undertake assessments in cases when referrals include concern about physical, sexual or emotional abuse or neglect. Of significant concern is that where Local Authorities undertake serious case reviews due to child deaths, the majority feature child neglect. Studies indicate that there is limited research of child neglect and it is acknowledged that the outcomes for children who suffer from child neglect can be debilitating. The definition used by social workers in assessing child neglect was provided by the Department for Children Schools and Families (DCSF) in the Working Together to Safeguard Children report (HM Government, 2010). However, studies suggest that many difficulties are faced by social workers in identifying child neglect.

Therefore, this research has been prepared to outline these concerns in a practice setting. The proposed research will not only provide an enhanced understanding of the difficulties faced by social workers when working with child neglect but also

highlight how they identify child neglect. This may prove to be beneficial as the findings will be compared and related to literature to analyse what social workers are doing, overlooking or failing to do, and aims to assist with the future safeguarding of children suffering from child neglect.

3. Project objectives

Aims and objectives

The aim of this research is to investigate how social workers identify child neglect. The objectives below have been set out in order to achieve this aim.

1) To establish the current state of the evidence base with regard to child neglect within social work practice in the United Kingdom
2) To elicit social workers' understanding of child neglect
3) To understand how social workers interpret the Working Together to Safeguard Children (2010) definition of child neglect
4) To establish the perceived usefulness to social workers of the Working Together to Safeguard Children (DfE 2010) definition of child neglect
5) To identify the factors that social workers associate with the identification of child neglect

4. Research strategy
(For example, outline of research methodology, what information/data collection strategies will you use, where will you recruit participants and what approach you intend to take to the analysis of information / data generated?)

This study will use a mixed methods design which involves collecting and analyzing both quantitative and qualitative data during the research process within a single study to understand the research problem better (Creswell and Clark, 2007). The

justification for using a mixed methods design is that the single use of either qualitative or quantitative methods would not be able to capture the trends and the details of the situation, such as the complex issue of how social workers identify child neglect. However, when combined, both quantitative and qualitative data can yield a more complete analysis, and they complement each other (Creswell et al 2004).

Purely numerical responses to questions will be supplemented by the option to explain the response in some detail. The rationale for this approach is that the quantitative results will provide the general picture of the research problem while the qualitative data will explain those statistical results by exploring participants' views in more detail.

Sampling and participant recruitment

The British Association of Social Workers (BASW) is the largest professional association for social work in the UK. The proposed research has passed through BASW's Policy, Ethics and Human Rights Committee and there is agreement from BASW to include information on the proposed research within an e-bulletin. BASW members are made up of five categories which consist of student social workers, newly qualified social workers, experienced social workers, self-employed social workers and those who have retired from the profession. BASW members are divided into one of four areas, dependent upon their location, which are England, Northern Ireland, Scotland and Wales. Definitions for neglect from government guidance in all four nations of UK are broadly similar, however, for the purpose of this research BASW members from England will form the sample group as they are required to work towards the definition identified within the proposed research. BASW has reported that it would not be willing to share a breakdown of its member categories in the four geographical areas, nor was it willing to provide a breakdown of the number of members within the four areas. However, within its Annual Report and Financial Statements it is reported that at the end of 30th September 2012 there

were 14,558 members in total (BASW, 2013).

The survey will be made available to all BASW members in England, with no other exclusion criteria. The sample is likely to include members from all of the categories of membership, male and female, and of varying lengths of professional experience. There is no basis on which to estimate the likely number of responses.

Data collection

Data collection will be undertaken by using an online questionnaire survey. The survey will be distributed using SurveyMonkey software. There will be a link to this survey via a BASW e-bulletin. The survey will be in the form of four sections with seventeen questions altogether. These questions have been developed taking into consideration previous research and literature. The questions will consist mainly of closed questions with a limited number of open questions. The closed questions will have predetermined response categories from which to choose. The open questions will allow participants to elaborate further on a particular closed question if they so wish. The survey will be made available for a period of 4 weeks, after which attempts to begin the survey will prompt a brief message that the survey is closed.

Data Analysis

Data will be analysed using SPSS, from which frequency counts and cross-tabulations will be derived to provide details about the relationships between the variables assessed. As an example, cross-tabulation may be used to identify the interrelation between the level of experience and usefulness of the Working Together to Safeguard Children 2010 definition of child neglect.

