

Exploring Narratives of Neglect in Social Work Practice with Children
and Families. Whose Narratives? What Neglect?

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Abstract:

This thesis explores the narratives of children, young people and mothers, for whom neglect is or has been a feature of their lives. These accounts are augmented by gaining an understanding of the experiences of the social work practitioners tasked to respond to neglect, and its deleterious consequences.

This thesis considers some of the barriers encountered by children and young people when sharing their narrative with others and explores how individuals construct and use narratives to create change in their situations, influence decision-making or protect their siblings. Significance is attached to the role of the *family narrative* in deflecting professional concern.

In relation to mothers' experiences of neglect, this thesis explores the potential for narratives to both perpetuate neglectful caregiving and be utilised as a tool to promote change. Finally, this thesis explores the way in which the voices of social work practitioners are challenged and contested, as they struggle to be heard within an organisational context which places time restrictions on their practice and questions their expert knowledge.

Whilst I initially set out to foreground and privilege the voices of children and young people exposed to neglect, I ultimately demonstrated the worth of locating their narratives alongside those of mothers and practitioners, to add context and to document the complex interplay between parent and child, and the backdrop in which practitioners work with families.

Glossary of Terms:

CSC	Children's Social Care
FSM	Family Support Manager
FSW	Family Support Worker
SOS	Signs of Safety
SP	Step Parent
SW	Social Worker

Introduction:

As a social work practitioner turned lecturer, I entered academia with a keen interest in the field of child neglect. Through delivering training on the topic, I was struck by the challenges that Social Workers faced whilst attempting to support children and their families, where neglect was a feature. Unlike other forms of abuse, neglect appeared to be both misunderstood and tolerated. This resonated with my own practice experience; I knew too well the paralysing effect of working with such families for months on end, unable to encourage sustainable change. Whilst these families proved to be some of the most rewarding to work with, they were also the most difficult cases.

As I entered academia, social work practice with children and families was experiencing a seemingly endless succession of serious case reviews which called in to question practitioners' professional curiosity. Such reports documented cases where, not only was there a failure to speak to children, but they ceased to exist in the mind of the practitioners; ultimately, they were rendered invisible, often by parental actions. None more so than Hamzah Kahn, who laid dead for almost two years, before his body was discovered (BCSB, 2013).

These factors led me to conceive of the need to examine the voices of children and young people living within a context of neglect. My hope was to foreground the experiences of these children through developing an understanding of their daily lived experience. I was confident that the powerful testimonies of children and young people could encourage a move away from the neglect of neglect.

As my research progressed, the scope of my study evolved. Whilst difficulties in gaining access to children proved frustrating, it also encouraged me to broaden out my research sample, and capture the voices of mothers, Social Workers, and support workers; an unintended consequence, yet it provided a dynamic, illuminating landscape from which to make sense of the complexity of neglect. I collated participants voices through the medium of narrative, inviting participants to share their lived experiences.

Chapter One then, sets the context for my thesis, examining the framework which underpins our understanding of neglect. I highlight the energy and investment which has gone into defining neglect, whilst acknowledging that in a quest to determine what neglect is, the development of effective intervention and support strategies have been

delayed. Chapter Two explores the context of children's voice, arguing that for too long, children have been muted, silenced and underestimated. Yet, with a sociological turn, in recent years the views of children have been given more credence, and their perceptions more value (James et al., 1998). Chapters Three and Four concern my approach to this research endeavour: method, methodology and analysis. Here I offer a reflexive account of my time in the field and the impact this had on my identity as a researcher.

My three substantive findings chapters (Five, Six and Seven), detail the voice of children and young people, mothers and practitioners, respectively; with each set of observations working to illuminate and reinforce the others. My thesis concludes by drawing together these perspectives and mapping the importance of the triad of perspectives in helping practitioners and policy makers to intervene in a meaningful and purposeful way.

1.0 Neglect... 'The Hole in the Middle'?

Prior to the 1970s, social work, as a profession, was very much focussed on responding to neglect. Yet, with a growing awareness of structural inequalities and anti-oppressive practice, a toleration of neglect developed (Daniel, 2015). Whilst neglect became a specific category for child protection concern in 1980, authors assert that neglect has continued to be neglected (Dubowitz, 2007; Garbarino and Collins, 1999) in relation to both research and practice. Nonetheless, over the last three decades, our response to, and interest in the phenomenon of neglect has evolved and intensified; despite this, neglect remains the least understood form of maltreatment (Crittenden, 1999).

Research suggests that neglected children have remained under the radar of professionals, and therefore outside of the range of protective services for far too long (Daniel et al., 2011). Moreover, where neglect does attract statutory attention, it is often given less priority when compared with the incident led forms of harm (physical and sexual abuse), due, in part to the 'crisis driven nature of child protection social work in the United Kingdom (Buckley, 2005:116). Neglect commands less attention than more tangible forms of harm, as it is often far less dramatic. Notably, neglect is the only category of maltreatment that does not make direct reference to 'abuse' (Haringey LSCB, 2010).

In a recent biennial analysis of serious case reviews undertaken by Sidebotham et al. (2016:43) neglect was evident in over half (52%) of children, for whom there was a fatal outcome. Yet, in safeguarding practice more widely, neglect has been underreported (Bovarnick, 2007) and underestimated (Stone, 1998). It is asserted that a 'culture of diffidence has emerged' (Jones and Gupta, 1998:97) whereby practitioners may shy away from neglect due to its inherent complexities. Paradoxically, common sense assumptions about neglect prevail, with the unfounded belief that the consequences of neglect are often unremarkable (Stone, 1998) or that neglect is simply bound up in poverty or a matter of 'dirty children in dirty homes' (Minty and Patterson, 1994:733).

Neglect raises distinct challenges for professionals, who may become engulfed by the contagious powerlessness and apathy beamed out by families (Stone, 1998). Alternatively, the chaotic dynamics prevalent within these households can be mirrored by professional helpers, with ineffective scattergun referrals and responses making little headway in turning families around (Brandon et al., 2010).

Research suggests that as many as 1 in 10 children may be experiencing neglect in the UK (Radford et al., 2011). Child protection statistics evidence that the number of children subject to a child protection plan has reached an unprecedented high, at a time when austerity cuts have resulted in a 26.6% reduction in Local Authority funding since 2010 (OFSTED, 2014:9). The last decade has seen a reduction in the numbers of children subject to physical and sexual abuse, whilst the cases of neglect and emotional harm continue to rise (Bentley et al., 2018). Current figures from the NSPCC (2018) report that 27,856 children were subject to a child protection plan in 2017, in the United Kingdom due to neglect (Bentley, 2018). This equates to 48% of the total population across all categories. As concerning as these statistics are, Burgess et al. (2012) claim that reported figures in relation to neglect belie the true extent of the problem. Nonetheless, whilst statistics may not capture true incidence rates they do offer some indication as to the magnitude of the task facing practitioners and policy makers.

The continued upsurge in children requiring safeguarding intervention as a consequence of neglect may indicate that practitioners are becoming increasingly aware of the devastating consequences associated with this form of maltreatment. Not

only is neglect the one of the biggest challenges faced by social work practitioners, it can also have the most significant impact on the future of those it affects (Taylor et al., 2016)

Victoria Climbié:

Victoria was born on the Ivory Coast on the 2nd November 1991, the fifth of seven children. In October 1998, Victoria was entrusted to the care of her great Aunt, Marie-Therese Kouao, in the hope of securing better educational opportunities. Initially Victoria was taken to France, however, following concerns raised in respect of her absence from education and her general well-being, Victoria and her aunt travelled to London in April 1999.

Shortly after moving to the UK, Marie-Therese Kouao established a relationship with Carl Manning. In July of the same year concerns were again raised regarding Victoria's care, this time relating to alleged non-accidental injuries. Conflicting medical opinion however, resulted in Victoria being discharged from hospital with a diagnosis of scabies. Victoria was readmitted to hospital just over one week later with a scald to her face, reportedly self-inflicted. It was at this stage that Victoria came to the attention of Children's Social Care. However, after spending a little under two weeks in hospital, the decision was made by the Police and Children's Services, to return her back to the care of her aunt and her partner.

In the months that followed, Victoria was rarely seen by professionals. Professional contact with the family centred on issues concerning accommodation. Over the time that ensued, Victoria began to suffer from enuresis and as a consequence, was forced to sleep in the bathroom. Victoria was subjected to a catalogue of physical harm and neglect, deprived of positive human contact, food and warmth. Ultimately, Victoria died on the 25th of February 2000, as a result of hypothermia, caused by malnourishment, and restraint. The post-mortem found 128 injuries to Victoria's body.

(Lord Laming - The Victoria Climbié Inquiry report, 2003)

Figure 1

Powerful research from the USA has catalogued the impact in terms of neurobiology (Perry and Szalavitz, 2008), documenting the consequences well into adulthood, particularly in relation to attachment (Carlson et al., 1989). Research suggests that up to 80% of children who experience neglect or abuse develop disorganised attachment styles (Brown and Ward, 2012), which impacts on functioning in later life. Whilst such

findings have been the subject of intense debate in more recent years (Featherstone et al., 2014), it is clear that neglect can have serious implications for the global development of children, and potentially result in death, as we saw in the case of Paul (Bridge Childcare Consultancy, 1995) and Victoria Climbié (Laming, 2003) (See figures 1 and 2).

Paul: Death through Neglect

Paul died on the 7th March 1993, the youngest of 7 children, residing within the London Borough of Islington. Paul had been left in urine-soaked bedding for a considerable number of days. It is hard to imagine the pain and suffering experienced by this child in the days leading up to his death. He was found covered in urine burns, with septicaemia and septic lesions on the end of his fingers and toes, in addition to suffering from pneumonia. The family were known to Social Care agencies for more than 13 years, during which time there is scarce evidence to suggest the views of the children within the household were captured.

(Bridge Child care Consultancy Service, 1995)

Figure 2.

Sidebotham et al. (2016:41) outline that neglect manifests itself through a number of 'pathways to death, including severe deprivation, neglect of medical conditions and necessary medication, accidents which occurred in the context of neglectful care and hazardous home environments, and physical abuse occurring in the context of neglect care'. Consequently, it is difficult to ascertain with any degree of certainty, the number of children who die as a result of neglect, when many such deaths are recorded as accidental (Howath, 2007).

Research suggests that practitioners and policy makers have been side-tracked by a preoccupation with how to define neglect, debating whether individual cases meet statutory thresholds. In essence, the contested nature of neglect has prevented us from tackling it (Daniel 2015). This raises important questions: why have definitional issues become so consuming? And, why do professionals struggle to identify and respond to this particular form of maltreatment?

The disputed nature of neglect has been well documented. It is described as a complex, multi-faceted and amorphous phenomenon, which cannot easily be defined (Stone, 1998; Rees et al., 2011). To aid us, some authors have provided categorisation and typologies. Horwath (2007:27) for example, identified the following subtypes of neglect: Medical, nutritional, emotional, educational, physical and a lack of supervision or guidance. For some of these subtypes, identification may be relatively straightforward. Medical and physical neglect for example, may display certain hallmark characteristics, such as non-organic failure to thrive; however emotional neglect is much more diverse, with impact based upon several variables, such as age of the child and the relationship to the abuser. Children may struggle to sustain friendships or be educationally below par, due to limitations in cognitive functioning. Alternatively, they may excel in education, as a response to the high expectations placed on them by care givers. Furthermore, the impact of emotional neglect is much harder to isolate, identify or diagnose.

Whilst successive pieces of guidance have defined neglect in increasingly sophisticated ways, their interpretation remains contentious. Professionals may make subjective, value-laden observations of family functioning, which results in inconsistencies. Vague concepts such as ‘good enough’ compound the issue, leading professionals to feel isolated and exposed when attempting to form value-based judgements (Stone, 1998).

Working Together (2018) provides professionals with a reference point for defining neglect, citing it 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:

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- b. protect a child from physical and emotional harm or danger

- c. ensure adequate supervision (including the use of inadequate care-givers)
- d. 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, p. 105)

This operational definition offers a guide, but is by no means all encompassing, and leaves professionals to determine what constitutes a 'failure' and what the parameters of 'persistent', 'basic needs', 'serious impairment' and 'adequate' are. These descriptors exist on a continuum of neglectful behaviour, with the outcomes for children ranging from 'benign to devastating results' (Smith and Fong, 2004:13). As the authors ask, 'where is the line to be drawn that differentiates benign neglect from neglect that requires state intervention?' The care afforded to children at either end of the spectrum is likely to be much easier to assess, than the blurred areas between. Children who inhabit the middle territory may oscillate between receiving adequate care, and care that is ultimately harmful. For professionals, this middle territory is a precarious place, an emotionally draining position, where it is evident that children require support, yet the criteria for compulsory intervention is either just outside of one's grasp, or unobvious (Daniel et al., 2011; Taylor et al., 2016).

The legal position in relation to neglect does nothing to add clarity, nor assist professionals seeking to benchmark neglect, with Brandon et al. (2010) suggesting that difficulties with evidencing neglect in criminal proceedings may account for why children are not protected more robustly. In criminal law Section 1(1) of the Children and Young Persons Act 1933, states:

'If a person who has attained the age of sixteen years and has responsibility for a 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 him unnecessary suffering or injury to health (including injury to

or loss of sight, hearing, limb, or organ of the body, and any mental derangement), that person is guilty of an offence’.

The focus here is very much on the physical wellbeing of children, which whilst crucial, omits any holistic understanding of the child’s need for emotional wellbeing, warmth and stimulation. In addition, emphasis is placed on acts of ‘wilful’ commission; consequently, there is a failure to acknowledge that the harm done to children due to a persistent *absence* of care, can be equally detrimental (Action for Children, 2004).

Action for Children (2012), a children’s charity established in 1869, suggest that the legislation is antiquated. They argue that the current legal position is reactive and fails to support preventative intervention with children who may be subject to neglect. Whilst the threshold is ‘unnecessary suffering or injury to health;’ they advocate for a position whereby the law is clear that no amount of suffering due to neglectful behaviour is acceptable. Despite this call, the Government has reviewed the legislation and determines it to be sound; directing that reference to harm caused to children should take account of both the physical and emotional impact, as amended under The Serious Crime Act 2015.

I will now unpack the prominent debates in relation to definition and seek to establish the basis for moving forward towards assessment and intervention.

1.1 An Act of ‘Omission’: A Contradiction in Terms?

Garbarino and Collins (1999) describe neglect as the ‘hole in the middle’ where there is a failure to meet the needs of the child, signified by an omission of care. ‘Persistent, severe neglect indicates a breakdown or failure in the relationships between parent and child’ (Brandon et al., 2014:9). You cannot enjoy a warm and loving relationship with a child and consistently deprive that child of its basic needs. However, it is this focus on identifying ‘omissions’ of care, which Straus and Kantor (2005) suggest raises conceptual challenges for professionals. Whilst there is general agreement that a failure to meet a child’s basic developmental needs constitutes neglect (Horwath, 2007; Garbarino and Collins, 1999; Stevenson, 1998) defining what constitutes an omission is in itself problematic.

Straus and Kantor (2005) suggest that omissions of care are ‘culturally relative’, they are socially constructed and therefore wedded to temporality and location; for example, non-school attendance in modern day UK society may attract a fine, or parental imprisonment (in the most severe of cases), however this has not always been the case. Stone (1998) suggests that definitional ambiguities cause professionals to hold out for a specific, definable incident, which provokes concern and therefore a tangible reason to intervene. Contrary to the principles of early intervention, such approaches encourage reactive cultures of practice, in which children remain exposed to harm for longer. Moreover, focussing on ‘omissions’ of care may not go far enough, as emotional neglect can be performed in both acts of omission and acts of commission. Both forms of maltreatment can impact on a child’s wellbeing. It is therefore arbitrary to attempt to draw a distinction between omissions and acts of commission, as they both carry an emotionally harmful component and are therefore both abusive.

Moving away from defining what may constitute an omission of care, Dubowitz (2007:604) suggests that we should base our definition of neglect on the likely impact of parental behaviour on the child, which may be ‘more constructive and less blaming’ of the parent than outlining where care is lacking; this may be particularly prudent where issues such as parental learning difficulty impact on the ability of the care giver to provide safe and effective care. Yet, a move away from parental behaviour may also prevent us from scrutinising parental *intent*. Questions regarding ‘omissions’ and ‘intent’ go hand in hand and are pertinent when considering intervention in families where neglect is the prevailing concern. Practitioners must consider when behaviour, or lack thereof, is borne out of malice, ignorance or inability. These issues are central when determining parental commitment and/or ability to change.

1.2 A Matter of Persistence?

Horwath (2007) suggests that neglect is often associated with repeated rather than isolated incidents; with the literature and the working definition of neglect citing terms such as ‘chronic’, ‘persistent’ and ‘ongoing’. However, one-off incidents or episodic neglect may also significantly impact on the development of a child, and in some cases, prove fatal (Straus and Kantor, 2005).

Each case of neglect must be viewed in the context of its individual set of circumstances. Assessments are relative to time and place, professional role, and to evolving cultural and societal norms. There are likely to be times when due to the various pressures of family life, parental care is lacking; however, if this is acknowledged and safeguards are put in place to prevent recurrences, the impact on the child in the long term may be minimal. Yet, whilst persistent neglect is likely to lead to poor outcomes for children, isolated cases of neglect may also result in fatality, irrelevant of parental intent. The perceived persistence of neglectful behaviour therefore, should not be seen as a barrier to intervention.

Gardener (2008) warns that concentrating on cases of ‘persistent’ neglect may result in ‘inaction’ on behalf of the professionals involved (Rees et al., 2011:25), due to a lack of clarity about when to intervene. Returning to the issue of ‘intent’, ignoring one-off incidents of neglect may deny professionals a level of insight into motivations for parental behaviour or signify early concern, which warrants monitoring.

It is notable that the Welsh Government have removed reference to ‘persistence’ from the Social Services and Wellbeing (Wales) Act 2014, which represents an advancement in knowledge and understanding that ‘severity and persistence are not necessarily the same thing,’ (Gardner and Cuthbert, 2016:3).

Focussing on ‘persistence’ may divert practitioners away from marshalling early help for families where emerging concerns of neglect are a feature. Researchers advocate that early help is essential to tackling neglect, responding before conditions become entrenched and intractable, yet concern is also raised that wider government policy to encourage early help across the board has in fact diverted attention away from neglected children and their families, as services have become swamped (Taylor et al., 2016).

1.3 A Question of Professional Perception?

Professional perception and judgement play a significant role in determining whether parental behaviours constitute maltreatment, due to the socially constructed nature of abuse (Jones and Gupta, 1998). With an absence of ‘incident’ in cases of neglect, this proves particularly problematic for the practitioner attempting to evidence concern.

Consequently, professionals may give greater credence to their ‘values, belief and intuition’ (Dent and Cocker, 2005).

In 2005, Cantrill conducted a serious case review in relation to the ‘W’ children, from Sheffield. She found that too much emphasis was placed on societal norms, based on poor standards of child care within the community in general, which led to a failure on behalf of education staff to report evidence of physical neglect to Children’s Social Care. This indicates that whilst physical neglect may be the easiest form of neglect to identify (given its physical manifestations), professional responses are likely to vary (Horwath, 2007). Some practitioners may acknowledge physical conditions, without acknowledging the harmful impact these can have on the child, as in the case of Paul, Death by Neglect, where the children were considered to be ‘dirty but happy’ (see figure 1). This assessment was made despite an abundance of evidence to suggest their development had been compromised (Bridge Child Care Consultancy, 1995). Such findings resonate with research undertaken by Brandon et al. (2013) which observed an unwarranted degree of professional tolerance for poor home conditions and overly optimistic assessment of children as being ‘happy and playful’, despite disparities in their developmental trajectories.

It is argued that whilst there are no universal standards to define what constitutes ‘good enough’ parenting, a general notion exists on a cross-cultural basis concerning minimum or adequate standards of care (Garbarino and Collins, 1999; Dubowitz et al., 1993; Gaudin, 1999). Yet these notions are not static, nor child specific, and Horwath (2007) warns against the application of sweeping judgements without due consideration being given to the individual demographics of each child, couched in the context of their social circumstances. As Daniel et al., (2011:21) outline ‘practitioners need to be able to distinguish between being judgemental and making well-evidenced, ethical *professional judgements* on behalf of children’.