In respect of the open questions, qualitative text analysis can be undertaken using SurveyMonkey. SurveyMonkey has the ability to categorise respondents' attitudes, behaviours, concerns, motivations and culture. It allows the categorisation and coding of the passages of text and highlights important words or phrases. However,

5. What is the rationale which led to this project?
(for example, previous work – give references where appropriate. Any seminal works must be cited)

The need for research on child neglect

Garbarino and Collins (1999) highlight that the overwhelming focus of child maltreatment is on abuse not neglect and they identify neglect as 'neglected.' Wolock and Horowitz (1984) identify 4 reasons for the greater interest in child abuse than neglect. Firstly, the introduction of The Battered Child Syndrome by Kempe et al (1962) which defined child maltreatment in terms of child abuse. Secondly, the link between poverty and neglect with society giving a low preference to resolving issues of poverty. Thirdly, child abuse is more news worthy than neglect and thus receives more publicity. Fourthly is society's obsession with violence and thus the sight of a of beaten child commands more attention than scars left from neglect. Furthermore, Perry (2002) argues that despite child neglect being the most pervasive form of child maltreatment it continues to be understudied for three reasons. Firstly, neglect is difficult to 'see,' in contrast to a broken bone or bruise whereas a delayed neurodevelopmental process is not readily visible. Secondly is the issue with timing whereby the needs of the child change during different stages of development and what maybe neglectful at one age is no longer at another age. Thirdly, it is difficult to find a sufficient population of humans who have been subject to neglectful experiences which have been documented.

Behl et al (2003) undertook a literature review in relation to child maltreatment, which consisted of physical abuse, sexual abuse, emotional abuse and neglect, over

the previous 22 years, They found that physical abuse and sexual abuse comprised of the vast majority or literature, whereas neglect covered small minority of child maltreatment literature (Behl, et al 2003). More recently, Gilbert et al (2009) have continued to mirror these findings and report that neglect is just a damaging as physical or sexual abuse in the long term however it has received the least scientific and public attention.

In order to inform research in practice for social work in the UK, Tanner and Turney (2003) undertook a literature review in relation to child neglect. What they found at the time of publication was that much of the literature was produced in America and they raised concerns in regard to transferring replicating or interpreting this information to the UK due to differences in the social welfare state. Furthermore, this is reinforced by Gilbert et al (2009) whereby they reference research on child maltreatment over the past 30 years although this is mainly produced in the US and may not be applicable to the UK.

Some of the issues faced by social workers

Turney and Tanner (2001) argue that there are a variety of reasons that social workers find it difficult to address child neglect effectively. Firstly, although there are available definitions of child neglect it remains a question of personal and professional judgement as to whether a particular situation is viewed as neglect. This is further compounded as opinions about neglect are generally based upon standards of adequate care and this can pose as a problematic area for social workers who may be unwilling to make a finding of neglect if families are disadvantaged by poverty.

Secondly, the rule of optimism may deter a social worker from identifying a situation as neglectful or abusive. This is the idea that the most favourable light will be shed on events and explanations, until that no longer becomes feasible. The Serious Case Review (2013) into the death of Daniel Pelka in 2012 highlighted that an initial fracture to Daniel's arm was dominated by the rule of optimism, whereby a core assessment placed too much weight on a later admission by the paediatrician

that the injury could have been accidentally caused, and not enough on the fact that doctors also felt it was likely to have been caused by abuse.

Thirdly, chronic neglect is largely an on-going process than merely a one-off incident. This can have a debilitating impact upon the social worker involved with the family and they may become numb to the effect of constant low level care on the children. This may lead to that social worker becoming used to that level of care if there no significant changes, whilst, if faced with a new family with the same situation this would present as unacceptable care.

6. **If you are going to work within a particular organisation do they have their own procedures for gaining ethical approval?**
(For example within a hospital or health centre)

YES

If YES – what are these and how will you ensure you meet their requirements?

The proposed research has passed through BASW's Policy, Ethics and Human Rights Committee and there is agreement from BASW to include information on the proposed research within an e-bulletin.

7. **Are you going to approach individuals to be involved in your research?**

YES (delete as appropriate)

If YES – please think about key issues, for example, how you will recruit people?

How you will deal with issues of confidentiality / anonymity?

The e-bulletin sent by BASW to their members will allow for potential participants to click into this link. This will open a separate page which will provide information with regard to the study. At the bottom of this page will be two separate links: a participant information sheet and the online questionnaire survey. The participant information sheet will emphasise that names, personal details or organisational details are not required, and that participants do not have to answer any questions with which they feel uncomfortable. Furthermore, once a participant clicks on the link to commence the questionnaire there will be an introduction section which welcomes the participant with information about the study and goes over issues of data protection, confidentiality and consent. Only then will the participant be able to commence the survey.

8. **More specifically, how will you ensure you gain informed consent from anyone involved in the study?**

Within the survey before commencement there will be a section (refer to 'Introduction before commencing online survey' within which there will be a section which states that:

In continuing to complete the online survey and submitting your responses, you are confirming that you

* have read and understood the participant information sheet;

* understand that your participation is voluntary and that you are free to withdraw at any time prior to submitting your responses without giving a reason;

* understand that all the information provided will be treated in confidence;

* understand that given the anonymous nature of the survey, it is not possible to withdraw your responses once you have completed the survey and submitted your responses;

* will not disclose information that will identify specific individuals, organisations and/or cases;

* agree to take part in the study.

9. How are you going to address any data protection issues?

See notes for guidance which outline minimum standards for meeting Data Protection issues

Data will be kept only for the declared purpose of the study. It will not be disclosed to third parties without the consent of the individual participant, and it will be retained for the period agreed. Since service users are not involved, data will be retained by the researcher until 6 months after the end of the study to allow for publications to be completed. After this, the data will be retained by the supervisor for a period of 5 years from the date of completion of data collection, and then securely destroyed.

10. Are there any other ethical issues that need to be considered? For example research on animals or research involving people under the age of 18.

N/A

11.   (a) Does the project involve the use of ionising or other type of "radiation"

NO

(b) Is the use of radiation in this project over and above what would normally be expected (for example) in diagnostic imaging?

NO

(c) Does the project require the use of hazardous substances?

NO

(d) Does the project carry any risk of injury to the participants?

NO

(e) Does the project require participants to answer questions that may cause disquiet / or upset to them?

NO

Projects will also be reviewed by the Health & Safety co-ordinator for the College and risk

assessments requested where appropriate

12.   How many subjects will be recruited/ involved in the study/research? What is the rationale behind this number?

BASW members are made up of five categories which consist of student social workers, newly qualified social worker, experienced social workers, self-employed

social workers and those who have retired from the profession. BASW members are divided into one of four areas, dependent upon their location, which are England, Northern Ireland, Scotland and Wales. BASW members from England will form the sample group as they work towards the definition identified within the proposed research. At the end of September 2012 there were 14,558 BASW members in total (later statistics are not yet available), and no detail of the number specifically for England was released to the researcher. Participants will be from any of the five categories, and no exclusions will be applied on grounds of sex, ethnicity, length of experience or place of work. A large majority of BASW members will be based in England, so the potential population from which to sample will be in the order of several thousands. No further estimate is possible.

Although it is not possible to predict the response rate of the online survey, Cook, Heath and Thompson (2000) conducted an analysis of response rates for internet based surveys using a total of 68 studies and found a mean response rate of 39.6%. Shinn et al (2004) state that although the response rate for internet based surveys continues to decrease, their study found a response rate of 31.25%. However, it might be expected that a survey of specific interest to the work of a targeted professional group would produce a better response rate than one which is unrelated to the interests of the population, based on a marketing purpose, or broad-ranging.

13. Please state which code of ethics has guided your approach (e.g. from Research Council, Professional Body etc).

Please note that in submitting this form you are confirming that you will comply with the requirements of this code. If not applicable please explain why.

Health and Care Professions Council

Remember that informed consent from research participants is crucial; therefore all documentation must use language that is readily understood by the target audience.

Projects that involve NHS patients, patients' records or NHS staff, will require ethical approval by the appropriate NHS Research Ethics Committee. The University College Ethics Panels will require written confirmation that such approval has been granted. Where a project forms part of a larger, already approved, project, the approving REC should be informed about, and approve, the use of an additional co-researcher.

I certify that the above information is, to the best of my knowledge, accurate and correct. I understand the need to ensure I undertake my research in a manner that reflects good principles of ethical research practice.

Signed by Student

Print Name   Mohammed Nabeel Chaudhry
Date   18/05/2014

In signing this form I confirm that I have read this form and associated documentation.

I have discussed and agreed the contents with the student on _____
(please insert date of meeting with student).

Signed by Supervisor _____

Print Name   Dr Ashley Weinberg

Date   _____

ETHICAL APPROVAL LETTER

Research, Innovation and Academic

Engagement Ethical Approval Panel

College of Health & Social Care
AD 101 Allerton Building
University of Salford
M6 6PU

T +44(0)161 295 7016
r.shuttleworth@salford.ac.uk

www.salford.ac.uk/

21 July 2014

Dear Nabeel,

RE: ETHICS APPLICATION HSCR13/20 – The difficulties faced by social workers when working with families in cases of child neglect

Based on the information you provided, I am pleased to inform you that application HSCR13/20 has been approved.

If there are any changes to the project and/ or its methodology, please inform the Panel as soon as possible.

Yours sincerely,

Rachel Shuttleworth

Rachel Shuttleworth
College Support Officer (R&I)

EMAIL CONFIRMATION FROM BASW FOR SURVEY TO BE ATTACHED TO BASW E-BULLETIN

Date: Wed, 4 Dec 2013 16:05:12 +0000
Subject: RE: Research
From: s.richards@basw.co.uk
To: mohammed_nabeel_chaudhry@hotmail.co.uk
CC: a.weinberg@salford.ac.uk

Hi Nabeel,

Sorry for the delay in getting back to you. Your proposal has passed through our Policy, Ethics and Human Rights Committee and I have spoken to our Head of Communications, Joe Devo who shall be sending out the e-bulletin. He asks that you send the questionnaire to himj.devo@basw.co.uk in a format that is ready to go out to our members.