It is widely acknowledged that the way in which practitioners conceptualise and define neglect is based, in part, on their professional backgrounds (Bovarnick, 2007, Horwath, 2005a). With recent legislation underlining the duty of all professionals to discharge their functions with due regard to safeguarding and promoting the welfare of children (HM Government, 2005), it is becoming increasingly recognised that Social Workers do not own the ‘monopoly on expertise’ in cases of neglect

(Buckley, 2005:113). In fact, both Stevenson (1998) and Horwath (2005a, 2007) have highlighted that differences do exist across the professional network in defining such spurious terms as ‘good enough’, and Social Workers’ standards of care tend to be more tolerant in comparison to other professional roles, and in comparison, to parents themselves (Rose and Selwyn, 2000). This may be attributed to desensitisation, with Horwath (2007:34) suggesting that the regularity with which Social Workers are exposed to cases of neglect, means that ‘the last family that [they] visited may become the benchmark for assessing risk, despite variations in holistic care, or the individual needs of the child, and the impact of neglect’.

Research has shown that practitioners are reluctant to impose their own standards upon the families with whom they work. Horwath (2005a:78) considered the identification and assessment of neglect in Ireland and found that only 13% of respondents in her study would apply the same standard of care to the people they worked with, as they would to their own lives or those of their friends. But what influences such a discrepancy in standards? Tanner and Turney (2003) suggest that neglect may be tolerated in families where there is an association with poverty, which may indicate a reluctance on behalf of professionals to pathologise families, particularly where they are already experiencing disadvantage and hardship; yet ample evidence exists that the majority of parents living in impoverished conditions do not neglect their children (Straus and Kantor, 2005). Nonetheless, whilst there is no direct correlation between poverty and child abuse, having a disadvantaged socio-economic status does contribute to the vulnerability of such families (Bywaters et al., 2016). At the other end of the spectrum Bernard and Greenwood (2018, 2019) highlight that neglect in affluent households can also debilitate practitioners, as not only is there an absence of the hall mark characteristics of physical neglect, but social workers may be reluctant to challenge parents of higher socio-economic status on account of the complex power dynamics at play. Furthermore, the authors assert that having ample financial means enables such parents to buy in services from nannies or private education providers, so in affect someone else is parenting the child.

Horwath (2007) also suggests that neglect in more affluent, middle class families is also likely to go unrecognised or underreported. Coining the phrase ‘emotional poverty in a land of plenty,’ Crittenden (1999:57) highlighted the dramatic impact of emotional neglect on the developing world of a child. Horwath (2007) warns that

some assessments of neglect may hinge on professionals' identification with the parents with whom they work; the case of a middle-class professional leaving their child home alone, for example. Practitioners may feel more inclined to tolerate this form of neglect, as they align themselves with the plight of the working parent, despite the potential for serious injury when leaving a child unsupervised.

It is clear that a diverse range of factors influence professional judgement in relation to neglectful behaviour. Subjective, value-based judgements muddy the waters when responding to neglect both on a lone agency and multi-agency basis, which can hamper the process of joint working. Research undertaken by Horwath (2007) has indicated that perceived or actual differences in relation to thresholds present a significant barrier for those referring into Children's Social Care. Where professionals felt their concerns were not being taken seriously, this led them to either refer with a sense of obligation, following procedure, with little hope that a service would be forthcoming; or they would work with the families themselves, going over and above their agency remit in an attempt to affect change. Moreover, research undertaken by Burgess et al. (2012) found that professionals dealing with cases of neglect experienced a level of paralysis in relation to their ability to intervene successfully, suggesting that workers are besieged on several fronts, which reduces the likelihood of effectively addressing the issue of neglect.

1.4 The Sum of all Parts...

It is clear that definitions of neglect are bound up in issues of type, severity and chronicity, as well as implicit acknowledgement of variations according to the age of the child. Its co-existence with other forms of abuse is well documented and serves to further blur the boundaries and hamper identification. 'It is difficult to disentangle' neglect, and its unique consequence, from the toxic combination of other factors experienced by these families (Brandon et al., 2014:8). Moreover, we know that young people in particular, experience polyvictimisation: multiple forms of abuse, as evidenced by numerous Serious Case Reviews (Sidebotham et al., 2016). Operational definitions of neglect will continue to evolve as our knowledge develops, as we have seen in previous iterations of statutory guidance, where substance use was inserted into the 1999 edition of Working Together to Safeguarding Children and Families.

The focus in the academic literature very much centres on highlighting the ongoing difficulties posed by the lack of an all-encompassing definition of neglect or a term of reference by which to identify and assess this form of maltreatment. Whilst Stevenson (2005) suggests that practitioners usually know a neglected child when they see one, this is not always borne out in practice, where issues of desensitisation and a reluctance to question societal, cultural and value norms proliferate.

As suggested by Daniel et al. (2011), we need to move away from trying to reach an all-encompassing definition of neglect and accept that it is a fluid and ever-changing concept. By broadening out our understanding of neglect, and the complexity within which it operates, we increase the likelihood of identifying and supporting the children for whom the care afforded is inadequate, dangerous or abusive. As outlined by a respondent in research undertaken by Daniel et al. (2011:24) ‘does a formal definition matter? Is it not more about the impact on the individual, and the need to intervene early before there is too much impact on them?’ Horwath and Tarr (2015) outline that if we are to truly make sense of child neglect, we must assess both the harmful parenting behaviour and the impact these have on each individual child. Recent calls from research have underlined the need to focus on ‘examining parents and children’s views, help seeking behaviour and effective intervention, rather than continuing to delineate the more general effects of neglect (Taylor et al., 2012:425)

Neglect is unpredictable. There will be days when children experience good enough care, but there will also be days when the standard of care adversely impacts on the child’s immediate safety, future wellbeing, or both. As professionals we must aim to see the phenomena in the round, drawing on the multiple perspectives that are available to us. This will provide us with the sum of all parts. To understand neglect, we must understand how it is experienced by its victims, the perpetrators and those tasked as professional helpers. Yet, as we will see, historically, all of these perspectives have been marginalised, to different degrees, at different times.

Highlighting the Child's Perspective in Practice:

2.0 'The Air that Children Breathe'

After two decades grappling with how to best define neglect, there is broad consensus that both practitioners and academics need to focus on ascertaining the actual experiences of children and young people to successfully reduce its incidence and impact (Taylor and Daniel, 2005:292). The twentieth century has been described as the *century of the child* in which there has been a move towards developing an understanding of how children and young people define their own set of circumstances (Langsted, 1994); yet in cases of neglect, they remain the unheard voices. The contention therefore, is that practitioners and academics alike have been privy to a partial understanding of how neglect may be defined, conceptualised and addressed.

In relation to the emotional component of abuse, Minty (2005:59) describes neglect as the 'air that children [...] breathe and the climate they have to live in'. This statement epitomises the way in which neglect can become all consuming; and conveys why it is hard to delineate the actual impact of neglect from the context in which the child is located; a context which is complicated by a number of factors such as chaotic functioning, domestic abuse and parental substance use. Faced with this toxic mix, it is understandable that practitioners may be overwhelmed by the process of assessment and analysis, and experience feelings of futility in relation to bringing about change (Taylor et al., 2016). Indeed, research indicates that although practitioners felt confident gathering information, they struggled with analysis and professional judgement (Taylor et al., 2016).

As an anecdote, Horwath (2007) suggests that chronologies may be one way for practitioners to monitor and benchmark the ever-changing face of neglect. Chronologies allow professionals to structure information in a temporal order; they enable professionals to observe the frequency at which notable incidents occur, capturing patterns in parental behaviour which may cumulatively give rise for concern, and a basis from which to intervene; yet chronologies tell us little about the *impact* that such events have on the wellbeing of a child.

There is a strong consensus across the literature that the starting point for addressing neglect is good quality assessment, which is child-focussed in nature. In England, the

apparatus by which we assess the needs of such children is the *Framework for the Assessment of Children in Need and their Families* (DOH et al., 2000), which has been revised by subsequent iterations of Working Together to Safeguard Children (2013, 2018). The Framework provides a conceptual map for professionals across all agencies, enabling them to interrogate the interplay between the three domains of a child's life: The child's developmental needs, Parenting capacity and the Family and environmental factors. Yet research has found that when adopting this model of assessment, social workers tend to describe the impact of neglect on children in general rather than specific terms (Horwath and Tarr, 2015:1384). That is, they acknowledge the harmful parenting behaviour i.e. the parent does not ensure the child attends school, without considering the impact on that child's health or development, nor their 'daily lived experience'.

Assessment of children and families in Scotland has drawn on the English model, acknowledging the centrality of the child in the assessment process. Arguably they have gone one step further with the 'My World Triangle' (see appendix 1), by inviting the assessor to consider the child's perceptions as the scaffolding from which to gather information. The three domains in this instance are:

- How do I grow and develop?
- My wider world
- What I need from people who look after me (Scottish Government, 2008)

When conducting assessments, there is a difference between being child-focussed, in considering the needs of the child against the impact of abuse, and being *child-focussed* in terms of actually speaking to the child, ascertaining their views and wants, and using this as a starting point to craft bespoke interventions and responses. In this case, children are viewed not as the 'object' of assessment, but as integral to, and involved in, the process. Perhaps then, the Scottish model is closer to achieving this.

Horwath (2007) likens the process of assessment in neglect cases to 'star gazing'. Highlighting that with the naked eye not all *stars* (issues and concerns) may be visible, yet with a powerful telescope, greater focus is achieved, and more detail can be observed. For Horwath, it is the Framework for the Assessment of Children in Need and their Families that can provide the practitioner with such detail, as long as equal

weight is given to all three domains. This was amplified by the case of Paul, whereby had ‘sometimes small, apparently undramatic single pieces’ of information been seen collectively, their true significance would have been established and the tragedy potentially prevented (Bridge Child Care Consultancy Service, 1995:4). Yet, commentary by authors such as Ferguson (2011) indicate that the focus of assessment can become skewed, centring on the needs of the parent. Whilst this is often done with the best of intentions – supporting the parent as a conduit to ensuring the child’s needs are met – in effect, the impact of parental behaviour on the child can go unacknowledged. In fact, Daniel (2015:18) suggests that rather than slipping through the net, neglected children often get ‘stuck in the net’, with practitioners aware that children need help and support, but nonetheless become blinded or side-tracked by parental issues and bureaucracy.

Unlike incident led forms of abuse, neglect is relationship led, therefore, it is not necessarily a single event, but a ‘process or a way of life’ (Turney and Tanner, 2003:194). Being relationship led, neglect is often borne out of problematic attachments with caregiver(s), which negatively influences the meaning that a particular child has within a particular family. This complex interactional world cannot be measured in isolation, with Garbarino and Collins (1999) and Horwath (2007) advocating for a systemic approach to assessment, to ensure that the needs of the child are not marginalised, and the impact can be located and understood within the context of the immediate family and wider social and cultural influences. We cannot develop an understanding of neglect, without developing an understanding of the context in which it breeds; this context must be viewed through a systematic lens.

As Stone (1998) states, there is no ‘simple litmus test that will reveal the presence or absence of neglect,’ hence good assessment is crucial to unpick the presenting concerns and the impact such concerns have on the child. Yet ‘impact’ in itself is hard to quantify, given that the effect upon each individual child will be dependent upon a number of variables: demographics such as age, gender, ethnicity and class, and factors such as the length of exposure, and protective or buffering factors present within the family or other immediate system, such as education. As highlighted by research conducted by Brandon et al. (2013) children are unique, impact ‘transcends their age and developmental stage’ hence each child requires individual assessments.

To effectively assess impact, we must gain an understanding of the distinctive characteristics and idiosyncrasies of each child with whom we work.

2.1 Assessment – The Importance of Seeing, Listening and Hearing the Voice of the Child:

There is a difference between listening to the voice of the child, and actually hearing what is being said and acting upon the cues from children, as far as would be deemed reasonable to do so. Welbourne (2012:8) advises that ‘Social Workers need to be able to do both kinds of listening: conveying a sense of interest and respect for the child’s views and wishes; and following through, when this is what the child reasonably expects to happen’.

Assessments are not ‘truth finding’ exercises, they represent much more (Sidebottom and Weeks, 2010:105). For some children the process of assessment will be the first opportunity they have had to voice their perceptions or concerns, if they feel able to do so. As a core social work task, assessment is an exercise in the assimilation of information from which meaning can be inferred, based on professional interpretation. Assessments are an attempt to make sense of a collection of observations, narratives, reports and verbal exchanges. Yet it is within these interactions that the child can become lost. In the Coastal Cities study conducted in 2004, Holland found that children and young people became marginalised in the assessment process, which deferred to self-reports by parents and summation based on parental actions (Holland, 2010). Such findings were echoed in research conducted by OFSTED in 2011, in relation to the messages learnt from serious case reviews, which are mandated when there has been the serious injury or death of a child and the case gives rise for concerns in relation to the manner in which agencies worked together to safeguard the child concerned (H M Government, 2018).

OFSTED (2011) highlighted significant concern in relation to the ability of professionals to hear the voice of the child. Notably, they found that children were not seen frequently enough by professionals, nor were their views routinely elicited. Moreover, parents and carers frustrated professionals in their attempts to see the child, and again, professionals focussed on the needs of parents, at the expense of viewing

the situation from the child's perspective. Ultimately, children risk becoming 'hostages to fortune,' left in limbo, whilst affecting change with, or for their parents, takes precedence (Tanner and Turney, 2003:32). Such concerns played out in the tragic case of Khyra Ishaq, who died aged seven years, due to health complications induced by starvation (see Figure 3). The Serious Case Review held following Khyra's death, suggested that professionals were 'rendered impotent' as a result of her mother's aggressive and hostile behaviour. What ought to have been the primary focus for professionals, assessing Khyra, was displaced by focussing on the rights of the adults within the family, and the potential impact upon workers of a client complaint. Whilst professionals did visit the children and demonstrate persistence in ensuring they were 'produced', albeit on the doorstep, there is little evidence to suggest that any significant time was spent ascertaining the children's views. Whilst concerns were raised that Khyra and her siblings appeared 'shy' and 'confused,' the encounter did not trigger sufficient alarm to warrant the children being spoken to again, away from parental gaze (Radford, 2010). As with other fatal cases of malnutrition, it is likely that such children had ceased to exist in the minds of their parents and by isolating them from the outside world, they were also rendered invisible to professionals (Brandon et al., 2013).

Khyra Ishaq:

Khyra was 7 years of age when she died of health complications induced by starvation. Khyra was tended to by ambulance staff on the 17th May 2008, where she was found lying on mattress in a state of severe malnourishment; weighing just 2st 9lb. Parents were separated at the time of Khyra's death, with mother co-habiting with another man, who himself had been described as having a 'traumatic childhood'.

Khyra, along with some of her six siblings had been removed from education the year prior to her death. Consequently, Khyra was not in contact with any universal services at the time of her death, or the months leading up to it. In fact, between 1998 and 2008 the children within the family missed a total of 129 appointments, largely relating to health matters. Despite concerns being raised by education staff regarding the children's relationship with and behaviour around food, the focus of concerns for children's services centred on issues on non-attendance at school.

Radford, 2010
Figure 3

It is recognised that neglectful parents may experience adversity on a number of levels and from multiple directions; consequently, they are often seen as the primary client by childcare workers (Jones and Gupta, 1998). As a result, the child can become the secondary focus, or there is a failure to acknowledge the child has ‘rights or entitlements of their own’ (Cantrill, 2005:9). Moreover, where children reside in families with a large number of siblings, children are often viewed in aggregate and the needs of specific children become eclipsed, increasing the risk of serious injury or death (Brandon et al., 2013).

As Horwath identifies, it is difficult to see how workers can assess neglect without at the very least seeing the child, yet there does appear to be a ‘lack of meaningful communication with children about their lives’ (2005b:86). The views of children should be captured at every stage in a case, based on the understanding that ‘they are living the experience and can give a more accurate picture of what life is like in a family, than any assessment made externally by a professional,’ yet as identified by the Public Enquiry into the death of Paul, from the London Borough of Islington (see figure 1), this is not automatically the case (Bridge Child Care Consultancy Service, 1995:172).

It is essential that we capture the unique experiences of the children with whom we work, to ensure that as practitioners we are able to respond in effective and appropriate ways to their individual needs. The public enquiries into the death of both Victoria Climbié in 2000 and Paul in 1993, provide a stark reminder about what can happen when there is a failure by professionals to ascertain the views of the child, and underscores the significance that must be attached to seeing the child; a view advocated by Lord Laming in 2010. With Victoria, there was a failure to establish what life was really like for her, with Social Workers spending less than 30 minutes speaking to her, and without the presence of an interpreter (Dent and Cocker, 2005:151). This should have been seen as a vital step considering that Victoria was not in education, which, if she had been, may have provided a safety net in terms of her being seen and communicated with by universal services.

The case of Paul, protracted by the length of time the family had been known to services, also catalogues a number of missed opportunities to ascertain both the views of the children and to acknowledge the impact of the neglect to which they were

subjected. The enquiry clearly found that little effort was made to establish the views of any of the children within the family; rather decisions were made based on *flawed* professional perceptions of what life was like. Notably, out of the 81 pages of chronology, detailing the information gleaned from the agencies involved, there are only a mere eight occasions when the child's views and/or the impact of an incident on a child, was highlighted. The situation was compounded by the differing professional perceptions, evident when the eldest child within the family was described as being a grossly overweight baby by the health visitor, but as a 'nice, plump baby by the Social Worker' (Bridge Consultancy Service, 1995:151).

Professional information detailed the image of a family in which the children were dirty and smelly, but essentially happy, despite evidence that all of the children within the household suffered 'gross emotional abuse and physical neglect throughout their childhoods' (Bridge Consultancy Service, 1995:151). The statement of one of the older children following the death of Paul, made stark reading. It highlighted several incidents or reports of home conditions and parental care giving practices that, on their own, would have sparked child protection enquiries to be made. Yet, these examples were not gleaned from the child when such abuse was taking place. It is acknowledged that:

'prior to Paul's death, this child might not necessarily have readily given all of this information, but in situations where they can feel safe, it is possible to encourage children to tell their story in a way that ensures their comments will not be dismissed' (Bridge Consultancy Service, 1995:172).

Evidence is lacking that these *situations* were ever encouraged.

In addition to seeking the views of children, significance should also be attached to observing their behaviour and identifying potential embodied indicators to suggest that abuse or neglect is taking place. Social work practitioners are routinely tasked with visiting family homes, over extended periods of time; as such they are ideally placed to observe interactions between family members, *in situ*. Coupled with their evidence-based, professional perspective of the situation, practitioners can formulate a richer, more detailed assessment, drawing on a mixed methodology.

2.2 Barriers to Hearing the Voice of the Child in Practice:

Research and public inquiries clearly document that there are numerous barriers and/or resistance to gaining the views of children in cases of neglect. These barriers may be located within the individual practitioner, within the agency within which the practitioner is located, or bound up in issues of eliciting information from children themselves.

Ascertaining the wishes and feelings of children is a complex task. It requires a skilled workforce, adept at communicating with children. As Daniel et al. (2011:79-80) highlight, there is a gap between how children may define their own set of circumstances and the socially constructed ‘operational descriptors’ used by professionals. Research conducted by Cossar et al. (2011) found that it was not uncommon for children to disagree with concerns held by professionals, or indeed hold different perceptions of reported concerns. In addition, whilst practitioners may need to focus on longer term plans for children, ensuring they are protected from significant harm, children themselves are more likely to want to focus on the here and now, their ‘everyday’ experiences (Holland, 2010).

Of central importance, what ‘children say is only one dimension of what they actually mean’ (OFSTED, 2011). Likewise, behaviourally children may present in a manner so as not to alert professionals to the fact that something is wrong or show very few external indicators of trauma or abuse. As suggested by Bridge Consultancy Service (1995:162), children who are considered to be emotionally ‘damaged’ or ‘frozen’ are prone to smile. Consequently, professionals not only need to develop a level of competence in communicating with children, but also locate this knowledge in an understanding of child development and the myriad of trauma responses. Children who have experienced abuse and maltreatment may find it difficult to recognise their own emotions, and therefore struggle to articulate them. It is incumbent upon professionals therefore, to attune to both what is said, and what is displayed through the medium of behaviour (Cossar et al., 2013).

Whilst legislation underscores the importance of ascertaining the wishes and feelings of a child, there remains greater variance and flexibility in the extent to which these

views are acknowledged and acted upon. Within a research study undertaken in Ireland, Horwath (2005b:103) surveyed Social Workers regarding their views on both communicating with children and involving them in decision making. She found that only slightly above one third of practitioners felt that decisions should be made on the basis of what the young person wanted to happen (given their ability to make informed choices), which may account for why only 21 out of 48 children in her study were 'seen' by a Social Worker following a referral of concern being made to Children's Social Care. Moreover, only half of the respondents questioned stated that their 'communications' with children influenced their decision making.