Kind Regards,
Sarah

Sarah Richards
Events Co-ordinator
BASW - The British Association of Social Workers
16 Kent Street
Birmingham
B5 6RD

0121 622 3911

www.basw.co.uk

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Registered office: 16 Kent Street, Birmingham B5 6RD

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BASW E-BULLETIN SENT ON 23/09/2014 TO BASW MEMBERS WITH LINK TO NEGLECT SURVEY

Email to BASW members

BASW
THE BRITISH ASSOCIATION OF SOCIAL WORKERS   **Social work news**

Follow us:

News about social work from BASW, the voice of social work across England

BASW statement on Rotherham inquiry

The findings of the independent inquiry into Child Sexual Exploitation in Rotherham are both shocking and horrific and our thoughts are with the victims of these terrible crimes.

The report highlights complex system issues including: children, young people and professionals not being listened to, a lack of financial investment in children's services, inadequate training for professionals, inconsistent findings from inspections, poor data and information systems. There is also a need to address the ethnic dimensions highlighted in the report.

Read more

BASW England and the Social Work Union (SWU) is committed to supporting our members and we can provide both specific individual support and group network opportunities for members from Rotherham to meet. Please do not hesitate to contact the England Office or the SWU office if you would like to explore this further.

BASW England: Tel 0121 622 8411 email **england@basw.co.uk**

SWU: Tel 0121 622 8413 email **swuadmin@basw.co.uk**

BASW/HCPC partnership prepares members for HCPC renewal

Maris Stratulis, BASW England Manager said, "BASW is committed to supporting members with their registration renewal process and Continuing Professional Development (CPD)."

The British Association of Social Workers (BASW) and the Health and Care Professionals Council (HCPC) have come together to offer BASW members vital training. The two half day events took place on Monday 1 September and proved very popular with members - with both sessions fully booked.

Read more

HCPC free webinars – CPD Audit Process

25 September 2014

1pm-2.30pm

4pm-5.30pm

The HCPC will be running free **CPD Audit Process** webinars on **Thursday 25 September 2014**.

This online event will focus on the Health and Care Professions Council's audit process and how this links to your HCPC registration and CPD.

It will provide detailed information on how to put your CPD profile together and will be especially useful for those being audited this year.

The presentation will last around **40 minutes**, followed by the opportunity to ask representatives from the HCPC questions about the audit (via the webinar portal).

If you would like to register for these events, please click here

Further details about the webinar, including the link to join on the day and how to send in questions, will be sent to those registered 1 week before the event.

You can find further details on CPD and registration on HCPC webpage - **http://www.hcpc-uk.org/registrants/renew/**

If you have any further questions, please contact the HCPC events team at **events@hcpc-uk.org**

March against austerity: 18 October 2014

BASW wants its members to join the biggest demonstration this decade and let the government know that:**'Britain needs a pay rise'**.

Organised by the Trade Union Congress (TUC) this mass demonstration in London will highlight the issues surrounding low pay and government austerity.

London: The march will assemble at 11am, Saturday 18 October 2014, on the Embankment near Blackfriars. Leaving at noon people will follow a route through central London via Northumberland Avenue, Trafalgar Square and Piccadilly before arriving in Hyde Park for the rally.

Visit the **TUC's campaign website** or to go to the **Peoples Assembly Against Austerity website** for further information.

Please advise events@basw.co.uk if you are able to join us in London!

CLICK HERE to download the campaign poster in your workplace

BASW: Action for Children fostering FOI - child's needs must take priority over money

Commenting on the results of an **FOI request from Action for Children** showing that one in three children are separated from siblings in foster care, Sue Kent, Professional Officer at The British Association of Social Workers (BASW) said:

"Although we recognise that it is not always, in every case, in the best interests of a child to be placed with their siblings, these latest figures from Action for Children are alarming."

BASW: Coventry CC is right to urge social workers to "Do It For Daniel"

As Coventry City Council today launches a **hard-hitting ad campaign** to recruit social workers that references the death of Daniel Pelka, BASW's Chief Executive has praised the initiative.

The adverts use the strapline "Do it for Daniel" and an image of an empty swing in a children's playground. A**designated website** has also been set up where potential recruits can register their interest.

BASW England Annual Student and Newly Qualified Social Work Conference 2014

"It is your future, let us hear your voice"

Wednesday 12th November The Priory Rooms, 40 Bull Street, Birmingham B4 6AF

Cost: £15 members, £30 non members

Speakers confirmed:

- Mark Godfrey – Deputy Director Coventry City Council and Chair of the Social Work with Adults Principal Social Workers Network
- Professor David Croisdale-Appleby – author of Re-visioning Social Work Education
- Marion Russell, Principal Social Worker Cornwall Council and Chair of the Social Work With Children and Familiy's Principal Social Workers Network

There will also be workshops on:

- Social work as highly skilled profession – Dr Pamela Trevithick
- Social media Tarsem Singh Cooner, (Lecturer at Birmingham University and Manisha Mahendra Patel (NQSW and England Committee member) ASYE
- More workshops are being arranged

BOOK your place at the conference

DOWNLOAD flyer

How Do Social Workers Identify Child Neglect? Online Survey

Please complete an **online survey** which will explore, what if any, are the difficulties faced by social workers when working with child neglect and also explore how social workers identify child neglect.

COMPLETE SURVEY

30% Discount at The Policy Press

The Policy Press are now offering BASW members a 30% DISCOUNT on all social work titles.

CLICK HERE and **enter promotion code WEX7413EGW** to receive your discount

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Support the Tanzania Book Drive

A BASW member is appealing to PSW readers for books on child protection to take to Tanzania to help train the country's social workers.

To find out how you can help click here

Upcoming events

Stand Up For Social Workers! Leeds

Date: Saturday 27 September 2014

Venue: New Headingley Club, 56 St Michael's Road, Leeds LS6 3BG

Jim McGrath and Debstar are social workers and comedians who want to challenge structural oppression, austerity, policy that makes life difficult for social workers and most importantly, the people with whom we work. Jim and Debstar also want to just make social workers laugh as laughter is linked to resilience and positive mental health!

VIEW MORE & BOOK

Digital Families 2014

Date: Wednesday 15 October 2014

Venue: Microsoft London Customer Care, 80 Victoria Street, London, SW1E 5JL

Join us for the inaugural Digital Families conference curated and delivered by The Parent Zone: the people behind Digital Parenting Magazine, the Parenting in The Digital Age Programme and Well Versed.

VIEW MORE & BOOK

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Reflections on difficult and intractable situations in social work: 'unsticking the stuck'

A BASW Seminar (in conjunction with NSCAP)

Date: Monday 27 October 2014

Venue: Northern School of Child and Adolescent Psychotherapy (NSCAP), Bevan House, 34-36 Springwell Road, Leeds LS12 1AW

Social workers and social work students interested in reflective and relationship based approaches and their value in untangling tangles and entrenched dynamics will benefit from attending this event. The aim of the day is to apply psychotherapeutic principles, theories and methods to everyday social work practice.

VIEW MORE AND BOOK

....
Don't wish to receive these emails? Unsubscribe

Your e-bulletin contents at a glance

BASW England Patron – welcome to Jenny Molloy

Compass Jobs Fair – come along and meet the team

BASW England response to MPs report on Rotherham

BASW response to BBC film Baby P: The Untold Story

BASW comments on CQC 'Safer Place to Be' report

Why social workers & councils fear new government rules will put elderly at risk

The 'blame game' – perhaps our MPs could take a leaf out of Lord Sugar's book?

How Do Social Workers Identify Child Neglect? Online Survey

The 2014 Social Work Survey

BASW and SPN joint conference: "Revisiting Social Models of Mental Health"

Stand Up for Social Workers!

PSW November
is now available online

View Now

BASW England Patron – welcome to Jenny Molloy

BASW England is absolutely delighted that Jenny Molloy will be our first Patron. Jenny has always been a strong advocate for the social work profession and for BASW, the professional association that speaks up for social workers. Jenny brings a wealth of personal experience to this role including being a former child in care, author, a mother and someone that is prepared to speak out about difficult issues and stand up for social work. We wish Jenny every success in this role, she will be a fantastic Patron for BASW England.

Find out more

Compass Jobs Fair – come along and meet the team

Date: 24 November 2014

Venue: Marriott Hotel, Grosvenor Square, London

Are you a student, a social worker seeking employment or currently working as a social worker in the statutory or voluntary community and independent sector? If yes, we want to meet you!

Come along and meet BASW staff and members face-to-face on Stand 10 at this exciting event. We want to hear what you have to say about professional social work and education training issues that really matter to you. BASW will be running two seminars at this national event, one will be about the implementation and impact of the Care Act 2014 and the other focusing on the international profession of social work and the fast changing landscape of social work in England. We want to hear what you have to say, hear about the reality on the ground and learn more about what we can do as a professional association to support and represent your views. The BASW seminars are part of a comprehensive seminar programme which will enable you to fulfil your CPD requirements.

There will be over 30 employers and partner organisations represented at this event and it will be an incredible networking opportunity for you to meet other students, social workers and a range of professionals from across the sector.

Find out more

BASW England response to MPs report on Rotherham

A report issued yesterday by MPs warns that child sex abuse is widespread in England, and states that Rotherham Council and Ofsted both failed the victims in this town.

Find out more

BASW response to BBC film Baby P: The Untold Story

Aired on BBC1, Baby P: The Untold Story assessed the death of Peter Connelly in 2007 and the role played by all agencies (social work, health and police), politicians and the media involved in the case.

Interviewees included Ex-education secretary Ed Balls, social workers Gillie Christou and Maria Ward and Head of Child Protection Services in Haringey, Sharon Shoesmith.

Find out more

BASW comments on CQC 'Safer Place to Be' report

BASW has praised the Care Quality Commission (QCQ) report on places of safety for people detained under section 136 of the Mental Health Act for highlighting the frequency of breaches of best practice.

Find out more

Why social workers & councils fear new government rules will put elderly at risk

Joe Godden, BASW England Professional Officer, speaks about his concerns in regard to the new government rules coming into place.

Find out more

The 'blame game' – perhaps our MPs could take a leaf out of Lord Sugar's book?