The final report from Eileen Munro in 2011b clearly cites the overly bureaucratic nature of social work with children and families as a barrier to communication. Commissioned by the coalition Government, the report advised that Social Workers needed to re-engage with children and families and place a renewed emphasis on building a relationship with individuals to enable workers to develop an understanding of their everyday lives and where intervention may be best located. This builds upon the clear directives contained within child care legislation. For example, in civil proceedings, Section 53 of the Children Act 2004 outlines the requirement for the views of children and young people to be ascertained when carrying out assessments in relation to Section 17, 20 and 47 of the Children Act 1989. This aligns with Article 12 of the United Nations Convention on the Rights of the Child (1991), which clearly dictates that children's voices should be sought in matters which directly affect them.

Despite this legal mandate, Social Workers have long since reported workload pressures as a central factor in preventing the establishment of 'relationship' (Horwath, 2005b), and within Horwath's study, practitioners also reported feeling ill equipped to communicate with vulnerable children. In 2007, Horwath reported that a reluctance to hear the voice of the child also extended to the emotional impact on the practitioner and their ability to implement change, citing one Social Worker who remarked:

'I really can't cope with asking a child to tell me about their miserable lives when I know there is little, if anything, I can do that will improve things' (p176).

Yet, as research shows, many children are not able to ‘just tell’ practitioners what it is they know or how they feel (Howes, 2010:125). In fact, children themselves may be well aware of the emotional impact of self-reports and therefore lack confidence in the worker’s ability to listen to their distressing narrative (Welbourne, 2012). In research undertaken by Rees et al., in 2011, it was suggested that young people shoulder a weight of concern in relation to the impact of disclosing neglect to professionals. For some young people, there is a fear that they may not be believed, for others, they risk a backlash from implicating parents in their abuse and risk being received into the care of the Local Authority. The authors suggest this fear may be particularly acute for those children from ethnic minority groups, who risk compromising their family honour. Furthermore, research undertaken by Cossar et al. (2011:36) found that some children were reticent about talking to Social Workers, as their views had been ‘misinterpreted’ or misrepresented previously.

Questions have been raised as to whether children are indeed able to recognise and verbalise concerns in relation to the care afforded to them. Rees et al. (2011:58) provides evidence to suggest that children may not recognise that they are being subjected to neglectful parental care. She cites a response from one young person who suggested that “children don’t necessarily know what neglect is, they just think parents hate them.” Rees et al., also suggest that children may themselves become desensitised to neglect, to the point whereby it becomes the norm, due to an inadequate frame of reference; especially if the level of neglect has been consistent since the birth of the child. This is echoed in research undertaken by Cossar et al. (2011) who found that some children articulate their experiences in a straightforward and unemotional way, as their experiences have become normalised. It is important to acknowledge at this juncture, that not all children will be negatively impacted upon by behaviour which is perceived as neglectful by the professional network. Children respond to adversity in a variety of ways and seeking to capture the child’s account of their daily life may enable a greater understanding of the protective and resilient factors that buffer the effect of living with neglect.

Whilst there is little research concerning children’s help seeking behaviour where neglect is a feature (Allock and Miller, 2013), Featherstone and Evans (2004) highlight that children are unlikely to approach professionals when experiencing maltreatment

in the home; in cases of neglect, this is likely to be further compounded by the fact that some children may not be visible to universal services, due to limited school attendance or health surveillance (Taylor et al., 2012), as we saw in the case of Khyra Ishaq. Moreover, Horwath and Tarr (2015) highlight the challenge for practitioners in engaging the child, in order to ascertain their wishes and feeling in advance of an Initial Child Protection Case Conference; whereby Social Workers have 15 days to gather information and present it to the decision-making forum.

We know that neglect is difficult for professionals to define and identify, and the task for children living the experience is equally difficult. These children may be exposed to multiple levels of disadvantage, living with poverty, domestic violence or parental drug use. Indeed, Research undertaken by Rees et al. (2011:55) highlights that:

‘Neglect is often one part of a broader picture of deprivation and problems at home and may not be the most immediately concerning issue for young people. It may emerge when young people talk about other forms of abuse; wider family relationship problems at home; experiences, such as being bullied, depression, self-harming or suicide; and feelings such as loneliness and social isolation’.

We know that children experiencing neglect are unlikely to turn to statutory bodies for help (Daniel et al., 2010:248) and so their voices are likely to go unheard by those with the power to intervene. Rees et al. (2011) suggests that boys in particular may be less likely to seek help and support than their female counterparts, and for those children who have pre-existing barriers to communication, due to a disability, for example, the likelihood of them turning to professionals decreases further (Bovarnick, 2007). It should be remembered that these children may also experience positive parental care, and in the face of adversity and rebuffing, may still develop a level of attachment, albeit one which is insecure.

I have documented how difficult it must be for a child to be located in such a climate, where neglect becomes the ‘air’ they breathe. The task of eliciting the child’s perception of family life is a complex one that requires great skill, yet it is a task that is of utmost importance, should we seek to assess and intervene effectively.

The legislative framework underpinning work in the sphere of children and families attempts to negotiate a tightrope, balancing the sanctity of the family and the rights of parents to raise children within the context of their own beliefs and practices, whilst ensuring that children are safe from harm and able to develop and reach their potential. The Children Act 1989 attempts to place the child at its core, yet the position of children within society remains precarious, and their ability to enact agency, debatable. It is within this context that Jones and Gupta (1998) question the extent to which the views of neglected children carry weight. As highlighted by Munford and Sanders (2004) such discussions are ‘nested in broader discourses about the nature and status of childhood’ (cited in Powell, 2011:9). It is to this topic that I turn to next, in an attempt to contextualise the silencing of children, which has taken place to varying degrees throughout history.

2.3 The Sociology of Childhood:

From the wisdom of an old Chinese proverb, we are told that ‘children’s mouths speak the truth,’ yet within a historical context, children’s voices have been muted, marginalised and overlooked, based on the way in which *childhood* has been conceptualised, rendering such *truths* largely invisible.

It is useful to consider the distinction, between the ‘child’ and the concept of ‘childhood’. The former falls into the ‘biological and the natural’; an ‘immutable fact’ of ‘underdevelopment’ (Archard, 2004), with the latter belonging to the social and cultural understanding of the society in which it is located, at any given historical period. Contrasting with Aries mid-twentieth century view, that the idea of ‘childhood’ did not exist; there is now much agreement that it has always been present, yet its form is dependent upon the cultural norms and values of the time; childhood therefore, is a social construction (Shamgar-Handelman, 1994).

Adopting a social constructionist approach to the study of childhood, we are encouraged to accept that there is ‘no universal ‘child’ with which to engage (James et al., 1998:27), that rather than existing in a unitary form, there is plurality in definition and diversity across cultural and historical frameworks (James et al., 1998). Kellett (2010) highlights that the concept of childhood cannot be viewed through a narrow, homogenous lens; childhoods are as diverse as the children therein, carrying

multiple identities and intersectional demographics, such as race, religion, sexuality and gender. The concept of childhood cannot be seen in a binary with adulthood; with the diversity of childhood encompassing conceptions and stages such as ‘infant’, ‘teenager’ and ‘adolescent’. Yet this has not always been seen as the prevailing ideology.

James et al. (1998) provide a typology of pre-sociological approaches to the social construction of childhood, which have informed the way in which childhood has been conceptualised by society, academics and researchers alike. These insidious conceptualisations, the authors argue, have provided us with the wallpaper, which colours our worldview of children.

Whether it be the ‘evil child’, who required *control* in order to develop into a morally competent citizen; the ‘innocent child’, pure and unchaste - in need of supervision; the ‘immanent child’, in essence a ‘no-thing’ requiring the ingredients of good parenting and an education to reach self-actualisation, or the ‘naturally developing child’, wedded to temporal and incremental development to enable them to be a fully participating individual (James et al., 1998), marginalisation has been legitimised under the auspices of either *power over* or *protection of* these children. Whether this power is wielded in a paternalistic and benevolent manner (Qvortrup, 1994:21) or in a more restrictive, controlling capacity, shall be in part, the focus of this discussion.

For much of the twentieth century children have been viewed within a teleological and developmental framework; deemed to be *becomings*, rather than being valued as individuals in their own right, with a credible viewpoint. The pre-sociological approaches described above have regarded childhood as a ‘preparatory, not participatory phase’ (Mayall, 2002:24), with such devaluing of children’s citizenship being largely influenced by the psychological empiricism of modernity. Focusing on the developmental trajectory of a child, there is an association with age; we amass cognitive functions as we grow and experience. This adds to our complexity and our sophistication as human beings, who are consequently more capable of contributing to ‘adult’ society. Adulthood therefore, is the destination, or ‘terminus’ of self-actualisation for children (Archard, 2004). In effect, adulthood becomes the ‘standard by which childhood is measured and judged’ (Smith, 2010:150). Within this context, childhood is viewed as a ‘minority status’ (Mayall, 2002; James et al., 1998). The

restricting of children's agency and any inequalities existing between adults and children are justified on the basis of the latter's maturity and responsibility.

This 'socialisation thesis', purportedly shared by both children and adults alike (Mayall, 2002), has been wielded to deny children the right to speak for themselves, due to their perceived developmental deficit. Within this context, children are held 'incompetent in making judgements' or 'unreliable witnesses about their own lives' (Qvortrup, 1994:2).

The state of childhood has often been viewed as one which is carefree, as James et al. (1998:101) suggest, it has been polarised with adulthood, as being 'idealised and romanticised'. '*Play*', which is often synonymous with childhood, is assumed into a binary with the *work* of adults; the latter undermining the former (James et al., 1998).

Such oppression and exclusion have been legitimised through the dependency debate. It is suggested that whatever form childhood takes within a given society, it is determined by children's 'dependency on adults for supplying their needs and protecting their interests' (Shamgar-Handelman, 1994:251). Due to their developmental immaturity, adults have a duty to ensure the welfare of their charges which consequently affords caretakers a level of control over their children's activities. Within this context then, 'protection and exclusion are by no means alternative paradigms' as one may assume, they are in fact 'two sides of the same coin' (Englebert, 1994).

Dalrymple and Burke (1995) refer to such 'adulthood', as the 'oppression of children and young people by adults' (cited in Roche, 1999:478). Children are viewed in aggregate; the individual child is reduced to a collective. As a homogenous component of society, within which children's individual capacity, rationality and agency is ignored (Qvortrup, 1994; Roche, 1999). Instead, focus is placed on valuing children for their 'potential', what they will grow to be (Greene and Hill, 2005:3).

Expanding this notion, Alanen (1994) suggests that just as women experience gender-based oppression, children too are oppressed from a generational standpoint. Such 'generationing' places children and childhood in contradistinction to adults and adulthood (Mayall, 2002:36), serving to underpin prevailing power dynamics and emphasize dependency. In fact, Shamgar-Handelman (1994) contends that without the

presence of such a dynamic between adults and children, childhood cannot and would not exist. It is this contention that has led Shamgar-Handelman (1994:252) to claim that ‘childhood belongs least to children,’ and more to those who supervise and control its movements.

Yet amidst such a bleak outlook, James et al. (1998) suggest a new paradigm has emerged within post modernity; one which departs from seeing the child as emergent and incomplete, towards acknowledging the ‘individualization’ and agency of children. Arguably, this sea change remains contingent and fragile; promoted only in as far as such autonomy does not challenge the status of, or the journey toward adulthood. This can be best illustrated by turning to the legislation underpinning the rights of children and young people in modern day society.

The children’s rights movement has long since championed for children and young people to be acknowledged as autonomous, active agents, instrumental in constructing their own lives and capable of forming a credible view. The legislation introduced to underpin this recognition provides a statutory basis for children to be involved in decision making concerning matters which affect them (Reynaert et al., 2009:521). The Children Act, 1989 introduced a duty on decision makers to ascertain the wishes and feelings of children subject to protective interventions, with the Children Act, 2004 furthering this duty to include voluntary provisions for ‘children in need’; in effect, enabling individual children to express their opinions in relation to welfare services. The United Nations Convention on the Rights of the Child has gone further still, underscoring the right of individual children to be involved in any decisions undertaken by a public body which affect them, but also enabling a right of expression in relation to the impact of decisions on childhood collectively (O’Kane, 2009).

Yet, tempering the impact of both sets of provisions, the voice of the child is set against conditions of ‘capability’ and ‘weight’ (Archard, 2004:65). Whereas there is a general presumption under the law that adults are competent, children must be deemed competent by a court of law (Fundudis, 2003). Children must be deemed capable of forming an opinion, which is reliant on an assessment of *understanding*, and the *weight* that is given to their views, is proportionate to this assessed *maturity*. Ultimately, this enables the state to override views and opinions which they do not consider to be consistent with the child’s long term best interests.

Therefore, whilst it may appear that the aforementioned legislation, has rendered visible the oppression of children and sought to counter it (giving children capacity to voice their opinions as is consistent with their age and understanding), it is also suggested that such a ‘general’ and ‘particular’ approach ‘signifies a level of toothlessness to the bold intent of the UNCRC’ and the statutory legislation. That is, that whilst there is a ‘general’ principle that children should have a voice, by measuring the competence of a ‘particular’ child, there is a significant caveat (Lee, 1999:457). Delimiting the extent to which children can impart their views and the extent to which these views are taken into consideration means that they do not have absolute rights or absolute choice. Children merely have the right to try to influence those with the power to choose.

Assessment of a ‘particular’ child’s level of capability has become known as ‘Gillick Competence,’ following the landmark case of *Gillick v West Norfolk and Wisbech Area Health Authority* in 1985, heard in the House of Lords, concerning a child’s right to consent to their own medical treatment. Positively, adherence to the Gillick principle has achieved acknowledgment that children’s views cannot be disregarded purely on the basis of age; that levels of maturity and understanding are seen as central to decision making (James et al., 1998).

James et al. (1998) suggests that within this postmodern era, age has been problematized: signalling a departure from the psychological model of seeing age as the defining feature of incremental competence, towards viewing it as a *social* variable. In contrast then, children’s competence is instead (in part at least) viewed as a product of how they have been responded to chronologically. This approach offers more room for flexibility. To judge a child’s competence based on a quantitative accounting of age assumes a reductionist stance, in which all children are inferred to be a homogenous group. Alternatively, assessing a child’s competence based on the sum total of their experience and the level of responsibility they may have previously assumed, acknowledges the qualitative richness of the ‘age’ of a child. This recognises that children, as well as adults may grapple with complex moral and ethical issues from an early age; they may make mistakes, but they have the capacity to learn from these errors in judgement and grow (Mayall, 2002).

Such a framework is particularly pertinent when researching or intervening in the lives of children who have suffered neglect. The impact of living within a neglectful environment has been well documented and clearly highlights significant consequences for a child's developmental trajectory. Such youngsters may appear as individuals with qualities beyond their *years*, having fulfilled the role of young carer to parents or siblings or they may be falling behind the biological or social 'chronological' norm, because they have lacked the opportunities required for healthy growth and development.

Denying children the right to voice their opinions or to tell their story could be construed as professional neglect. Whilst deferring to the parent, or in some cases to the corporate parent, when it is deemed that children are not competent to make decisions in their own right, is based on the recognition that parents are the best advocates for their child's best interests (Reynaert et al., 2009), yet in cases of child cruelty, this is not a given. It is in the context of child abuse and neglect that the need to ensure the child has a voice is most pressing. Yet, we have seen a plethora of incidences when children's voices have either been disregarded, as in the case of Maria Colewell (who was returned to the care of her mother and step father against her expressed wishes, with a fatal outcome) or not ascertained in the first place, as illustrated by the tragic consequences befalling Victoria Climbié. As Lee (1999) argues, it is cases such as these that demonstrate children may be harmed as a result of professional decision making; influencing him to draw the conclusion that:

'if children's protectors and spokespersons cannot be trusted to carry out their responsibilities towards children, children's self-representation becomes both the first and the last means to decrease their vulnerability to harm and exploitation. The unhappy conclusion we might reach is that the only people children can rely upon is themselves' (p.469).

This chimes with more recent research undertaken Horwath and Tarr in 2015. The authors found that whilst children may be spoken to in the course of child protection investigations, they were rarely invited to attend decision making forums, such as Child Protection Case Conferences, in person. Consequently, their view, wishes and feelings were conveyed through the voice of the social work practitioner, inevitably subject to a layer of interpretation.

2.4 Including Children in Research

We have seen that based on *justifications* of power, protection and developmental deficit, children's voices have been marginalised and excluded. That is not to say that children have been excluded from research *per se* as, within the field of psychology and medicine for example, they have attracted intense scrutiny from theorists, who have attempted to identify thresholds for development and intervention. Yet such scientific research has only served to position children as 'objects' of concern, or study (Kellett, 2010), rather than contributory participants. Conversely, as Dame Butler-Sloss highlighted in her 1988 review of the controversy surrounding Cleveland, 'the child is a person, not an object of concern' (Butler-Sloss, 1988:245).

Children have been largely absent from social research; assumed to be 'adults in waiting', Kellett (2010:11) suggests they have been of 'little interest to the scholarly mind'. Viewing children as 'becomings' rather than 'beings', suggests that they do not make credible participants based on their age and inherent vulnerability; this rationale is often amplified where children are deemed to have already suffered harm, and may be in the care of the Local Authority (Powell, 2011). Rarely do we see the age of adult participants highlighted within research studies, with presumptions of competence being automatically reached on the basis of an 'adult' status (James et al., 1998).

Scott (2009:95) highlights that concern has been raised regarding the 'pliability' and 'susceptibility' of children and young people, influenced largely by the perceived immaturity of their cognitive and social skills, but also based on potential communication barriers. James et al. (1998) suggest that communication is one factor accounting for why children's middle years are somewhat neglected, with researchers fearing that verbalisations from this age group could be misunderstood, or misconstrued. McNamee and Seymour (2012) suggest that there has been an abundance of research conducted with children between the ages of 10 and 12 years, which could indicate greater confidence on the part of researcher in ascertaining these children's views. Yet research does not necessarily support the stance that children in younger age brackets are less able to verbalise their experiences or viewpoints. For Mayall (2002) children as young as five years of age were able to locate themselves within the dynamics of family life and provide commentary on the relationships and roles therein. Furthermore, within the area of child protection, Cossar et al. (2011)

found that children as young as seven were able to offer a view regarding the reason for social work involvement, and their feelings about this.

Research undertaken by Fundudis (2003) urges us to move away an age-related assessment of competence, suggesting that qualitatively, there are a range of other factors which impact on a child's ability to reach rational decisions, not least experience. Assessment of competence is not an exact science. Children do not go from being incapable of rationality at the age of 17 years, before amassing the skills required for reasoned argument on their eighteenth birthday. The ability to contribute a rational perspective is dependant up a myriad of factors, such as the subject matter in question.

Research undertaken by Langsted (1994) highlighted that researchers need not necessarily concern themselves with proving reliability and validity in children's accounts, as each may be justifiably unique. Failure to ascertain such perspectives then, would mean that their narratives will be eternally lost to us.

Within last twenty years, we have seen a departure from the default position of privileging the view of adults, in part, due to debates concerning the sociology of childhood. Christensen and Prout (2005:42) claim that this sea change has accorded children 'conceptual autonomy', centring them as the 'direct or primary unit of study', and recognising that children have unique 'insights and perspectives of their social worlds' (Coad and Evans, 2008). Rather than deferring to the views of the adult gatekeepers of childhood, acknowledgement has been given to the fact that children are indeed social actors in their own right and research should invest in highlighting them as such (Scott, 2009).

It is within this culture change, that we see a convergence in the aims of social work and the potential impact which social research may have. Social work practice strives to empower the service users with whom it engages; social justice is at the heart of what the profession seeks to accomplish (Hardwick and Worsley, 2010:59). Research too, can be an agent of change and by acknowledging the power dynamics that subjugate the voices of children in research, we can move toward inclusivity in society at large.

Hadwick and Worsley (2010:31) contend that no longer should ‘protection’ be synonymous with ‘non-participation’; not only do children have the right to be heard, but we have transcended the belief that they have little to tell us, or that adults have superior knowledge and a superior understanding of what is best for children (Kellett, 2010; Greene and Hill, 2005:18). As Bearson outlines, ‘by providing space for the child’s voice to be aired, we are able to learn a great deal about their priorities, concerns and stories’. The value of listening to children is circularly self-serving then – as their voices become ‘louder in our time’ (1991, cited in James et al., 1998).

In a moral sense, studying children acknowledges children’s agency, individuality and uniqueness (Greene and Hill, 2005), yet more than this, it enables us to capture children’s lived experiences rather than an adult’s perception of what those experiences may be. If we neglect to at least try to ascertain the perspectives of children, then we can achieve little more than to present their life as seen through an adult filter. As Smith tells us, ‘children, individually, collectively, and their lives, feelings and experiences are one thing, while (external, adult) concepts and representations of childhood are another’ (2010:13). Whilst we have clearly all experienced childhood in our time, it does not follow that we understand what it is like to be a child in contemporary society (Kellett, 2010).

Whilst there have been strides forward in inclusive research practices, debate remains regarding the extent to which a ‘tribal child’ position should be adopted, as described by James et al. (1998). The authors suggest that the tenets and merits of such an approach value the uniqueness of the child’s position. Within this context the world of the tribal child is viewed as largely autonomous and individual meaning and relevance is created by its members. Research adopting a ‘tribal child’ perspective therefore endeavours to capture this unique experience or unique world view – they see childhood as a separate culture with its own set of rules and beliefs, which are unfamiliar to adulthood (James et al., 1998). Research in this tradition then, adopts a child centred perspective, emphasising the gulf between childhood and adulthood, rather than focussing on the similarities. This ‘othering’ has pushed researchers to study children within ‘their’ environment (school, youth clubs, cyberspace) rather than within the confines of the ‘family’, and potentially underplays, or undervalues, the links to the outside world (Munday, 1979, cited in James et al., 1998).

Research undertaken by Mayall (2002:123) would indicate that children also subscribe to the fact that they share a ‘common domain’, which they inhabit as a product of their *otherness* to adults. Within this *culture*, children ‘share experiences, and recognise and endorse others’ experiences; they identify social realities that are common to them in their status as children’. Yet, Mayall (cited in James et al., 1998:82) highlights that the ‘proposal that children constitute a group with its own separate and insular children’s culture, denies the empirical reality that children’s childhoods are largely constituted within the family through adult – child relations, rather than just child – child relations’.

This transactional approach is given greater credence within the ‘Minority child’ perspective, which acknowledges that children do not necessarily live insularly within their own culture, they do not occupy a separate world, they share a world which is adult-centric. James et al. (1998) contend that it is nonsensical to suggest that the lives of adults and children can be analysed in isolation as one inevitably leads to the other. This would suggest that a middle ground needs to be brokered (Seymour and McNamee, 2012).

Akin to the marginalisation of children’s voices due to perceived levels of (in)competence and power struggles, ‘familialization’ (Qvortrup, 2005) has served to keep the child hidden from individual scrutiny by ‘aggregating them numerically and conceptually’ within the family subsystem (Smith, 2010:144). Saporiti (1994) however argues that to learn something about children in their own right, they need to take precedence as the ‘unit of study’. This has particular significance in situations where the family is not a safe haven for children to grow and develop. Researchers and practitioners alike need to find a way of navigating through the complex dynamics of family life to ensure that the child’s voice is heard alongside more dominant voices. The impact of ‘family’ on a child’s socialisation and understanding of the world cannot be negated. The family is a forum where all individuals, irrelevant of power dynamics and hierarchy, negotiate space, time and status, to some degree (Mayall, 2002:28) in the ‘common enterprise’ of family functioning. We will revisit this discussion in Chapter Five, where by research findings suggest the potential for children to subscribe to a family narrative, which can serve to deflect professional concern.

Children within contemporary society assume a position of vulnerability as a consequence of the power that is wielded over them by a plethora of social and familial structures. Researchers and practitioners alike have a responsibility to at least attempt to counter such discrimination by trying to give the child a voice, moving away from protectionist discourses, which serve to silence the child. This signifies a move away from seeing children as incapable, incompetent objects of study from which to ‘get’ information (Hardwick and Worsley, 2010:31) toward viewing them as ‘a partner, a co-constructor of knowledge’ (Moss and Petrie, cited in Smith, 2010:186). This is not to suggest that we offer children ultimate primacy of opinion, privileging their perspective above all else. As espoused by Butler and Williamson (1994) ‘children’s perceptions are no more or less valid than those of adults’. Instead, we need to locate their views alongside others, acknowledging the need for an ‘explanatory framework which is complex, interactive [and] multi-directional’ (Smith, 2010:79) airing the multiple perspectives of key stakeholders (Seymore and McNamee, 2012).

2.5 Conclusion:

What is clear from literature is that despite the complexities inherent in defining neglect, children subject to neglect are being identified, although the true scale may remain hidden. From the available research we now have a very clear idea about the impact of neglect; however, what we know much less about is how to successfully intervene in cases of neglect to improve outcomes for children. Daniel et al. (2010) highlight that in terms of an evidence base, there is also a significant gap in our knowledge relating to the views of child. Helping children to communicate their wishes, feelings and concerns is undoubtedly a complex and skilled task, yet, as Falhberg (1998:325) eloquently states:

‘if we are to intervene effectively in their current lives and make the least detrimental decisions on their behalf, we must understand children’s perceptions of their lived experiences.’

Failure to develop an understanding of the world the child inhabits, and to ascertain their views on what may help, results in children continuing to be the ‘actors in someone else’s play’ (Britton, cited in Reder and Duncan, 1993), with both parents and professionals dictating how that child’s life may unfold. As outlined by Franklin

and Goff (2019:100) professional have a responsibility to encourage, develop and take account of children's communication as, 'communication is not just a technical matter' the messages children receive about the worthiness of their contribution contains important messages about their own self-worth and value.

The literature in relation to neglect provides a compelling argument that the voice of children continues to be unheard. Munro advocates that to be able to effectively help children exposed to neglect, we need to hear their narrative and understand their reality, yet the importance of forming a relationship with children, in a practice sense, has become overshadowed (Munro, 2011a). There is a need to identify effective mechanisms and approaches for airing children's voices. Failure to do so arguably verges on professional neglect.

For the service user, their 'voice' is one of the most important commodities they have (Welbourne, 2012:72), and for the worker, it is their ability to engage the child that provides one of the greatest resources for affecting change. Capturing the child's narrative may enable workers to develop some sense of how it may feel to live in the daily climate of neglect, or to breathe the air within which neglect breeds. This provides a compelling argument for inclusivity in relation to the views of children and young people, both for the practitioner, and for researchers attempting to inform and direct practice.

Methodology (Part 1) - Introducing the Context:

3.0 Research Questions

My overarching research question is:

‘What do the voices of children, young people, mothers and practitioners tell us about how best to identify and respond to child neglect?’

In order to answer this, I will:

- Examine children and young people’s perceptions of the lived experience of neglect
- Explore children and young people’s perceptions of their involvement with children’s social care and allied professions
- Explore mothers’ perspectives of the phenomenon of neglect and gain their narrative and experiences of support services
- Examine practitioners’ experiences of working with neglect
- Explore the facilitators and barriers to creating change in cases of neglect

3.1 Defining Neglect in Research:

‘Child Neglect is a truly multidisciplinary research topic’ (Taylor et al, 2012:419). Just as the literature identifies the complexities and limitations of defining neglect in practice, Straus and Kantor (2005) also identify the difficulties research wise; there is a lack of clarity in relation to definitions of neglect, which in turn impacts on standardised, reliable and valid measurement of the phenomenon. This may account for the suggestion that research regarding child maltreatment has a ‘hole in the middle’ where neglect should be specifically addressed (Garbarino and Collins, 1999:11). We have seen that operational definitions of neglect bring about their own complications, yet when value based or incomplete definitions of neglect creep into research, this provides an increased layer of complexity raising issue with how valid the evidence provided can be, or indeed how generalisable. Gough (2005) understandably urges caution in relation to the application of such findings to the practice world.

Those we seek to involve in the research may also differ in the way they define neglect. I have highlighted disparities across the professional network, yet these disparities may also apply to parents, carers, children and young people, who may not view their individual set of circumstances in the same way as the research study to which they may have been enlisted (Rees et al., 2011). Setting the parameters for definitional issues is vital, and at the core of attempts to explain the phenomenon under scrutiny. Open dialogues with participants in relation to definitions and terms of reference are crucial, but care should be taken to not impose such definitions upon others.

Practice and practical difficulties compound the situation for researchers who wish to make sense of neglect, as it often occurs in families where there are a number of vulnerability factors, such as poverty, parental mental health, substance misuse or domestic violence. Extrapolating the impact of neglect from such variables is problematic, if not impossible. Moreover, research indicates that many studies conflate neglect with other forms of maltreatment (Taylor et al., 2012). Furthermore, many of the recruited participants are likely to be families already in receipt of services from Children's Social Care (Gough, 2005), which eliminates those families where neglect has neither been identified or defined as a child protection issue, thus raising issues concerning representativeness.

Gough (2005:27) highlights the double bind for researchers who often have to choose between the richness of a small sample of cases, which may provide 'valuable conceptual insights and hypothesis generation', or a large-scale study, which may preclude detailed insights of multi layered family functioning but may have an increased representativeness over a variety of contexts. For Taylor et al., (2012) concern was raised about the approaches taken by some research endeavours to collect data concerning neglect. They found a number of studies which relied on secondary sources, such as case notes or questionnaires, rather than capturing the lived experience of children and their parents. .

I will now attempt to respond some of these concerns and consider how I will address some of these complexities through my chosen methodological approach. To begin, I will offer some context to social work research involving service users and carers.

3.2 Social Work Research as a Distinctive Field:

‘Qualitative approaches share a similar goal in that they seek to arrive at an understanding of a particular phenomenon from the perspective of those experiencing it’

(Vaismoradi et al., 2013)

Seeking to capture the voice of service users has gained great credence in the field of social work research with works such as ‘The Client Speaks’ by Mayer and Timms (1970) and ‘Children Speak’ by Butler and Williamson (1994), underscoring the significance that should be attached to hearing the views of individuals who receive social care support. As a social work practitioner turned researcher, the ethos of participation is of central importance. However, *how* one may seek to capture such ‘voices’, remains highly contested. Whilst ‘suitability and relevance’ are essential considerations inherent in the choice of method or approach (Becker and Bryman, 2004:95), such decisions are also premised on one’s ontological, philosophical and epistemological position (Mason, 2002). Letherby (2003) highlights the centrality of such decisions in directing what we find. Method, methodology and epistemology are not a just a precursor to detailing the main event, they underpin and direct what may be found. What follows is an exploration of the basis for social work research and an examination of how I intend to give primacy to the voices of those who have previously been silenced.

Research in the field of social work has gained pace, competing with other forms of social research both in academic and practice settings. Social work research is distinct, it possesses hallmark characteristics which demarcate its purpose and rationale from other fields of study. Social work research has a ‘pervasive concern with social inclusion, justice and change’ (Shaw et al., 2010:3). Its aims go beyond knowledge generation, toward creating change and improving life chances for those individuals supported by social care services. Social work research moves beyond pure description, to problematizing the phenomenon under scrutiny; then formulating responses aimed at supporting and empowering service users towards positive outcomes (Ruffolo et al., 2010). It aims to give a voice to those previously unheard or marginalised (Powell and Ramos, 2010:238).

Gredig and March (2010:65) suggest that social work research is essentially concerned with two factors: the 'life world or environment of service users' and 'social work practice and professional action'. The former concentrates on the social problems encountered by the range of service users accessing social care support, the genesis of such problems and the coping strategies marshalled in response; the latter on the 'effectiveness and efficiency' of services, the response that is forthcoming, and the shape of that support (Gredig and March, 2010:65). Distinctly then, as social work research carves out a niche, a place in the complex web of theoretical and conceptual frameworks, it concerns itself with both 'policy and practice' and the 'structural and the individual' (Orme and Briar-Lawson, 2010:49). In addition to raising the credibility of the social work profession, creating a strong research base also enables practitioners and policy makers to identify and address social problems synonymous with risk (Boaz and Blewett, 2010).

The distinctiveness of social work research creates a synergy with qualitative approaches to research, which have gained increased favour and credence in the latter part of the 20th century. Consequently, concerns arising in relation to the 'legitimacy' of qualitative research are much less frequent (Creswell and Creswell, 2018). Qualitative methods enable social work researchers and practitioners to assume the role of *learner*, acquiring knowledge that illuminates the effectiveness of practice for professional and service development. Powell and Ramos (2010:236) suggest that the methodological approach adopted by such researchers must be 'robust and relevant' to practice, for the social work practitioner to make meaningful links and to enable research to inform the practice base.

The epistemological and methodological approach taken by the school of social work research has been the source of much debate. Proponents of the natural sciences would suggest that social life can and should be studied according to the canons of the positivist scientific method, with an emphasis on what can be directly observed, collected by quantitative means. Within positivist epistemologies, quantitative researchers may seek definitive answers, utilising approaches to data collection which are deductive, structured, and privilege objectivity (Spicer, 2004). These commonly include survey and structured questionnaire techniques (Mason, 2002).

Yet, social work research has tended to shun the contention that quantitative approaches sit at the pinnacle of a hierarchy of research strategies; aligning itself instead to an interpretivist paradigm and the 'inevitable subjectivity' of qualitative study (Powell and Ramos, 2010:241). With a focus on social justice and empowerment, and the centrality of human interaction, Powell and Ramos (2010) suggest that qualitative approaches to research are consistent with the ethos and aims of social work practice. Whilst acknowledging the role of one's epistemological and methodological predilection, the authors suggest that within the realms of social work research, methods are chosen which enable researchers to capture experience and privilege partnership working. Qualitative researchers may favour approaches such as ethnography, qualitative interviews and focus groups (Mason, 2002). Despite this seemingly clear-cut dichotomy between qualitative and quantitative approaches, some researchers highlight that it is fact, an artificial divide, which caricatures both camps; with mixed methods and triangulation gaining favour in some quarters (Spicer, 2004).

Nonetheless, with service users and carers as a central concern, the suitability of qualitative approaches to Social Worker research is clear. They enable us to retain a focus on an individual's frame of reference, rather than imposing our own boundaries on what we seek to discover. Furthermore, it allows us to gather a richer data set, from which we can infer meanings and motivation, including contradictory behaviour and views, thus understanding the complexity and the messiness of life (Braun and Clark, 2013). In accordance with these principles, Creswell and Creswell (2018:181-2) outline 5 traditions of qualitative inquiry, namely narrative research, phenomenology, grounded theory ethnography and case studies. The authors identify a number of characteristics which demarcate qualitative research endeavours, including: they take place in a natural setting, drawing on multiple forms of data; they are typically inductive; and there is a focus on mean-making, reflexivity of the researcher, and obtaining holistic accounts through obtaining multiple perspectives.

Proponents of an interpretivist approach suggest that value free research does not exist. Any data collected is inextricably linked to experience and interpretation; knowledge flowing from research exchanges is socially constructed and cannot be extracted objectively. The qualitative interview is more concerned with the *construction* of knowledge, than the excavation of it (Mason, 2002). The focus of qualitative research then is less about proving a hypothesis, and more about understanding the

phenomenon in the context of the social world within which it is couched (Corby, 2006).

Such an approach is concerned with exposing constructions where ‘something constitutively social has come to masquerade as natural’ (Boghassion, cited in Shaw, 2010:249). The ‘deconstruction’ of such data, is about trying to unpick the basis of claims, examining the social processes that have contributed to, and culminated in, knowledge formation. Consequently, as we can never guarantee ‘that we have reached the truth’, (Phillips, cited in Shaw, 2010:249) but we may present one version of it. This approach sits within a critical realist perspective, which upholds the existence of a knowable world, yet acknowledges this can never be reached; what is presented is the ‘subjective and socially located knowledge’ of the researcher (Braun and Clarke, 2013:27). Whilst it is recognised that the findings of qualitative research are both partial and subjective, they should still be ‘plausible, coherent and grounded in the data’ (Braun and Clarke, 2013:21) which achieves a valid account.

3.3 Qualitative Interviewing and Capturing Narrative:

‘When we enter the field, we make footprints on the land and are likely to disturb the environment when we leave. We may have mud on our shoes, pollen on our clothes. If we leave the gate open, we may have serious implications for farmers and their animals’

(Letherby, 2003:6)

Powell and Ramos (2010:234) suggest that for qualitative practitioners, choice of method is premised on the perceived effectiveness of being able to access ‘deeper meanings’ and experience. One approach celebrated for its potential to access such elements, is the unstructured interview; designed to evoke and capture rich responses and detail. Kellett (2010:71) highlights that the benefits of this approach lay in its ability to elicit beliefs, opinions and behaviours, without imposing boundaries which limit the scope or the depth of response. Using unstructured interviews, enables the researcher to broach subjects either directly or indirectly, with open questions, or the creative use of other techniques, such as metaphor (Gabb, 2008). Interestingly, despite the fact that the in depth interview is the mainstay of many qualitative research

endeavour, Bradbury et al (2017) suggest that recently innovations in new media and technologies may displace this form of data collection technique in years to come.

Nonetheless, Gabb (2008:17) highlights that the qualitative interview has been the 'linchpin of relationships for some 20 years,' however she claims that they are beginning to be used quite differently, with a focus on capturing *narrative*; which she describes as the 'connections between events and relationships that individuals experience'. There are two fundamental factors within this assertion; firstly the focus on 'relationship' and secondly, the emphasis that is placed on privileging the interviewee's story and *voice*. Creswell and Crewell (2018:13) highlight that narrative inquiry is an approach that invites participants to 'provide stories about themselves'. These are commonly structured in three parts, namely a focus on 'how everything started', 'how things developed' and 'what became' (Flick, 2009:177).

In terms of capturing an individual's unique perspective, there is clearly a more personal quality to an interview-based method, when compared to other methods that may choose a more detached approach, such as a survey or questionnaire design. Harwick and Worsely (2010:69) suggest that this is the fundamental reason why interviews have attracted such popularity amongst social work researchers – 'they have an unrivalled capacity for allowing opportunities for the research respondent's voices to be heard'. Use of a narrative approach in particular, exploits the individual's natural predilection for 'story-telling' (Leiblich et al., 1998 cited in Reeves, 2007:255), although it must be acknowledged that some individuals may be more proficient at this than others. As outlined by Fuchs (1984, cited in Flick, 2009:183) 'We must assume that not all interviewees are capable of giving narrative presentations of their lives. We meet reticent, shy, uncommunicative, or exceedingly reserved people, not only in everyday social life, but also in biographical interviews'.

This is where, once again, social work research draws parallels with social work practice. The research interview can mirror the context of the assessment interview, in which conversations between parties results in contextualising the presenting set of circumstances. Welbourne (2012) suggests that building up a picture of a service user's circumstances relies on the formulation of a narrative to convey such meaning and to develop insight into how past events have shaped present lives. Ascertaining meaning in a research endeavour can and does follow a similar pattern. By asking

individuals to tell us about their lives and their view on how it has evolved, we are in effect asking them to ‘narrativize their experiences of the world and their role in it’ (Bruner, 1990, cited in Mayall, 2002:55).

Greig et al. (2007:143) suggest that narratives are often captured or presented in a sequentially temporal manner, recognising that individuals ‘normally construe their lives in terms of continuity and process.’ They create a *story* or a *narrative* of how situations or circumstances have evolved, unfolded and developed. Narratives can take many forms but are generally threads of explanatory conversations that ‘describe an event or set of events to present a meaningful account for a particular audience’ (Welbourne, 2012:73). As highlighted, narratives are signified by a ‘story telling approach’, in which the teller is afforded the time and space to share their experiences in the context of a relationship. For Welbourne (2012:74), stories privilege the way in which information is conveyed as description transcends the reproduction of a set of events in time; augmentation occurs through the inclusion of factors such as ‘motivation’, ‘causal explanations’ and ‘environmental’ influences.

Capturing *narrative* in research has gained greater esteem for precisely these reasons. It is recognised that the detail and depth of an individual’s life, the ‘thick description’ (Geertz, 1973) is unlikely to be evident on the surface, but buried within the context of experience and consequent ‘reactions’ (Greene and Hill, 2005:4). Formulating these experiences into a narrative enables knowledge and experience to be ordered into a ‘meaningful structure’ and presented to the reader (Greig et al., 2007:144). Furthermore, authors document that by capturing the thick description one demonstrates greater research validity, as the findings begin to speak for themselves (Creswell and Creswell, 2018, Sandelowski, 2004).

Whilst narrative has the potential to convey *meaning*, a word of caution is issued in relation to the way in which *meaning* is arrived at. Individuals make sense of the world within the socio-cultural context within which they are located. Social constructivists outline that individuals construct meaning as they engage with their world; they make sense of this through the historical and social lens to which they subscribe (Creswell and Creswell, 2018). These explanations then, are ‘varied and multiple’ (p.8). For Alldred and Burman (2005:181) this means that the information gained from research encounters must be seen as a potentially transient ‘subject position’ rather than a

concrete 'perspective'. These 'subject positions' are context specific and may therefore be open to change. Thus, any views that are captured represent a snapshot of that individual's perspective, at that time, rather than an outcome. For the researcher, such interviews are likely to be one off occurrences. In contrast, social work practitioners may be involved with families for a protracted length of time, and may be cast in all manner of roles, from supportive ally to social policeman, which may impact on what is told. Practitioners are likely to know much more about the individuals they work with, which provides a deeper context, and an ability to map changing attitudes, contradictions and misinformation.