England Professional Officer Nushra Mansuri explains how the treatment of social worker Steven Ugoalah in the first episode of The Apprentice is a reminder of how scapegoating and witch-hunting blights social work.

Find out more

How Do Social Workers Identify Child Neglect? Online Survey

Please complete an **online survey** which will explore, what if any, are the difficulties faced by social workers when working with child neglect and also explore how social workers identify child neglect.

Complete Survey

The 2014 Social Work Survey

The 2014 Social Work Survey from Liquid Personnel, in association with Professor Eileen Munro. The survey is designed to gather a range of insight and opinions into the issues affecting social work practitioners and the progress that has been made since Professor Munro's review, commissioned in 2010.

Click below to complete the unique to BASW members survey.

Complete Survey

BASW and SPN joint conference: "Revisiting Social Models of Mental Health"

The event will see the launch of a BASW and SPN summary statement on mental health social work. This will be developed following a round table event, which includes MPs, to be held on 10 December 2014. The statement and information from the conference will then feed into an anticipated report from the All Party Parliamentary Group (APPG) for Social Work to be launched after the election.

Find out more

Stand Up for Social Workers!

Jim McGrath and Debstar are social workers and comedians who want to challenge structural oppression, austerity, policy that makes life difficult for social workers and most importantly, the people with whom we work. Jim and Debstar also want to just make social workers laugh as laughter is linked to resilience and positive mental health!

Tour dates:

Friday 21 November: Stand Up for Social Workers! Liverpool

Tuesday 2 December: Stand Up for Social Workers! Bristol

Wednesday 3 December: Stand Up for Social Workers! Hull

Thursday 4 December: Stand Up for Social Workers! Cambridge

Friday 5 December: Stand Up for Social Workers! London

Conferences & Events

Nov 20 **Derbyshire/Nottinghamshire Branch Evening Seminar - Thursday 20th November 2014**
YMCA International Community Centre, 61b Mansfield Road, Nottingham, NG1 3FN

Nov 27 **Transforming the Adult Social Care Workforce**
TBC, Zone 1, Central London

Dec 04 **Independents Local Network – South West England**
TBC

Social Work Knowledge

The Wanless Report

Briefing paper on non-consensual adoption and the law

Person-centred care made simple

Social Work Knowledge is BASW's unique resource for social workers looking for the information they need to advance their professional development. It features an easily searchable database hosting thousands of useful resources relevant to social workers of all disciplines.

Find out more

Sign up for e-alerts for the latest resources by visiting**http://www.basw.co.uk/members/preferences.php**, logging in and selecting either 'Yes, All Content' or 'Yes, Selected Categories' (Tick all categories that you have an interest in. Then you will receive content updates based on your selections).

SPSS print outs

Chi-square test output

Definition of neglect helpful and lack of agreement over definition

Definitionhelpful * lackofagreementonneglect Crosstabulation

			lackofagreementonneglect			Total
			1	2	3	
Definitionhelpful	1	Count	22	4	12	38
		% within Definitionhelpful	57.9%	10.5%	31.6%	100.0%
		% within lackofagreementonneglect	61.1%	50.0%	75.0%	63.3%
	2	Count	9	4	3	16
		% within Definitionhelpful	56.2%	25.0%	18.8%	100.0%
		% within lackofagreementonneglect	25.0%	50.0%	18.8%	26.7%
	3	Count	5	0	1	6
		% within Definitionhelpful	83.3%	0.0%	16.7%	100.0%
		% within lackofagreementonneglect	13.9%	0.0%	6.2%	10.0%
Total		Count	36	8	16	60
		% within Definitionhelpful	60.0%	13.3%	26.7%	100.0%
		% within lackofagreementonneglect	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	4.213[a]	4	.378	.375		
Likelihood Ratio	4.694	4	.320	.405		
Fisher's Exact Test	3.345			.510		
Linear-by-Linear Association	1.052[b]	1	.305	.329	.183	.05
N of Valid Cases	60					

a. 5 cells (55.6%) have expected count less than 5. The minimum expected count is .80.

b. The standardized statistic is -1.026.

Comfortable with risk level and tolerate unacceptable standards of care

comfortablewithrisk * physicallyagressivetoleratestandards Crosstabulation

			physicallyagressivetoleratestandards			Total
			1	2	3	
comfortablewithrisk	1	Count	4	0	32	36
		% within comfortablewithrisk	11.1%	0.0%	88.9%	100.0%
		% within physicallyagressivetoleratestandards	44.4%	0.0%	65.3%	60.0%
	2	Count	1	2	7	10
		% within comfortablewithrisk	10.0%	20.0%	70.0%	100.0%
		% within physicallyagressivetoleratestandards	11.1%	100.0%	14.3%	16.7%
	3	Count	4	0	10	14
		% within comfortablewithrisk	28.6%	0.0%	71.4%	100.0%
		% within physicallyagressivetoleratestandards	44.4%	0.0%	20.4%	23.3%
Total		Count	9	2	49	60
		% within comfortablewithrisk	15.0%	3.3%	81.7%	100.0%
		% within physicallyagressivetoleratestandards	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	12.825[a]	4	.012	.015		
Likelihood Ratio	9.696	4	.046	.049		
Fisher's Exact Test	8.366			.031		
Linear-by-Linear Association	2.415[b]	1	.120	.138	.085	.03
N of Valid Cases	60					

a. 5 cells (55.6%) have expected count less than 5. The minimum expected count is .33.

b. The standardized statistic is -1.554.