It is suggested that the process of '*telling*' can also be transformative for the content of what is told. Indeed, Wescott and Littleton (2005:143) cite the work of Bruner (1984), who distinguishes between a life as lived, as experienced and as told:

'a life lived is what actually happens. A life experienced consists of the images, feelings, sentiments, desires, thought and meanings known to the person whose life it is...a life as told, a life history, is a narrative, influenced by the cultural conventions of telling, by the evidence, and by the social context'.

Narrative approaches then, are about creating joint meaning. The narrative conveyed within the interchange between story teller and receiver tells us something about the 'what' and 'when', but much more about how the individuals themselves makes sense of what has happened and the social worlds in which they inhabit, and possibly about the context in which they are telling their story. As highlighted by Alldred and Burman (2005:181) one cannot assume that through the research interview, we are able to capture the interviewees 'authentic voice'. This voice is mediated through the 'filters' which include the 'participant's perception of the situation, the research focus, the interview questions, likely audience and interpretation, as well as the structural constraints they face and their personal values and biographies'. Therefore, to an extent, what we unearth are a range of current cultural concerns or perspectives that have influenced individuals' thinking and opinions, rather than the participants' particular viewpoint. As suggested by Letherby (2006) at the outset of this section, as researchers, it is inevitable that we interact and potentially affect with those we seek to study. This raises interesting questions and concerns, about how knowledge is

produced and constructed, and whether we are indeed able to gain a true insight into the world of the individual without the mediation of the researcher's lens. As Welbourne (2012:78) highlights, narratives are 'not just memories to be passively retrieved, they are socially mediated (Greene and Hill, 2005:5). They evolve through and are shaped by, the context in which they conveyed. The receiver then, may play an instrumental part in this knowledge production, unwittingly, or not. Alanen (1994) proposes an increased layer of complexity with such knowledge production, when the focus of research is capturing children's standpoints; questioning whether we can 'capture such a standpoint, when those producing the knowledge are invariably located in 'adulthood', therefore 'knowing, living, experiencing and acting in the world differently'.

3.4 Capturing Children's Narratives: Approaches and Techniques

'Starting with the child's views of their worries and concerns will help Social Workers and other professionals to form an effective alliance with the child'

(Cossar et al., 2011:9).

Returning to academia has offered me the opportunity to think about and reconsider my assumptions about childhood. Powell (2011) deems such reflexivity essential if we are to develop any self-awareness about how assumptions are made, both in a practice sense and in the world of social research. This is crucial in ensuring that research methods do not replicate prevailing ideologies about the nature of childhood. Much of my professional practice was directed towards seeking to capture the individual voice of the child through therapeutic work, as a conduit to their recovery from abuse and neglect. In an extension of this, this research endeavour seeks to capture the individual voice of the child to consider what it may tell us about how we can help the many children subject to maltreatment in the form of neglect.

We have seen that approaches to research in social work have moved further towards foregrounding the voice of the child, highlighting *children's* experiences that have been previously hidden or marginalised. Inherent with this shift, is a recognition that 'children are not all the same' (Greene and Hill, 2005:3). This provides delineation

between social work and sociological research, with the latter traditionally tending to focus on the ‘aggregate properties’ of children, where ‘*childhood*’ has in fact been the unit of analysis (Saporiti, 1994:193). This does not negate the fact that research with children can tell us something about universal experiences of helping services, but it underscores the need to learn from experience *in addition* to considering the uniqueness of each individual child.

Fore fronting the voice of the child has been facilitated in part by focusing on the acquisition of children’s narratives; placing children’s voices at the ‘centre of activity’ (Powell and Ramos, 2010:237) rather than obtaining their perceptions through the mediation of the adults around them. Capturing the number of children subject to a child protection plan for neglect, tells us about the extent of the problem (to some degree, given the contested nature of the statistics available in terms of ongoing issues with identification), yet actually capturing children’s voices, adds life to the subject and enlivens our appreciation and understanding. By focusing on children and young people as a credible source of knowledge, we are able to begin to capture a ‘cross-generational perspective,’ (Gabb, 2008:18) moving away from an adult orientated skew. Yet generational and hierarchical relationships with adults may continue to provide both ‘opportunities and limitations’ for children to enact their agency and offer their perspective (James, 2009:43; Seymour and McNamee, 2012). Consequently, there remains an interesting debate as to the degree to which children should be viewed as and spoken to as an individual single unit. In effect, children should be seen as more than the sum total of their family, yet they cannot be viewed in isolation from their networks and family connections, for these may influence what they choose to share.

As the drive to undertake research with children has gathered pace, the repertoire of approaches to capturing a child’s narrative has expanded, with the central aims being twofold. Firstly, to ensure that children are able to express their views, beliefs and opinions, and that they have a level of control over what they choose to convey; and secondly that this is done in an ethically sound manner. In doing so, the hope is to avoid the *objectification* of children, and celebrate their individuality (Woodhead and Faulker, 2009). Whilst there is a clear drive to employ participatory methods with children and young people, to ensure they are active participants in research endeavours (Coad and Evans, 2008), there is contention about whether as researchers, we should employ specific child friendly techniques in order to capture their views.

The debate centres on whether children are viewed as ‘essentially indistinguishable’ from adults (James et al., 1998:31) or whether they are seen as qualitatively different. The former position advocates for the use of the same methods and approaches across the lifespan (Punch, 2002), with the latter suggesting that children require special consideration.

It is widely accepted that children vary immensely in relation to their competencies and understanding. To address this, some researchers and authors have recommended embarking on research encounters with an arsenal of approaches aimed at engaging children and young people across the developmental trajectory; tailoring research methods to reflect the interests of the participants and their individual skills and abilities (see Punch, 2001; James, 2004; Clark and Moss, 2001). The use of task centred approaches for example (drawing, painting etc.) have been heralded as a way of ‘exploit[ing] children’s particular talents or interests’ which may generate more discussion than more traditional ‘talk-centred’ strategies (James et al., 1998:190). Yet one should avoid the presumption that all children are creatively minded, as some may feel more comfortable with a talking based approach.

The use of creative methods and approaches acknowledges that there are power differentials between the *researched* and the researcher inherent in all research encounters; additional considerations may be required to breakdown potential barriers and ‘hierarchical relationship[s]’ (Gabb, 2008:40). Punch (2002) suggests that generational power dynamics may play a detrimental role in research that involves children, if not explicitly considered and countered. Citing the work of Hill (2007), she argues for the use of methods that ‘maximise children’s ability to express themselves at the point of data-gathering; enhancing their willingness to communicate and the richness of the findings’ (Punch 2002:325); moving away from the ‘tight structures and defined sequences’ which may present as a barrier to sharing (Butler and Williamson, 1994:30).

Currently, the correlation between the use of ‘child friendly’ techniques and achieving quality data remains an issue for debate; yet as acknowledged by Punch (2002:330) creative methods are likely to facilitate rapport, place the child more at ease, and in all likelihood make the research encounter a more pleasurable experience for all concerned by increasing levels of motivation and interest (Gabb, 2008). As various

disciplines have grappled with how best to seek the voices of children and young people within research, studies have been conducted which draw together the strengths and limitations of such data collection techniques. (see for example Flanagan et al, 2015, Franklin and Goff, 2015). Flanagan et al (2015) appraise the use of art-based approaches, digital technologies and communication tools amongst other techniques. They highlight the benefits to utilising digital technologies in particular, as a less intrusive method which can minimise stigma and privilege privacy, yet they caution that such approaches are devoid of personal contact, relationship and trust.

Thomas and O’Kane (1998:337) suggest that participatory methods privilege information sharing, as they are ‘in tune with children’s ways of seeing and relating to the world’. Yet others believe that by highlighting the need to adopt different approaches with children and young people, we are perpetuating the divide between the socially constructed categories of childhood and adulthood and therefore, the process of *othering* children, therein. Instead, Thomson (2007) attempts to ‘dissolve the dichotomy’ between childhood and adult, by theorising that we are all *human becomings*; that is, setting aside the social category an individual may represent, all individuals come with unique identities, who possess agency, and have scope for development. In trying to unpick the contention that children require child centred approaches in research methodology to enable their voices to be heard, Thomson (2007) suggests that the facets thought to be synonymous with childhood, like a ‘lack of physical stature, attention span and confidence’, were issues that she also encountered in adult education.

Punch (2002) therefore, outlines a third approach, which acknowledges that children are indeed very similar to adults, but that they come with different capabilities, which may indicate that for some participants, we need to consider utilising different approaches. Extending this to consider adults, it may be more helpful to distance ourselves from the polarised positions of adulthood and childhood, moving away from the term ‘child-friendly’ techniques, towards adopting ‘research-friendly’ or ‘person-friendly’ techniques (Punch, 2002) with all individuals, no matter what social category they assume. Good research should tailor the approach it takes to the ‘needs and competencies’ of *all* participants, rather than making sweeping assumptions that some individuals may have superior competence, understanding or stamina’ purely as a result of being an *adult* (Kesby, 2007:207).

Even if we are to accept that the capabilities of each individual are contingent on a number of social and experiential factors, we cannot ignore the impact of development when it comes to issues such as vocabulary. This is particularly pertinent in the early years of a child's life. Reeves (2007:254-255) has highlighted the attraction of using a narrative approach with children, due to its association with a 'story style' approach, yet she also suggests that we need to acknowledge that one's ability to tell stories becomes more polished as we develop in years, with increased exposure to a variety of media related narratives being one factor which may account for this.

Both Macabe (1997) and Engel (2005:202) suggest that by the age of 4 years old, children can convey stories in a 'relatively coherent manner'. However, whilst logical, such stories may falter in terms of chronological precision. Research conducted by Habermas and Paha (2001) suggests that children develop a story telling ability between the ages of 2 and 6 years, although their capacity to narrate their own lives may develop at a slower pace (Welbourne, 2012:80). This suggests that adopting a narrative approach to research with children younger than the 4-6 years of age category will be problematic.

Combining a narrative approach with other creative strategies may assist in gathering more detailed information with Flanagan et al (2015) suggesting that the use of visual aids can act as a prompt for discussion within qualitative interviews and can be central to forming the rapport and trust required to discuss sensitive issues. Furthermore, as Gabb (2008:44) suggests, the use of drawing in particular, may 'facilitate conversations, producing longer and more descriptive narratives'. Flanagan et al (2015) suggest that whilst creative approaches are generally more enjoyable for children and young people, they may elicit a deeper understanding of the issues, as children convey an account of what they have drawn and why.

Gabb (2008) outlines that 'the draw and talk techniques can help to structure the child's narration, something that is especially important in research on emotionally charged events or where the focus is on the complexity of a phenomenon, such as family relationships, which may be otherwise hard to verbalise' (Gabb, 2005a cited in Gabb, 2008:44). In addition to this, providing an alternative focus to talking can enable children and young people to reflect on what they want to say and express (Punch, 2002:331).

Irrespective of which approach a researcher employs, it is evident from the literature that one of the most important determinants of successfully ascertaining voice was embracing an ethos of active communication and partnership, demonstrating a genuine motivation to listen and hear what is being said, and validating an individual's account with respect and understanding (Franklin and Goff, 2015).

Researchers may invest considerable time and effort into devising approaches to data collection that facilitate the acquisition of such data, yet barriers may still emerge. I will now move to look at some of the potential barriers inherent in undertaking research with children, in particular, those barriers which may be pertinent to studying the phenomenon of neglect.

3.5 Barriers to Ascertaining the Voice of the Child: Parallels between Practice and Research

The failure to foreground the views of the child has been as relevant to research as it has to practice. Rees et al. (2011) highlights the apparent anomaly, that whilst it is children and young people who are exposed to neglectful behaviour, their views are rarely used as the basis for developing policy and practice. To effectively define and address neglect we need to develop an understanding of what it means for those young people; yet the paucity of research journaling the views and experiences of neglected children, particularly those from ethnic minorities, or those with a disability, is significant. This is notable given the assertion that the latter group of children may be more vulnerable to such harm and are over-represented within the statistical data available (Bovarick, 2007). Research that has attempted to capture the experiences of neglected children has tended to focus on those children living with parental substance misuse, with Rees et al. (2011:57) arguing that these samples tend to be drawn from 'deprived and predominantly white families'.

Whilst existing research and literature relating to neglect has focussed on conceptualising child neglect according to parental behaviour or lack thereof, the move to elicit the child's narrative may allow the scope of neglect to extend to low level behaviour which may also impact on the child's wellbeing, as a consequence of how they define such action. As identified by Rees et al. (2011), much of what is

important to children may not appear on the radar of a professional, let alone meet the threshold for intervention; for example, the authors highlight that for young people, neglect extends beyond acts of omission, with issues such as being made to undertake 'excessive chores' or having their free time curbed, also being deemed neglectful. This illustrates that whereas adults may focus on the 'bigger picture', for children and young people, it is their everyday experiences which are meaningful (Holland, 2001:115).

It is important to consider how research may be configured to overcome some of the barriers which prevent or inhibit children talking about their experiences. Researchers will inevitably encounter some of the same issues that have prevented practitioners in social care settings from ascertaining the views of the child due to the sensitive nature of the discussion, where disclosure may be 'subject to adult sanctions and control' (Scott, 2009:89). Important questions need to be asked in relation to whether we are setting practitioners up to fail, in the sense that it is not possible to gain an insight into the world of the neglected child whilst such barriers exist; or whether through the use of more creative and individual based approaches, we may begin to work through these issues.

So far, it has been suggested that by attempting to capture a child's narrative we may find a path to enter their world, to understand how they conceptualise their own reality and the players therein. This recognises that there may be few children who can 'just tell' researchers, or indeed Social Workers, 'what it is they know or feel' (Howes, 2010:1254). Some children may find it particularly difficult to talk about their experiences, even when there is a willingness to do so. Hence, to frame experience in the context of their *life story* may provide a structure upon which to hook the more abstract ideas.

Nonetheless, barriers may remain. Welbourne (2012) suggests that children often harbour concerns about how other people will respond to their 'stories', particularly if they have a high emotive content, and are distressing. In this context, Welbourne (2012) suggests that children exposed to harm or abuse may be proficient at masking their feelings and their views as not to elevate 'stress or anxiety' in adults; such children may fear that the information they share may be met with shock or other emotional displays. Brandon et al. (2013:13) suggest that children who have been

exposed to long term chronic neglect may find it particularly difficult to trust any adult and will often present as ‘hard to help’; these children will require a great deal of reassurance and may not choose to share their stories in the confines of a transient relationship, with a researcher.

For some children, they may fear that adults will intervene in situations and essentially make things worse (Gorin, 2004). This was mirrored in research undertaken by Cossar et al. (2011) who identified that children feared that ‘profound consequences’ may unfold as a result of their disclosures, as if the act of telling symbolically passed over control of the situation to the adult *listener*, as a result of their duty of care. This is particularly pertinent for practitioners, but also extends to those in the research field who have outlined their duties to report child protection concerns. Gorin (2004:13) also suggests that children may fear more punitive parental behaviour or worry that disclosures may result in them being separated from the family. Yet there may be others who are reluctant to talk about their experiences as they feel that they have previously not been listened to or believed.

Whilst Rees et al. (2011) and Cossar et al. (2013:8) highlight the importance of seeking the views of children subject to neglect, these authors issue a word of caution. They suggest that some children may blame themselves for their parent’s neglectful behaviour or infer that their own behaviour is the cause of family difficulties which may generate a reluctance to talk about their experience due to shame. Other children however may not perceive the context within which they are living, nor their parent’s behaviour to be neglectful. These children may not have an adequate frame of reference to draw upon, particularly if they have been exposed to neglectful environments from early childhood and have assimilated these experiences into the *norm*. In such instances, we are arguably not just attempting to reveal the elephant in the room, but an elephant invisible to those who experience it.

As highlighted by OFSTED, it is clear that ‘what children say is only one dimension of understanding what they actually mean’ (2011), and as a consequence, one’s ‘understanding will always be partial and imperfect (Green and Hill, 2005:18). Our experience of the world is constantly unfolding and in flux. It is complex, multi-layered and not fully accessible to us let alone others’. Yet this does not mean that we should resign ourselves to ceasing research that endeavours to offer an insight into

how others may see the world. As previously stated, whilst we may not purport to report on the objective truth, we can strive to provide one version of the truth; because this is based on the experiences of others as they see it, hence it therefore carries legitimacy. Whilst we may never be able to capture a truly objective understanding of any phenomenon, we may add to the complexity of knowledge by exploring multiple perspectives and presenting these for consideration. The following section will examine the case for broadening out the research strategy to incorporate a systemic appreciation of the subject matter.

3.6 Multiple Perspectives:

If we accept that there are various versions of the truth, and that no one standpoint may be more legitimate than another, it may be contended that the road to collating robust and rich data lies in capturing multiple perspectives, which assists the researcher to contextualise accounts from individuals, couched in a systemic framework. Yet, this is not easy task, for as Greene and Hill (2005:7) acknowledge, it is not uncommon for different participants (children and parents) to offer ‘different accounts of the same events or relationships’ which means that the researcher has to find a way of presenting potentially conflicting perspectives, without giving any one voice primacy. This requires a fine balancing act else, as Powell and Ramos (2010:236) suggest, the researcher assumes a position whereby s/he either adopts ‘a relativist view from everywhere’ ... or ... ‘the objectifying view from nowhere.’ There is an increased layer of complexity, if we also factor in the voices of professionals working with the family, which add a further dimension, or view point.

Whilst such an approach may be problematic, collating data from a number of key stakeholders should be seen as a methodological strength. As suggested by Smith (2010:79) ‘explanatory frameworks’ are ‘complex, interactive and multidirectional’ and by demonstrating an awareness of diverse perspectives, we are able to value each individual’s unique contribution, in a manner consistent with empowering practice, as well as recognising that social work itself is inherently complex, and often has to assess and manage competing perspective and demands.

Powell and Ramos (2010:237) offer a word of caution in the respect that ‘methodological credibility or rigor’ may be compromised by the inevitability of ‘taking sides’, yet by demonstrating reflexivity through the research process, one may

be able to counter such inevitability. Surely a failure to at least attempt to capture the multiplicity of voices would be more detrimental to knowledge production? Capturing multiple voices, perspectives and experiences enables researchers to construct a community of knowledge, where narratives layer to add depth, conflict to offer alternative understandings, and augment to strengthen the data. This represents the complexity of data gathering in a world which is messy and inconsistent.

3.7 Ethics:

Within any social research endeavour, serious thought must be given to the ethical considerations in relation to all participants. Ethics are defined as a ‘matter of principled sensitivity to the rights of others’ (Bulmer, 2001). Ethical consideration must include reference to the parameters of confidentiality and privacy, participation, management of child protection issues and recompense or recognition for involvement (O’Kane, 2009). In the discussion and debate that follows, these issues will be addressed, in addition to deliberating the ethical basis for conducting research in areas of the social world which ‘sensitive’ in nature. Due to the contested nature of child neglect and the fact that its roots may be located within problematical familial relationships, it is one such area of the social world, which is deemed sensitive.

Due to the regularity with which social work research encroaches on sensitive issues, consideration regarding the ethical basis of such research is essential. As highlighted by Neuman (2006) researchers have a professional and a moral obligation to conduct research in a way, which is consistent with ethical principles. Where the research topic may be considered *sensitive*, there is often an accompanying consideration: weighing up or balancing the value of the proposed research against the principle of ‘non-interference’ in private family life. The fact that much social work focuses on the confines of family life automatically characterises such research as ‘sensitive’ (Gabb, 2008:21), this is particularly reinforced in Western cultures, where the *family* is very much seen as a private domain, as outlined by Article 8 of the Human Rights Act, 1998.

Despite the artificial boundary that surrounds families, much research is still undertaken in this arena, premised on the fact that by intruding on the confines of private family life, we may begin to learn something about the social problems which the family and its constituent parts face and essentially how best we may respond. In

essence, for social work research, the aim is generally to enhance the quality of life for all those accessing social care support, by determining how interventions and responses can be improved (Royse, 1995; Hugman, 2010).

Hugman (2010:152) warns however against the presumption that research which creates new knowledge for the greater good of the profession of social work, society or service users, justifies collecting such 'knowledge' from individuals. That is, as researchers we do not have an automatic 'right to know' information. Clearly issues concerning informed consent are central to this debate, although an approach that explicitly values the contribution of the individual from whom such data is collected is also essential. Hugman (2010:152) suggests that we must convey to the individual that they are an 'end in themselves' and not purely a means for achieving ends for others. This should be the foundation upon which good research is grounded.

Hugman (2010) also warns that when research incorporates unsound methodology, it is rendered '*futile*' and therefore unable to 'achieve the purpose of the research to advance meaningful knowledge' (p.151). Hugman contends that such *futility* is extremely harmful on a number of counts which contravenes ethical principles; not only does it waste precious resources - financial means and the resource of the respondents involved - it also damages the credibility of research, across all disciplines. Potentially, futile research could also lead to ineffective interventions being instituted as a consequence of unsupported evidence regarding their efficacy.

The qualitative interview has become a popular tool within social work research for its potential to capture experiences, feelings and emotions. These are secured in an attempt to offer a genuine insight into the world of others, by enabling discussion concerning sensitive issues in the confines of a safe environment and premised on the establishment of 'relationship'. Yet it is these qualities, inherent in the qualitative interview, which also enable service user/carers to share sometimes *difficult* and *painful* memories or emotions. As identified by Reeves (2007:254) the narrative approach is an excellent approach for unearthing 'deep personal data' yet a consequence of this is that respondents may reveal *too much* of themselves, which may be ethically problematic.

Elam and Fenton (2003) highlight that the researcher has both a 'moral and professional responsibility' to ensure that they do not cause any 'physical or

psychological distress' to participants (Cited in Gabb, 2008:22). In the event that this did happen, safeguards should be marshalled to ameliorate such an impact. Hardwick and Worsley (2010:31) contend that the researcher must ensure that at all times they balance the potentially negative impact of taking part in research, with the benefits to the individual, both in the short and long term. They suggest that this is achieved by continual reflection on the merits of the research, set against the outcomes for those involved in its production. Managed well, the research interview has been likened to a 'therapeutic encounter' (Gabb, 2008:23), with the researcher demonstrating the core skill of 'empathy' (Welbourne. 2012:216), offering the research participant the opportunity within this context to tell their story in a way which proves cathartic.

Such ethical issues, are an essential consideration for those working with adults, become increasingly potent when conducting research with children, young people and those who may be considered to be vulnerable, such as the mothers within my research sample. Fundamental to undertaking ethical research with children and young people and vulnerable adults are the principles of 'beneficence and non-maleficence', our moral imperative to do right, and avoid harm to others, respectively, as outlined by Powell (2011:2), who highlights the fine balance to be struck between protecting children in particular from the harm, whilst enabling them to benefit from the research endeavour.

The sensitivity inherent in discussing maltreatment dictates that it is incumbent upon researchers to consider the potentially emotive content in narratives concerning neglect. As Hill (2009) highlights, for some children (as with some adults) there may be a tangible benefit in having the opportunity to talk through their experiences, yet for others it may reignite suppressed or unawakened emotions. This does not mean that children and young people should be precluded from partaking in potentially sensitive research; nor does it suggest that we may only ask children about *abuse* within the context of a social work practice. As Gabb (2008:26) highlights, 'children are integral to families. To exclude them on the basis that uncomfortable issues and/or unforeseen consequences may arise from research participation would return us to previous configurations where adults talk for children.' Demonstrating a commitment to undertaking research with children recognises both their status and their citizenship (Powell, 2011). Rather than silencing them, we can adopt a position or practice of *respectful enquiry*, whereby we are aware of the potential implications of asking

children to recount what may be painful memories and experiences. Social Workers, who have chosen to follow a research path, may be ideally placed within this context to assess whether or not it is ethical to involve certain vulnerable individuals in the research endeavour and whether the individual requires further support as consequence of the research encounter.

Researchers must also consider the potential for children and young people to disclose information of concern within the confines of the research interview, which may infer historical, ongoing or future risk of harm. As Reeves (2007:259) found, for him, holding the dual role of researcher and Social Worker (albeit in name, and not in function) was extremely difficult to navigate; as the former you are focussed on the data that is emerging and any patterns that may be forming, and as the latter you are continually 'assessing and checking the information'. In short, you cannot escape your professional instincts.

Morrow and Richard (1996) state that researchers must acknowledge and act upon their 'moral obligation as adult[s] to protect children at risk, even when this may mean losing access to, or the trust of, the children concerned if they do intervene' (cited in James et al., 1998:191); yet others suggest some researchers may choose not to intervene when isolated concerns are identified, if the harm is thought to be 'remediable,' else risking the opportunity to enact systematic change (Hugman, 2010:152). Whilst choosing between these two courses of actions has the potential to ignite a practice dilemma, the position that I adopted in relation to my research is very clear. A research strategy and ethos that sets out to capture the voice of the child and forefront unique stories, experiences and emotions would be rendered incongruent if it failed to act on information that would indicate that a child's safety and wellbeing was compromised. Therefore, all reported concerns were acted upon, with any necessary action informed by discussions with the individual in question. As a consequence, it is evident that I was not able to offer absolute confidentiality or anonymity, where child protection issues take precedence; confidentiality is 'conditional not absolute' (Farrimond, 2013:169).

Having clear parameters outlining how information gained within the qualitative interview will be shared, is crucial. As discussed above, managing confidentiality can present the researcher with significant dilemmas in terms of processing and

publicising the data. As outlined by Gabb (2008) research participants must be fully informed about how their material will be treated and the boundaries placed around ensuring confidentiality. As I have discussed, ensuring confidentiality gains greater prominence when individuals are asked to discuss sensitive and private matters, as it offers an insight into family practices or behaviour which may ordinarily be hidden from the public gaze. The purpose of qualitative interviewing is to capture these hidden meanings and issues, which may carry high emotive content; in seeking to do so, we must ensure transparency in relation to how such information will be processed.

Explicitly outlining the parameters of confidentiality is an essential component of gaining informed consent from research participants. As discussed above, offering assurances of confidentiality may facilitate the sharing of highly sensitive information (Neuman, 2006), but it also conveys a level of respect for the individual and underscores their right to choose how information they provide is used. As outlined by Hugman (2010:157) it is essential that all research participants ‘agree knowingly to allow various properties of themselves to become constructed as data’.

Whilst good practice would clearly be to offer as much detail as possible concerning the research aims, objectives and the limits of confidentiality, this may impact on objectivity of the participant and the level of detail or quality of data gained. This is problematic within the bounds of this research project, as to openly acknowledge the focus of my research project being ‘neglect’ may automatically influence the way in which children and young people define their set of circumstances, and the response which is configured. For the purposes of this study I acknowledged with the child participants that were or had been in receipt of services from Children’s Social Care when asking them to share their experiences with me. It was not my intention to frame the exchange by explicitly using the term ‘neglect’, unless the child itself introduces this descriptor. All of the mothers in the research sample were cognisant of professional concerns in relation to neglect. Therefore, the phenomenon will be explicitly discussed with them from the onset, whilst seeking to gain an understanding of how mothers’ themselves define child neglect.

3.8 Consent:

Gaining informed consent is not an isolated event; more a ‘process’ (Hugman, 2005:71) undertaken throughout the duration of the research. As Gabb (2008)

suggests, qualitative interviews in particular, are exploratory endeavours, requiring continued renegotiation as data emerges, even though this may jeopardise continued participation. This has led Hewitt (cited in Gabb, 2008:26) to suggest that it may be more ethical to view consent as ‘provisional’, as opposed to ‘informed’.

Once again, undertaking research with children and young people adds an increased layer of complexity in relation to gaining consent. Researchers may firstly need to obtain consent from the gatekeepers surrounding children, usually the parent or carer - who has delegated responsibility for making decisions concerning minors (James et al., 1998). Yet, as highlighted by Powell (2011:24), gatekeepers can potentially use their power to ‘censor’ children and young people, with paternalistic intent.

Complexity may be increased where the researcher has to navigate multiple layers of gatekeeping (Bushin, 2007). This may be particularly problematic where the intention is to research an area that either indirectly or indirectly involves these gatekeepers, such as the topic of neglect, where information gained from children may place caregivers in an unfavourable light (Hill, 2009). Ultimately, this may mean that we are denied access to some who may be able to provide unique accounts of their lived experience. This may account for the fact that less research has been conducted with, and less is known about the views of, those children in need of support and protection (Holland, 2010:114).

Even when consent has been secured from parents or carers, Grieg et al. (2007) suggest that good practice would dictate that informed consent should also be ascertained from the child or young person themselves, even where they may not be deemed legally competent to give such consent. This is supported by UNICEF (2002) who direct that parental consent ‘is ‘not an adequate standard in light of the rights of the child;’ and that ‘assent’ for participation should bolster the consent already obtained from those with parental responsibility (Greig et al., 2007:54).

Kellett (2012:22) provides us with a useful rubric for obtaining the informed or *provisional* consent of children and young people in relation to research participation, which will be used as the basis for this research study. She outlines that prospective participants should be reassured that: they only need to talk if they want to and can withdraw at any time; that no one will be hurt, upset or cross if they decide not to participate; that answering all or just some of the questions is optional, and they can

stop or take a break at will. Moreover, children should be advised that they can talk to someone else about whether they should be involved. Likewise, parents should feel reassured that they can refuse to take part in research, and this will not affect the services of which they are in receipt.

There should be absolute clarity regarding issues of confidentiality, as well as informing children, young people, parents and carers what will happen to the recorded material, in terms of how it will be stored. Research undertaken by Gorin (2004:3) indicates that children in particular, ‘say that they want to talk to someone who they trust, who will listen to them and provide reassurance and confidentiality’; laying down ground rules to outline how this may be achieved then is essential, and should not differ dependent on the age of the participant.

Key to working towards ethical integrity is the ‘constant questioning of the decisions that we take’ (Bushin, 2007:240), ensuring that we are reflective, aware of reflexivity and we are able to scrutinise our practice with an appropriate independent other in debrief (Kesby, 2007:199). As Bushin (2007) highlights, it is impossible to legislate for every ethical dilemma that one may encounter in the practice world, which underlines the need for deliberated responses to those that do arise.

3.9 Consideration of Power Dynamics in relation to Children and Young People:

Central to obtaining informed *consent* or *assent* from children, is the consideration of power dynamics. We have explored elsewhere how power, under the guise of support and protection may have been wielded, either in a benevolent or more sinister manner, with the result of silencing children and young people and perpetuating the socially constructed fault line between adulthood and childhood; the former, synonymous with authority, knowledge and experience, the latter with immaturity and becoming. Only in the last few decades have we begun to acknowledge the agency of children, viewing children and young people as a potential credible source of knowledge and authority regarding their individual set of circumstances. Whilst our thinking may have developed to transcend antiquated assumptions about the validity of a child’s voice, in practice power dynamics remain an issue that need to be overcome. In fact, O’Kane (2009:126) suggests that the ‘biggest challenges for researchers working with children are the disparities in power and status between adults and children’.

With a historical legacy of marginalising the voices of children, moving to a position where these voices can be expressed and presented in an untainted and objective way remains problematic, as is creating the optimum conditions to facilitate the emergence of these voices. Whilst the active role that children can and do play has achieved greater recognition, children remain subjected to a plethora of power relations and constraints - within the family, education and within society at large. Smith (2010:91) suggests that it is these factors which have inhibited children from having an influential role in moulding 'law and policy', rather than their perceived under development. It is suggested that children and young people may not be consciously aware of these power differentials (Gabb, 2008), yet any accounts that are offered will almost certainly be couched in the prevalent socio-cultural context of the time, and we would be naïve to suppose that the role of the researcher could escape this. *Adulthood* has been given great currency and status, and children are largely socialised to respect and abide by the rules that adults put in place. This is central to the research world and may mean that children and young people taking part in research endeavours may find it difficult to challenge, disagree or withhold consent (Hill, 2005).

Within a research context, Punch (2004) found that the children were acutely aware of power relations; she noted that gaining the trust of the children and young people was a more protracted process than for the adult respondents. This is not surprising, when we consider that it is the *adult* researcher who is instrumental in setting the agenda, devising the research questions and determining the approach the research will take, prior to interpreting the findings (Kellett, 2010).

In recognition of such power dynamics, much attention has been given to ways in which the scorecard may be balanced or the power differentials minimised. O'Kane (2009) has written at length about the potential ways in which we may disrupt dominant power ideologies, suggesting that researchers should seek to approach the research strategy in a child centred manner – offering information that can be digested and understood by the children approached to take part. In doing so, one begins to offer *choice* in relation to participation. It is essential that we have an understanding of how the children and young people taking part view the intended purpose and outcomes of the research, as this may influence the information they give, and their levels of meaningful participation. As Hill (2009:71) outlines, if the researcher encounters seemingly reluctant communication from participants, we must be clear

about whether this is a consequence of their disposition, communicative ability, 'intimidation or simply resentment at having to take part in the research'.

Central to O'Kane's recommendations concerning the need for a child centred research strategy, the author suggests that the use of 'humour' should not be undervalued. This is a point emphasised by Williamson and Butler (1995:46) who suggested that in their experience, 'what interviewees wanted was 'serious listening inside a funny shell,' that is acknowledgement of what they term 'maverick' qualities, which may signal the human qualities of *genuineness* and being *real* to build rapport, emphasising the foundations of relationship. Gabb (2008) believes that this can be facilitated by the appropriate and limited use of 'self disclosure'. Building rapport with children and young people is vital, to ensure that the conditions of the research interview are as non-threatening as possible. This will then encourage openness and honesty on the part of the participant as they view the researcher as a 'trustworthy' individual (Hill, 1997, cited in Gabb, 2008:51). This acknowledges that the information, observations and views children have cannot simply be gathered in a sterile, objective fashion. Instead, as Shaw (1994) acknowledges, 'the child's responses to an interviewer represents the 'tuning of particular persons to the particular demands and opportunities of a situation, and thus resides in the combination of person – in the situation, not 'in the mind' alone' (Wescott and Littleton, 2005:147).

The process of building up rapport, brings with it its own challenges, in the sense that the researcher may be seen to be walking a thin tightrope between conveying themselves as a friend, adult and researcher; as Punch (2004:99) identifies, one may be required to 'switch between' different identities. Ensuring that research involving children and young people is a child friendly and transparent process is not without complexity and requires a great deal of planning and continued reflexivity (Gabb, 2008:20).

Coad et al (2009) offers a useful rubric to address some of the power differentials within an interview context, suggesting that the researcher should adopt a position of naïve curiosity in discussion and dialogue, without being patronising; conveying a genuine interest in what participants say and believe. Coad and colleagues impress the importance of being non-judgemental, accepting that their experience may be different to that of an adult, as it is owned by them, in their marginalised position.

The issue of power is not restricted to children and young people within the interview context. Adult participants, particularly those who may be vulnerable, should also experience a person-centred approach to the process. This becomes increasingly important, when they are sharing private and potentially painful life experiences. Moreover, as Potts and Brown (2005:272) suggest, in qualitative research, which strives to foreground the voice of individuals, it is ‘through paying attention and listening [to the voice of the participant, that] research is reconceptualized and becomes an emergent unfolding process rather than a trip to a predetermined destination’. In essence, as discussed early, participants are co-creators, or co directors on a journey.

3.10 Practicalities of Research Design:

I have looked in detail at how the sensitivity of the research subject can affect the information that is forthcoming and the access to those individuals with whom we may want to speak. Decisions also need to be made in relation to the venue for the research meetings to be conducted. As highlighted by a number of authors, choice of location and venue is likely to be hugely influential to the depth and detail of the disclosures both children and adults make (Scott, 2009; O’Kane, 2009; Greig et al., 2007). As highlighted by Greene and Hill (2005:4), attempts to capture the experience of children and young people, necessitates consideration of methods and locations that capture this experience, not necessarily the confines of a ‘professional office or ‘lab.’

Whilst Punch (2007) highlights the potential benefits of conducting research within the family home, stating that children may assume a more relaxed disposition as a result of the familiarity of their surrounds, there are also inherent difficulties involved in carrying out qualitative research in the home environment. Creating a space for interview within the family home may be problematic, when set against a backdrop of *family business*. That is, the family home is often the central location where the family *happens*; it is where people interact, where they can work together to function as a unit, and where they engage in innumerable tasks on a daily, if not hourly basis. Fitting in with these daily routines and practices can be a hard task to navigate; hence serious consideration should be given to whether more conducive settings can be located, or times can be identified which minimise the possibility of disruption. Yet as identified by Robson (2002) conducting real world research requires a recognition that on

occasions we must inevitably enter into complex, messy and poorly controlled ‘field’ settings’ (Greig et al., 2007:139) else how are we as researchers, able to contextualise our findings?

As Bushin (2007) insightfully suggests, no one research situation is identical, however the scope for managing the interview setting when using the family home is almost impossible. This is compounded when coupled with the chosen research area of neglect, where for some, home conditions are notoriously synonymous with chaotic living environments and disorganisation. This may be a long way off what may be considered the ideal research setting, where one would seek minimal disruption and a level of calmness.

Research conducted by Bushin (2007) tells us that children do identify with ‘home’ as a space where they have a sense of ownership; it is not solely the domain of the parent. Yet, the family home is also the location where parents tend to implement structure, routine and family rules, hence the degree to which children and young people feel able to act freely must be considered. Moreover, one should also consider that for some children, young people and adults, the family home is not a safe haven; in fact, it may be the location in which they are subjected to harmful behaviour from others.

Any commitments made to confidentiality may be more difficult to adhere to in the boundaries of the family home, where you may be subjected to a number of intrusions or interruptions or ‘parental surveillance’ (Kesby, 2007:197). As Greig et al. (2007) suggest, children in particular are unlikely to immerse themselves in discussion about sensitive topics when parents are in earshot, for fear of revealing what may be considered to be delicate or contentious information. There are also mixed views regarding conducting research with children in the confines of their own bedrooms (see Punch, 2007), where the safety of both the researcher and the participant must be given serious consideration.

Within the confines of this research project it was very difficult to predict where the most conducive location for interview would be and it was therefore negotiated on a case by case basis, dependent upon the interview participant and their presenting set of circumstances.

Having considered the context for my research endeavour, and outlined the importance of ethical considerations, consent and confidentiality, I will now offer an overview of my research encounter, participant profiles and data analysis, as I entered the field.

Methodology (Part 2) - Introducing the Field

4.0 Introduction

'It is feasible and important to talk about something and simultaneously talk (at least for a little) about the talking itself'.

Pels (2000:3)

This section will offer a reflexive introduction to the research process in relation to my journey into the field and the impact and experience of *self*, whilst conducting interviews and undertaking analysis, acknowledging my 'perspectival subjectivity' (Braun and Clarke, 2013:21). As highlighted by Finlay and Gough (2003) acknowledgement of the 'situated nature' of research is essential, else we starve the reader of context and a deeper, arguably more meaningful, understanding. The authors contend that engaging in a reflexive approach requires crucial reflection concerning one's own 'social background, assumptions, positions and behaviour' and how this melds together to produce the research outcome; that is, researchers must recognise how 'their interpretation flows from their personal, cultural and historical experiences' (Creswell and Creswell, 2018:8). Whilst I have already explored the importance of children's narratives, and the way these may be constructed, I now turn to an exploration how the research findings have been constructed, through engagement with my own subjectivity. Having an appreciation of one's positionality acknowledges that the research undertaken is unique, a collective enterprise, within which the data are co-constructed between researcher and participant, with all playing a role. To this end, as highlighted by Finlay (2003:5), 'another research would unfold a different story'.

My interest and fascination in the area of child neglect has been longstanding, stemming from my early experiences as a frontline practitioner in the North of England; addressing child protection concerns, and witnessing the impact of abuse and neglect, long after the initial concerns emerged. Historically, there has been a paucity of research in the United Kingdom cataloguing the deleterious effects of neglect on the developing world of children, however authors such Bruce Perry (2008) and Margot Sunderland (2006) have been instrumental in stimulating discussion about the neuroscience of neglect.

Prior to the 1970s neglect was very much the focus of social work concern, however with a growing awareness of structural inequality and anti-oppressive practice, coupled with greater recognition being given to the incident led forms of abuse, professional attention declined, and a toleration of neglect emerged (Daniel, 2015). However, as research in the United Kingdom has gathered pace, so has the call to re-establish neglect as a primary concern for health and social work professionals. Initially, the focus was very much given over to scrutinising the impact and prognosis for children exposed to this form of abuse. Only in recent years have practitioners and researchers begun to explore successful intervention.

In contrast to the forensic approaches to child protection, utilised with sexual abuse and physical harm, neglect is messy, contested, and, as discussed in the introductory sections of this thesis, bound up in questions of judgement, values, beliefs and professional roles and responsibilities. Evidencing the harm caused by neglect is not clear cut and whilst the work of the aforementioned authors has gone some way to highlight the often *invisible* impact of neglect, practitioners continue to find it difficult to prove that parental behaviours, or lack thereof, result in potentially lifelong detrimental consequences for children.