Comfortable with risk level and feeling equipped to work with families

equippedtoworkwithfamilies * comfortablewithrisk Crosstabulation

			comfortablewithrisk			Total
			1	2	3	
equippedtoworkwithfamilies	1	Count	29	5	5	39
		% within equippedtoworkwithfamilies	74.4%	12.8%	12.8%	100.0%
		% within comfortablewithrisk	80.6%	50.0%	35.7%	65.0%
	2	Count	6	2	3	11
		% within equippedtoworkwithfamilies	54.5%	18.2%	27.3%	100.0%
		% within comfortablewithrisk	16.7%	20.0%	21.4%	18.3%
	3	Count	1	3	6	10
		% within equippedtoworkwithfamilies	10.0%	30.0%	60.0%	100.0%
		% within comfortablewithrisk	2.8%	30.0%	42.9%	16.7%
Total		Count	36	10	14	60
		% within equippedtoworkwithfamilies	60.0%	16.7%	23.3%	100.0%
		% within comfortablewithrisk	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	14.672[a]	4	.005	.005		
Likelihood Ratio	15.250	4	.004	.006		
Fisher's Exact Test	14.908			.002		
Linear-by-Linear Association	13.567[b]	1	.000	.000	.000	.00
N of Valid Cases	60					

a. 4 cells (44.4%) have expected count less than 5. The minimum expected count is 1.67.

b. The standardized statistic is 3.683.

Feeling stressed and ability to do the job

Crosstab

			jobstressaffectsability			Total
			1	2	3	
jobstress	1	Count	19	10	16	45
		% within jobstress	42.2%	22.2%	35.6%	100.0%
		% within jobstressaffectsability	100.0%	71.4%	59.3%	75.0%
	2	Count	0	3	5	8
		% within jobstress	0.0%	37.5%	62.5%	100.0%
		% within jobstressaffectsability	0.0%	21.4%	18.5%	13.3%
	3	Count	0	1	6	7
		% within jobstress	0.0%	14.3%	85.7%	100.0%
		% within jobstressaffectsability	0.0%	7.1%	22.2%	11.7%
Total		Count	19	14	27	60
		% within jobstress	31.7%	23.3%	45.0%	100.0%
		% within jobstressaffectsability	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	11.306[a]	4	.023	.020		
Likelihood Ratio	15.301	4	.004	.007		
Fisher's Exact Test	11.102			.012		
Linear-by-Linear Association	9.301[b]	1	.002	.001	.001	.00
N of Valid Cases	60					

a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is 1.63.

b. The standardized statistic is 3.050.

Job stress and hard to follow up concerns

Crosstab

			workloadmakeshardtofollowup			Total
			1	2	3	
jobstress	1	Count	26	7	12	45
		% within jobstress	57.8%	15.6%	26.7%	100.0%
		% within workloadmakeshardtofollowup	96.3%	53.8%	60.0%	75.0%
	2	Count	0	4	4	8
		% within jobstress	0.0%	50.0%	50.0%	100.0%
		% within workloadmakeshardtofollowup	0.0%	30.8%	20.0%	13.3%
	3	Count	1	2	4	7
		% within jobstress	14.3%	28.6%	57.1%	100.0%
		% within workloadmakeshardtofollowup	3.7%	15.4%	20.0%	11.7%
Total		Count	27	13	20	60
		% within jobstress	45.0%	21.7%	33.3%	100.0%
		% within workloadmakeshardtofollowup	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	13.051[a]	4	.011	.009		
Likelihood Ratio	16.060	4	.003	.005		
Fisher's Exact Test	13.887			.002		
Linear-by-Linear Association	7.222[b]	1	.007	.006	.005	.00
N of Valid Cases	60					

a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is 1.52.

b. The standardized statistic is 2.687.

Comfortable with risk level and job stress

Crosstab

			jobstress			Total
			1	2	3	
comfortablewithrisk	1	Count	22	8	6	36
		% within comfortablewithrisk	61.1%	22.2%	16.7%	100.0%
		% within jobstress	48.9%	100.0%	85.7%	60.0%
	2	Count	9	0	1	10
		% within comfortablewithrisk	90.0%	0.0%	10.0%	100.0%
		% within jobstress	20.0%	0.0%	14.3%	16.7%
	3	Count	14	0	0	14
		% within comfortablewithrisk	100.0%	0.0%	0.0%	100.0%
		% within jobstress	31.1%	0.0%	0.0%	23.3%
Total		Count	45	8	7	60
		% within comfortablewithrisk	75.0%	13.3%	11.7%	100.0%
		% within jobstress	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	10.154[a]	4	.038	.035		
Likelihood Ratio	14.471	4	.006	.007		
Fisher's Exact Test	8.703			.034		
Linear-by-Linear Association	7.173[b]	1	.007	.008	.002	.00
N of Valid Cases	60					

a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is 1.17.

b. The standardized statistic is -2.678.