Moving from statutory child protection practice into the voluntary sector enabled me to develop my skill base in delivering therapeutic interventions to children, young people, parents and carers where abuse and neglect was a feature. Specialising in neglect and child sexual abuse, I became a lead trainer for neglect in the locality; supporting staff from a variety of disciplines to identify and assess child neglect, with a particular slant on considering the impact of personal and professional values. This training has evolved over recent years, layering on a number of other focal points: supporting professionals to ascertain the voice of the child in cases of neglect, supervision and management of neglect cases and more latterly considering interventions with children and families.

After ten years in practice I completed an MSc in Research, exploring the effectiveness of group work programmes with mothers' whose children had experienced sexual harm. This led to my appointment as Practice Educator, and subsequently, Lecturer at the University of Hull in 2009, where I have been afforded the opportunity to continue to develop my interest in neglect further, and consider the implications for practice.

Through research and reading, it was evident that whilst authors such as Rees and her colleagues (2011) were starting to focus on ascertaining the voice of children who had been exposed to neglect and their peers, this largely concentrated on young people in their adolescent years. Little information was recorded regarding the views of younger children, with few indicators of how to successfully engage this cohort in dialogue about their painful and emotive experiences of living neglect.

This is echoed in practice, where my interest in neglect and commitment to improving practice locally, has been punctuated by a number of child deaths nationally; these deaths were the result of chronic poor care and abuse, notable by an absence of understanding concerning what life was like for these children prior to the fatal outcome which ensued. Serious case reviews and reports have detailed a failure to ascertain the voice of the child; highlighting that not only have their views been silenced, the children themselves have been rendered invisible. Whilst we know more about *impact*, detailed descriptions of *experience* remain absent from literature.

A desire to understand why children's voices go unheard or overlooked drove my initial research proposal, seeking to foreground the voices of children exposed to neglect, and to understand how they define and interpret their situation. I was aware that this was a sensitive area of research, but nonetheless, encouraged in the belief that as a Social Worker, turned researcher, I was well placed to balance the demands of data collection, whilst working alongside vulnerable children and young people, parents and carers. My experience as a social work practitioner, also gave me an insight into front line practice and how Social Workers negotiate the often stressful and demanding climate of safeguarding work.

My initial approach sought to engage children where the presence of neglect had already been established through a Section 47 Investigation, leading to a Child Protection Case Conference and a Child Protection Plan. I identified three cohorts of interest:

- Children currently subject to a child protection plan
- Children subject to a Child in Need plan, once the case had been deescalated, suggesting the risk of harm had been reduced

- Children in alternative care provisions (foster care, residential care, family and friend's placement) suggesting intervention had been unsuccessful

In addition, I envisaged that interviews would also be undertaken with parents / carers to contextualise the voice of the child; alongside information gleaned from the Social Worker, who could offer a brief case overview. I hoped to interview 15 children in total, 5 per cohort. I acknowledge that focussing on these three groups of children excludes children and young people whereby neglect maybe felt to be a factor, but not the predominant cause of concern i.e. it had not been formally identified as neglect by statutory services.

Once my ethical approval had been granted through the University of Hull's Department of Social Science Ethics Committee, I made an approach to a city in the North of England, who indicated an interest in supporting and facilitating the research. However due to a range of factors, which included staff turnover and staff shortages, political interest and a number of high profile child deaths locally, progress was limited; undoubtedly, the fact that the research subject was a sensitive one, further compounded the factors highlighted above. Whilst commitment was forthcoming from senior management and the Local Children's Safeguarding Board, contacts made to middle management resulted in extensive delay. As the situation locally became increasingly precarious, the decision was taken to withdraw from the potential research site and make alternative representations to a smaller locality, more familiar to the researcher, where relationships with senior and middle managers were already well established. Nonetheless, this intensely frustrating hiatus led to a twelve-month gap in advancement of the fieldwork. In the face of numerous setbacks, it was conceivable that I would lose focus and motivation during this time, however a passion to achieve my intended trajectory drove me forward. A passion which Maso (2003) suggests, is required to truly commit to the enterprise of research.

The new site, also in the North of England had already invested heavily in tackling child neglect. They had developed a bespoke assessment tool and had a robust selection of training to up-skill the multi-agency network. Neglect was a priority for the Local Children's Safeguarding Board, accompanied by local recognition about the need to establish the voice of the child in cases of neglect, following a recent serious case review which indicated that lessons could be learnt. The senior management team

were forthcoming, and contact was easily made with a Team manager responsible for identifying potential cases / participants from the available data.

Families were identified in groups of five; the allocated Social Worker for each child was notified and asked to liaise with the researcher to confirm suitability of the child / family for inclusion in the research. Potential candidates were discounted where there were ongoing or imminent court proceedings, or if there was a lack of stability in relation to alternative care provision. It was felt that interviewing children in such a state of flux would be both ethically and morally questionable, given the likely number of people already involved in their lives and the significant changes they may be subjected to.

Once the suitability of the potential participants was agreed, the Social Worker was then tasked with introducing the research to the parent and/or child/young person (utilising the information leaflets provided by the researcher) and seeking consent for the researcher to contact the child / family directly. Prospective participants were assured that they could refuse to take part and this would bear no impact on the services they currently received.

A steady stream of potential candidates were identified as suitable for the research, totalling 37 children; however, on average only one in five children/parents indicated their willingness to be involved (or have their child involved) in the research, per group. In addition, many of the barriers faced by professionals in making contact with families where neglect is a feature, were echoed for the researcher: difficulties contacting the family and failed visits. After consent to make contact was gained, attempts were made to communicate with families by telephone. On numerous occasions this resulted in no answer and the chaotic nature of behavioural patterns for these individuals, meant that for two families, despite repeatedly arranging home visits, appointments were failed, multiple times. This was not unexpected; in addition to issues concerning the chaotic functioning of some families, I was acutely aware that I was asking parents to let me enter their personal space to discuss highly sensitive and potentially distressing issues, inviting them, and their children, to talk about topics which could engender feelings of sadness, anger, guilt and self-blame amongst a raft of other emotional responses. In addition, whilst I saw myself as a researcher, I queried

how the potential research participants would see me: as someone encroaching on their private life? A much-needed listening ear? Benignly, with no preconceived ideas?

Having successfully navigated my way through four tiers of gate keeper (a senior and middle manager, Social Worker and parent) there were also occasions when the children themselves chose not to take part in the research, in spite of parental consent to do so. This was a particular issue for those young people in their adolescent years, many of whom had undergone several years of social work involvement and changes of worker. Unfortunately, this resulted in a failure to meet the target number of children and meant the research project being less child centred than I had initially conceived it would be. Rather than 5 children from each cohort, I achieved interviews with five children in total, across the three identified areas, configured as:

- 2 children subject to child protection plans
- 1 child subject to Child in Need support
- 2 children in alternative care provision

Whilst unfortunate, this does reflect the barriers experienced by practitioners in reaching children exposed to neglect and securing an understanding of their situation based on their *voice*, as outlined in Chapter Two; it would have been incredibly ambitious for me to expect to transgress such obstacles.

Those children and young people who were successfully recruited were, in the main, part of a larger family cluster where their mothers had also consented to be interviewed. Further details are presented within the outline of Research Clusters, below. Notably, only one family included a birth father who remained currently involved with the children, the rest were absent; he declined to take part in the research, despite consenting for his children to do so. Unfortunately, in terms of parental contributions, the sample gained was neither gender nor culturally diverse. I spoke with four mothers, all white British.

As the research progressed, the decision was made to include Social Workers and Family Support Workers in the interview process to augment the data. Whilst some comments made by these workers related to families within the sample, the majority of the discussion focussed on their management of neglect cases more generally,

including the barriers to interventions and examples of effective practice that facilitated positive change.

I created an interview schedule for each group of participants (children and young people, mothers and professionals) (see Appendix 3). These were used as a general guide and added to and amended as the interviews progressed. I began interviews with children and young people and mothers with an opening ‘generative narrative question’ (Flick, 2009:177) which aimed to stimulate narrative in relation to the topic of neglect, before following this up with more specific probing or clarification questions.

4.1 The Practicalities of Data Collection:

4.1.1 Parents and Carers:

All interviews with parents/carers took place within the family home, which raised some unique challenges. I have referred above to the often-chaotic nature of family life which typifies a presentation of disorganised neglect (Crittenden, 1999) and for the Marrison, Robinson and Taylor (pseudonyms) families, this was evident when conducting interviews within the home environment. All three families contained a number of children, the younger of whom were present for some of the interview discussion; this often detracted from a focussed dialogue. With the Robinson family in particular, two very young children were keen to explore and interact with their house guest, despite Eileen (their mother) arranging for her daughter to care for the children in an adjacent room. Therefore, discussion with Eileen took place amidst a nappy change, provision of drinks and snacks and ducking out of the way to avoid flying balls, used as missiles to gain my attention!

The interview with Jenny Taylor (mother) was truncated when her 11-year-old daughter came home, and an argument ensued concerning the provision of pocket money. Luckily, we were in the process of drawing discussion to a close, as I was hastily ushered out of the door to the backdrop of slamming doors and a challenging teenager angst, as she was eager to go ice skating. Both experiences were reminiscent of my time in front line practice, where undertaking home visits often raised challenges when trying to engage parents and maintain discussion as *life* continues

around. These were the home visits before which you took a metaphorical deep breath on entering the property in anticipation of the next crisis, only to exhale when seeking the sanctuary of your car. With both of these families I experienced similar feelings to those of my practitioner days, exposed to a full range of sensory stimulation, some, such as the strong smell of stale urine and unchanged nappies, familiarly unwelcomed. This provided a window in to the potentially contagious and overwhelming dynamics that may be beamed out by some troubled families, and received by professionals, leaving them at a loss to begin to map out an intervention, offer help and support and encourage change. Also, a window in to ‘the air that children breathe’.

4.1.2 Children and Young people:

The interviews conducted with children and young people were much less eventful by comparison. Michael (aged 15) and Fay (aged 14) were both spoken to within their home environment, an alternative care provision provided by grandparents and a family friend, respectively. Harrison (aged 9), Sarah (aged 10) and Erin (aged 9), were all happy to be spoken to in school, and whilst Sarah’s interview was impacted on by the loud buzz from an overhead fan, largely our time together was uninterrupted.

All children completed a consent form prior to commencing the interview, which supplemented parental consent. Consent was treated as an ongoing issue to return to, consequently, all children and young people in the sample were given a reversible ‘stop/go’ laminated card to hold or keep close by within the interview. They were encouraged to use this to signal how comfortable they were with the discussion taking place, turning the card to ‘stop’ if they wanted to cease the interview, or divert to a different topic. None of the children chose to utilise this tool. Moreover, I was also acutely aware of the children’s body language, and monitored their non-verbal communications throughout each interview, as a cue to whether they felt comfortable with the discussion. Finally, all children were made aware of the limitations to confidentiality, and the need to share information if material was disclosed which led me to believe the children were at current risk of harm, this would be additional information which had not already been brought to the attention of protective services.

Harrison, Sarah and Erin were all interviewed utilising the ‘A Day in the Life’ approach, advocated by Horwath (2013). Horwath (2015) suggests that it is only by understanding how a child experiences a typical day in their life, that we can begin to gain a sense of the effect that neglect is having on their developing world. In preparation for eliciting a typical day narrative, I printed out two clock formats for the children to select from, should they choose this approach (see appendix 5). I had laminated two example ‘days’ based loosely on my own day to day life, for them to gain a sense of how to approach the activity. I also took along a wooden clock, which could be used to track progression and narrative through an identified day. These tools were used in order to provoke discussion about different times and events in their day and to encourage children to reflect on their experiences.

Whilst the ‘day in the life’ approach elicited some basic information concerning children’s current lifestyles and daily routine, gaining reflection on previous experiences of living with neglect proved much more difficult, as these brief exchanges with Sarah illustrate:

Excerpt 1:

- Sarah: [I’ve had a Social Worker for] 5 years*
Lisa: 5 years? Um, do you know why you have Social Worker?
Sarah: No
Lisa: No? Why do you think?
Sarah: I don’t know
Lisa: You don’t know? Do you think your mummy knows why you have a Social Worker?
Sarah: I don’t know. I don’t usually listen

Excerpt 2:

- Lisa: ...has your Social Worker talked to you about what you want?*
Sarah: Yeah
Lisa: and were you able to tell her?
Sarah: If I could get the words out properly
Lisa: it’s hard to get the words out properly sometimes isn’t it? Can you remember what you told her?
Sarah: No, I don’t remember
Lisa: Can’t you remember? ...No, you can’t remember? Okay, maybe this is a question that you can answer then. Um, from what you have told me, why do you think your Social Worker would prefer you to stay with your dad?
Sarah: cos probably to keep us safe, I don’t know.
Lisa: To keep you safe? Okay...Is there any other things your Social Worker might want to keep you safe from?
Sarah: I don’t know

Lisa: You don't know?
Sarah: My mum used to slap us
Lisa: Your mum used to slap you, aw okay, I see. Do you want to tell me a little bit about that?
*Sarah: *shakes head* No.*

The phrase 'I don't know' was used by Sarah numerous times within her interview, potentially to indicate genuine ignorance of the question posed, or to close down a topic of conversation she felt uncomfortable discussing. Certainly, when used within the second excerpt, on the second occasion, Sarah's verbal responses and body language indicated that this was a difficult topic of conversation for her, and one that she did not wish to pursue.

Using the clock format proved less successful with the younger children than I had hoped. All three younger children struggled to recall events, particularly in temporal order, which reflects their age and stage of development, as well as a reticence to speak freely about what may be considered 'personal issues', to a relative 'stranger'. Sarah, Harrison and Erin found it difficult to reflect on what life used to be like, when they were subject to child protection processes. It is unfortunate that I was unable to interview any children or young people considered to 'currently' experiencing neglect. Whilst Sarah and Harrison remained the subject of a child protection plan for neglect, they had recently moved to live with their father, some two months previously. It is notable that access to this cohort of children was not granted, which adds further weight to the themes identified within Chapter Two, concerning silenced and invisible children.

Interviews with Michael and Fay were, at their behest, conversation based, although attempts were made to verbally elicit a narrative with the use of invitational questions, which outlined a typical 'day in their life' when living with neglect. Both were made the offer of a more creative, art-based approach; both declined. Michael, being the oldest participant appeared proficient at recalling dates, events and the feelings these evoked, again reflecting his age and stage of development. He presented as confident during the interview, fuelled by a desire to have a voice, tell his story and potentially help others. Michael talked me through his 'typical' day, peppering his discussion with several thick descriptions of what happened, how it made him feel, any relevant motivations and considerable reflection about how his experiences made him feel now.

The way in which Michael utilised his narrative forms the basis for much of the discussions in Chapter Five.

Fay's interview was much less easy for me, in general. A 14-year-old who had recently moved back to her home town after spending some time in foster care, Fay, whilst happy to talk with me, was much more focussed on drawing the discussion to an end and going out to see her friends with whom she had been reacquainted. Fay's interview was the shortest of all conducted, barely lasting 20 minutes. Had this been the first interview I had conducted, it may have led to a crisis of confidence on my part, in relation to my skills in engaging young people. It was only when I left the interview and noticed Fay's friend hiding around the corner of the house, waiting for me to leave, that I realised her attention was clearly diverted elsewhere! Nonetheless, Fay's interview offered an interesting insight into why she may be reluctant to talk to new people about personal and intimate life events. Fay recounted *numerous* changes of Social Worker, necessitating telling her story *numerous* times. During the interview, I became acutely aware that I was yet another intruder, seeking her narrative, despite her reassurances that she was happy to talk to me.

Doctoral supervision was utilised to discuss one particular ethical dilemma emerging from my interview with Michael. Having explained to Michael that his name would be changed within my thesis to protect his anonymity, he expressed a keenness to retain his forename, and *own* the comments he had made. Whilst this was the subject of much discussion and debate, eventually the decision was made to allocate him a pseudonym, in large part to shield the identity of relatives and practitioners who may be inadvertently identified through various comments made. This was a difficult decision, as seeking to give primacy to children and young people had been a primary aim of the research endeavour, and in part I felt that I was perpetuating his silence, on some level.

4.1.3 Practitioners:

I spoke with eight practitioners in total: 5 Social Workers, two Family Resource Workers and one Family Resource Manager. In this case, the sample was a little more diverse; including two male workers (both Social Workers) and one individual of Black British origin.

All interviews conducted with Social Workers and Family Resources Workers were undertaken in the confines of their office space. Workers were in the process of transitioning to ‘agile’ practices, which essentially translated as spending less time in the office and more time working from home, or within one of the children’s centres located nearby. Interviews tended to be set up weeks in advance to accommodate practitioners who were balancing the demands of home visiting, report writing and court time. I was acutely aware that their time was at a premium.

In advance of the interviews I crafted a basic interview schedule, outlining some of the areas I wanted to focus upon. The early interviews proved crucial in directing some of the topics for conversation raised in subsequent discussions, such as the topic of court work, which shall be discussed later. Having listened and transcribed the interviews with professionals, on reflection it is evident that I explicitly highlighted my experience as a front-line practitioner, who had had experiencing of working within their locality. This sits in contrast to the interviews with parents, carers, children and young people, where my identity as ‘researcher’ was foregrounded. Whilst not conscious at the time, I was creating a shared identity, encouraging rapport based on the foundations of at least a partial shared understanding of the profession and the demands therein. For parents, foregrounding my role as researcher may have been perceived as less threatening, particularly where they perceived that they had had negative experiences of professional behaviour and decision making.

I will now move on to looking at the research participants in a little more detail, to offer context to the analysis to follow.

4.2 Overview of Research Participants:

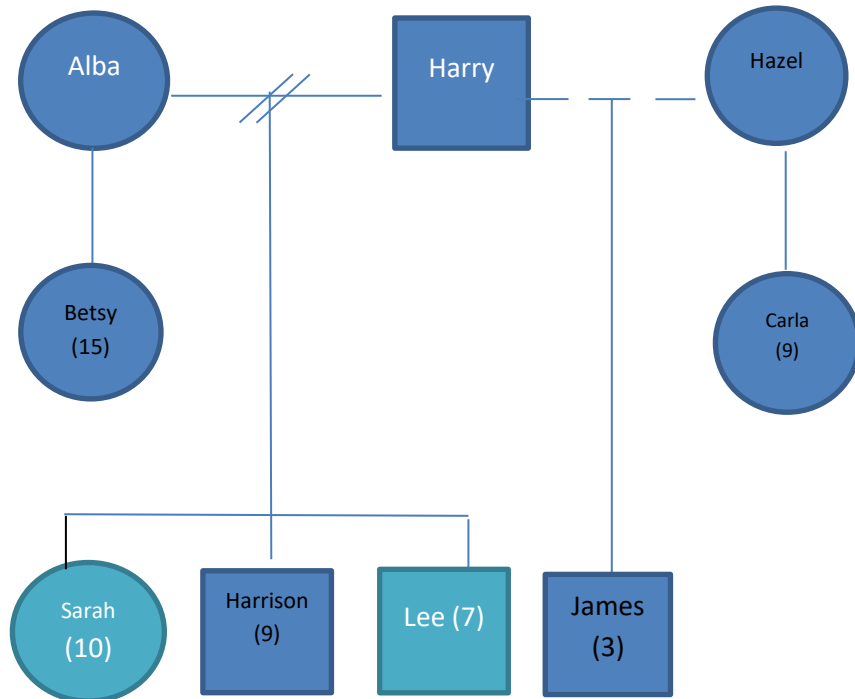
The table below offers an overview of the total number of participants interviewed as part of this research study:

Interview Participant Group	Number of Participants
Child / Young Person	5
Parent	4
Step parent	1
Social Worker	5
Family Resource Worker	2
Manager Family Resource	1
Total	18

Further details of the family make up is contained within Research Family Clusters outlined below. See Appendix 13 for an overview of the symbols used.