Comfortable with risk level and capacity to follow up cases

Crosstab

			workloadmakeshardtofollowup			Total
			1	2	3	
comfortablewithrisk	1	Count	10	10	16	36
		% within comfortablewithrisk	27.8%	27.8%	44.4%	100.0%
		% within workloadmakeshardtofollowup	37.0%	76.9%	80.0%	60.0%
	2	Count	5	3	2	10
		% within comfortablewithrisk	50.0%	30.0%	20.0%	100.0%
		% within workloadmakeshardtofollowup	18.5%	23.1%	10.0%	16.7%
	3	Count	12	0	2	14
		% within comfortablewithrisk	85.7%	0.0%	14.3%	100.0%
		% within workloadmakeshardtofollowup	44.4%	0.0%	10.0%	23.3%
Total		Count	27	13	20	60
		% within comfortablewithrisk	45.0%	21.7%	33.3%	100.0%
		% within workloadmakeshardtofollowup	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	14.950[a]	4	.005	.004		
Likelihood Ratio	17.565	4	.002	.003		
Fisher's Exact Test	14.642			.003		
Linear-by-Linear Association	10.502[b]	1	.001	.001	.001	.00
N of Valid Cases	60					

a. 5 cells (55.6%) have expected count less than 5. The minimum expected count is 2.17.

b. The standardized statistic is -3.241.

183

Feeling equipped to work with families and stress affecting ability to do job

Crosstab

			jobstressaffectsability			Total
			1	2	3	
equippedtoworkwithfamilies	1	Count	8	9	22	39
		% within equippedtoworkwithfamilies	20.5%	23.1%	56.4%	100.0%
		% within jobstressaffectsability	42.1%	64.3%	81.5%	65.0%
	2	Count	3	4	4	11
		% within equippedtoworkwithfamilies	27.3%	36.4%	36.4%	100.0%
		% within jobstressaffectsability	15.8%	28.6%	14.8%	18.3%
	3	Count	8	1	1	10
		% within equippedtoworkwithfamilies	80.0%	10.0%	10.0%	100.0%
		% within jobstressaffectsability	42.1%	7.1%	3.7%	16.7%
Total		Count	19	14	27	60
		% within equippedtoworkwithfamilies	31.7%	23.3%	45.0%	100.0%
		% within jobstressaffectsability	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	14.573[a]	4	.006	.005		
Likelihood Ratio	13.871	4	.008	.014		
Fisher's Exact Test	12.779			.007		
Linear-by-Linear Association	11.018[b]	1	.001	.001	.001	.00
N of Valid Cases	60					

a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is 2.33.

b. The standardized statistic is -3.319.

Feeling equipped to work with families and workload makes it hard to follow up cases

Crosstab

			workloadmakeshardtofollowup			Total
			1	2	3	
equippedtoworkwithfamilies	1	Count	12	10	17	39
		% within equippedtoworkwithfamilies	30.8%	25.6%	43.6%	100.0%
		% within workloadmakeshardtofollowup	44.4%	76.9%	85.0%	65.0%
	2	Count	7	2	2	11
		% within equippedtoworkwithfamilies	63.6%	18.2%	18.2%	100.0%
		% within workloadmakeshardtofollowup	25.9%	15.4%	10.0%	18.3%
	3	Count	8	1	1	10
		% within equippedtoworkwithfamilies	80.0%	10.0%	10.0%	100.0%
		% within workloadmakeshardtofollowup	29.6%	7.7%	5.0%	16.7%
Total		Count	27	13	20	60
		% within equippedtoworkwithfamilies	45.0%	21.7%	33.3%	100.0%
		% within workloadmakeshardtofollowup	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	9.922[a]	4	.042	.039		
Likelihood Ratio	10.343	4	.035	.053		
Fisher's Exact Test	9.076			.046		
Linear-by-Linear Association	8.642[b]	1	.003	.003	.002	.00
N of Valid Cases	60					

a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is 2.17.

b. The standardized statistic is -2.940.

Spearman's rho correlation coefficients – derived from SPSS pivot table in output file

yearsassocialworker	Correlation Coefficient Sig. (2-tailed) N	Physicallyagressivetoleratestandards
		.374** .003 60

yearsassocialworker	Correlation Coefficient Sig. (2-tailed) N	workloadmakeshardtofollowup
		.260* .045 60

yearsincandf	Correlation Coefficient Sig. (2-tailed) N	equippedtoworkwithfamilies
		-.394** .002 60

yearsincandf	Correlation Coefficient Sig. (2-tailed) N	jobstress
		.333** .009 60