4.3 Research Family Clusters:

Cluster 1: The Marrison Family

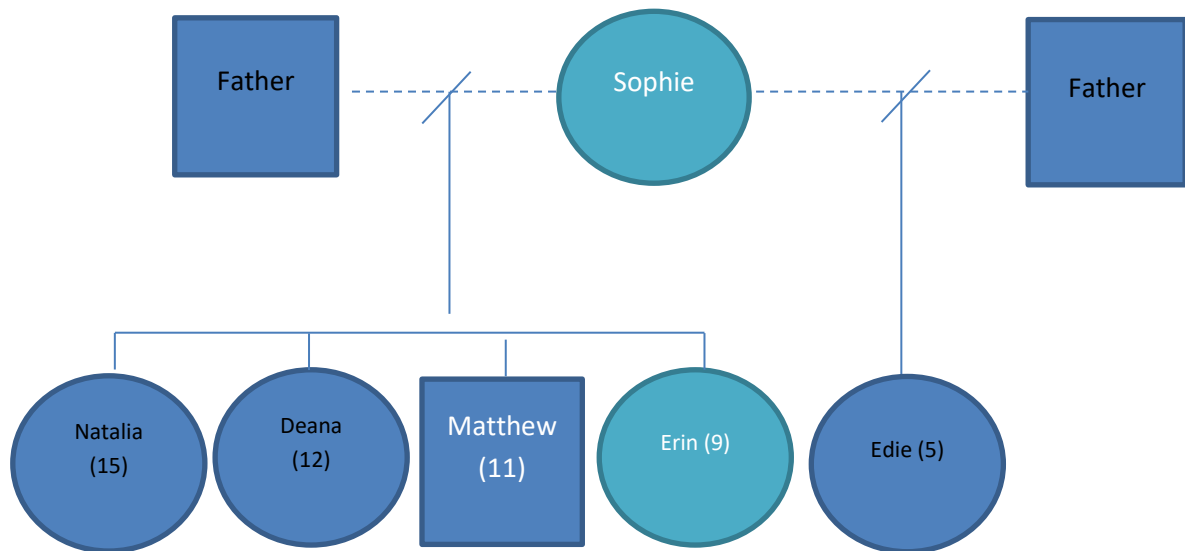


Sarah, Harrison and Lee were referred into Children’s Social Care (CSC) following concerns raised in relation to neglect whilst residing with their birth mother. Essentially these focussed on home conditions and supervisory neglect (leaving the children with inappropriate carers and allowing them to play out alone, late at night). The children had been subjected to a child protection plan for neglect on two occasions. In the summer of 2015 CSC urged birth father to exercise his parental responsibility, due to accumulating concerns and remove the children from birth mothers care. The children have remained in the care of Harry and Hazel (step-mother) since this time. They continue to be the subject of a child protection plan, whilst court proceedings are finalised, with Harry applying for a Child Arrangement Order securing residence of the three younger children. Alba opposes this application. Whilst consenting to his children’s involvement, Harry declined to be interviewed as part of the research project.

Interviews conducted with:

Sarah	Daughter	10 years
Harrison	Son	9 years
Alba	Mother	
Hazel	Stepmother	

Cluster 2: The Page Family



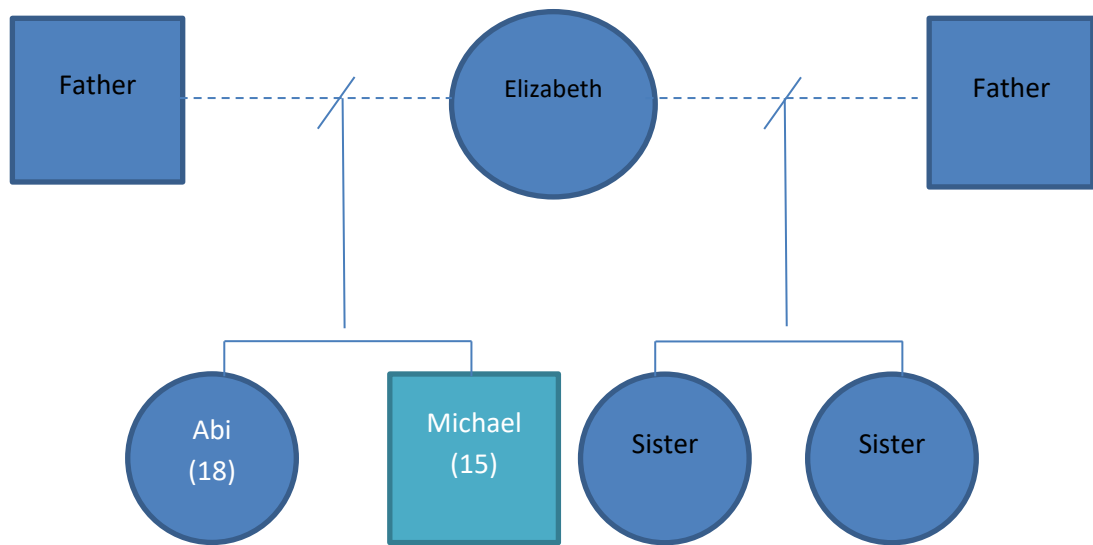
Sophie is a single parent with a long history of involvement with Children’s Social Care, spanning more than 10 years; with her children being the subject of a child protection plan on two distinct occasions. Concerns centred on home conditions, physical care (poor hygiene and nocturnal enuresis) and medical neglect (dental and health appointments). During the second period subject to a child protection plan, CSC instigated the Public Law outline, with a view to removing the children from mother’s care, however following a robust period of support by the Family Resource service (FRS) the case was deescalated to Child in Need status. Sophie was anticipating imminent closure of the case to CSC, pending a diagnosis and subsequent support plan for her son, who was thought to have ADHD.

During their second period of involvement with CSC, the family were allocated two different Social Workers and received a supportive package of intervention from a Family Support Worker. Sophie reported having a good relationship with her current Social Worker, but a strained relationship with her previous worker, which she attributed to the worker’s unrealistic expectations and standards. Despite initially resisting intervention and support from CSC, upon reflection, Sophie has embraced the work and positive change that has occurred.

Interviews conducted with:

Erin	Daughter	9 years
Sophie	Mother	
Claire	Social Worker 1	3 years post qualified
Alice	Social Worker 2	3.5 years post qualified
Rose	Family Resource Worker	20 years experience

Cluster 3: The Morgan Family

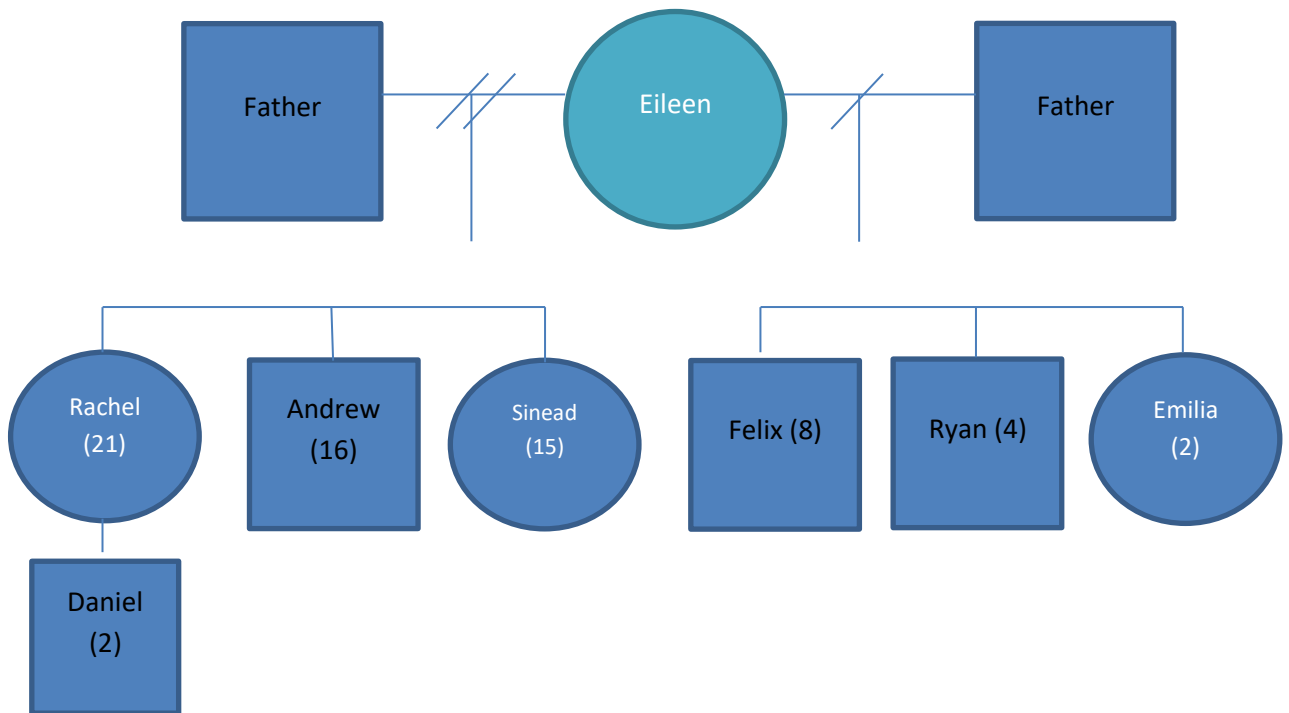


Michael has been involved with Children’s Social Care since his early childhood, including time spent subject to both a Child Protection and a Child in Need Plan, due to concerns regarding maternal substance use. Michael recounts having numerous Social Workers throughout this period. After Michael’s older sister left home, he undertook caring responsibilities for his two young sisters up until he requested that he be received into Local Authority care, aged 14. This triggered care proceedings in relation to his younger sisters, who have now been placed for adoption. Michael reports being exposed to physical neglect where his basic care needs were not met. Michael witnessed parental substance use and was subjected to both physical and emotional abuse by his mother. Michael’s experiences and narrative will be discussed in further detail in Chapter Five.

Interviews conducted with:

Michael	Young Person	15 years
Emile	Social Worker	2.5 years post qualified

Cluster 4: The Robinson Family



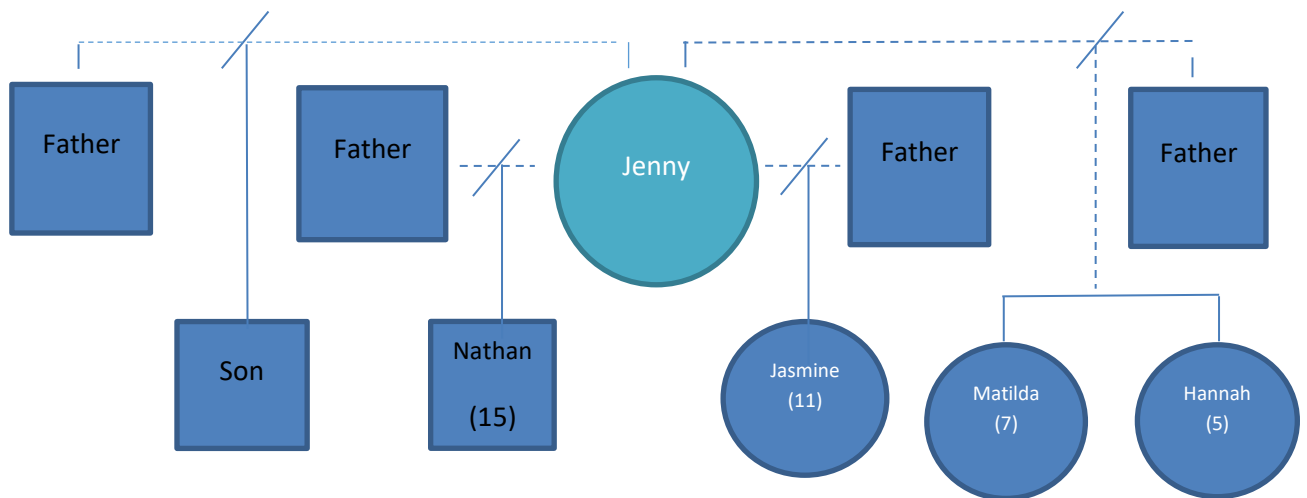
The Robinson family first came to the attention of Children’s Social Care due to parental substance misuse and domestic violence when Andrew and Sinead were young children. The children were subject to a Child Protection Plan; however, the case was deescalated and subsequently closed following Eileen ending her relationship with the children’s father.

The children were once again made the subject of a Child Protection Plan when Eileen met her second husband, father to her youngest three children. Eileen was subjected to domestic abuse, including coercive control, throughout this relationship. The children are currently the subject of a Child in Need plan, awaiting imminent case closure. Eileen has been welcoming of involvement from CSC over the last few years, as it has focussed on assisting her with Andrew’s support needs (due to Asperger’s) and support in relation to Sinead, who engages in self-harm.

Interviews conducted with:

Eileen	Mother	
Rose	Family Resource Worker	20 years experience

Cluster 5: The Taylor Family



The family have been involved with CSC on three separate occasions, initially, following concerns regarding physical and medical neglect, after Jenny separated from Nathan’s father. The three oldest children were subsequently removed from Jenny’s care and placed with relatives. Nathan remained living with grandparents, however Jasmine returned to her mother’s care following concerns regarding physical abuse, whilst living with her Aunt.

The second period of involvement occurred following a concealed pregnancy, with Matilda. Jenny refused to engage with medical professionals, due to issues of mistrust. Jenny reports that a professional that worked closely with the family transgressed personal and professional boundaries.

The current period of involvement resulted from Nathan taking an overdose whilst in the temporary care of his mother. The four younger children were subsequently made subject to a Child Protection Plan due to medical and supervisory neglect. Consideration was given to Public Law Outline, however following improvement the case is now managed at Child in Need level. There are ongoing issues regarding Jasmine’s behaviour, which are currently preventing the case from being closed, however Jenny views this intervention through a supportive lens.

Three attempts were made to interview Jasmine, however she was absent for two planned interviews and declined a third. Nathan declined to be interviewed, expressing dissatisfaction about the number of ‘professionals’ he has had to engage with throughout his childhood.

Interviews conducted with:

Jenny	Mother	
Emma	Social Worker	3 years post qualified

4.3.1 Miscellaneous Participants:

Four other participants fell outside of the Research Clusters, these included:

- Fay - Young Person, 14 years old
Fay was subject to a Child Protection Plan in relation to neglect as a consequence of inappropriate neglect, which resulted in her twin sister being exposed to child sexual abuse and child sexual exploitation. Fay's mother engaged in harmful alcohol use, which impacted on her ability to meet the needs of her daughters. Having limited contact with her birth father, Fay requested that she be received into the care of the Local Authority. At the time of interview, Fay was residing with a family friend who had been assessed as a long-term carer.
- Caleb – Social Worker, 3 years post qualified.
- Aisha – Family Support Worker - undertakes discrete packages of support with multiple families where neglect is a feature; 16 years' experience.
- Penny – Family Support Manager, supervising work of resource staff; 29 years' experience.

4.4 Data Analysis: Transcribing, Coding and Thematic Analysis:

The reflexive account provided here is important to bear in mind when moving into data analysis. As Braun and Clarke (2013:33) remind us, ‘what a qualitative paradigm tells us is that useful knowledge can be generated by looking at meaning, with small samples, and that the researcher should not theorise themselves as absent or removed from this process.’ Gough (2003:31) states that researchers should embrace making ‘intelligible interpretations rather than exclusively concentrating on participant’s accounts,’ as long as there is transparency in relation to one’s own reflexivity when drawing analytical understandings. The process of data analysis will be informed by my situated perspective, as I work my way through participants’ accounts and make judgements about what is noteworthy and of interest.

It is generally accepted that one rationale for undertaking qualitative research is to give a voice to individuals, groups or an issue of concern to society. Given that qualitative research is interpretative, there is no single defined way to analyse information. Analysis of data, ‘tells one story among many that could be told’ (Braun and Clarke, 2013:20). My aim was to produce analysis which both described and interpreted the voices of participants; to this end, I questioned the meanings and experiences which were conveyed to me, whilst also presenting the voices of children, mothers, Social Workers and support workers in as much detail as appropriate, allowing many of the accounts to speak for themselves. In order to do so, I transcribed all of the interviews, which afforded several further opportunities to become intimate with the data; revisiting comments, reflections and narrative, I painstakingly transcribed every word, pause, laughter and tear shed during the discussion. I had initially envisaged undertaking selective transcribing, capturing what I viewed to be important for potential coding and inclusion in the overall body of work, yet as I listened to participant’s accounts I knew that it would be an impossible task to determine at which point discussion stopped becoming noteworthy, or when throw away, seemingly unconnected comments would prove valuable later on. I was much more confident that by transcribing the full discussion I would be open to discovering information shared by participants, or indeed by myself, that I had not anticipated would be of value to the thesis, at the time. An example of this was the way in which I chose to introduce myself to individual participants, as discussed earlier: unconsciously

foregrounding my position as researcher or registered Social Worker, dependent upon by company.

I utilised thematic analysis to scrutinise and code the data inductively, drawing on the work of Braun and Clarke (2006, 2013). They define thematic analysis as a method for 'identifying themes and patterns of meaning across a dataset in relation to a research question' (p.175). This assisted me in drawing together a conceptual framework based on my reading of the data presented. Thematic analysis has only recently been regarded as a method of data analysis in its own right (Braun and Clarke, 2006). It is heralded as a flexible approach, ideal for those new to research and analysis, as it can assist the researcher to learn their craft and hone their skills.

Braun and Clarke (2013) outline the fact undertaking data analysis requires analytical sensibility, that is, the skill of becoming immersed in the data collected, and producing insights that transcend surface level content. The first step of thematic analysis is familiarisation with the data and coding. The initial stages of immersion are signified by 'noticings' in the data, defined by Braun and Clarke (2013) to be loose overall impressions of the data, emerging models or conceptual ideas. Vaismoradi et al. (2013) highlight that analysis is not a linear process and can begin prior to all of the data being collected; in fact, early 'noticings' in the first four transcripts, enabled me to revisit my interview schedule and add prompts in relation to the legal context of working with neglect for professionals. This was based on the subject emerging as an area of interest to the participants.

When the process of coding began in earnest, I started to capture aspects of the data which related to my research questions. I embarked on this stage with vigour, but then had to take a step back, with the support of my supervisors, who highlighted that I was beginning to analyse without systematically engaging with the data first. Second time around, I took care to let the data speak for itself, and let pertinent codes and themes come to the fore.

Whilst I could have embarked on selective coding, with my disciplinary background (and therefore existing knowledge of some of the themes that may start to emerge), I chose to opt for complete coding of the data to ensure that I did not miss anything of interest or subscribe to pre-conceived ideas of what I may find. I highlighted both data derived codes, which represent the semantic context of the data, and researcher derived

codes, which consider implicit meanings (Braun and Clarke, 2013). These were labelled next to the data, and then revisited when the coding was complete. At this stage, I re-read all the data to ensure any codes emerging in later (read) transcripts had not been missed. Once saturation had been achieved, I also explored whether some codes could be combined, for example, ‘Re-referrals’ and ‘Revolving door’. Finally, I added some initial thoughts in relation to analysis in a third column, as illustrated below:

Dialogue	Codes	identified patterns / themes / analysis
<p>L: Can you tell me about, I suppose, some of the difficulties you’ve encountered when working with these families. The difficulties? Frustrations?</p> <p>S: Um, I think quite often because what I feel is, because they have been known to children’s services for a long time, sometimes parents become quite savvy to the ways that we work and know, or try to work us in a way, if you know what I mean. They know what they can do, like, um, for example, I was working with a father who was known for a long time to children’s services, I must have been his 5th, 6th Social Worker working with the family. His engagement at a child protection level was, you know, it was unfaulted really and then as the concerns reduced and we didn’t have the threshold to remain at child protection level, his engagement has been, um, very different. Even though he has answered the phone and allowed me to go on visits, in respect of attending meetings, he did before, but he has missed quite a few of the Child in Need meetings, and I think it is because he knows the system and the level of concerns...</p>	<p>Long term involvement</p> <p>Multiple changes of Social Worker</p> <p>Father</p> <p>Thresholds – De-escalate</p> <p>Disguised compliance?</p> <p>Disengaged / lack of engagement</p>	<p>Parents becoming used to the system</p> <p>Relationships – changing Social Workers</p> <p>Difficulties working with parents</p> <p>Inability to sustain improvements</p> <p>Revolving door?</p>

Four of my interview transcripts were read by my supervisors to ensure that I was highlighting valid codes and engaging with the data to an appropriate level.

Within Appendix 7, I have included a table of the individual overarching and cross cutting codes relating to all three participant groups (children and young people, parents and carers, Social Workers and support workers). From this, I started to develop themes to consider in more detail. This is also referred to by Creswell and Creswell (2018:192) as ‘winnowing’ the data, or ‘aggregating it into a smaller number of themes’. As identified by Vaismoradi et al. (2013) themes and patterns are not necessarily dependent on the frequency with which they appear in the data set, but what is meaningful in relation to answer the research questions posed. Themes capture ‘something important in relation to the research questions and represent some level of patterned response or meaning within the data set’ (Braun and Clarke, 2016:82). I used a word processor to collate all of the quotations from the data sets together in one place, taking care to note from which participant the material had come from, and the page / place in the interview text.

By outlining areas of commonality and divergence within the data set, I began to develop a community of knowledge, based on accounts from all three research groups. Whilst I was actively seeking to give primacy to the voice and narrative of children and young people, I also learnt how valuable the voices of mothers and practitioners were in assisting me to understand neglect. My initial intentions were to capture and present the narratives of key stake holders, yet as the thematic analysis progresses, I became interested in *how* narrative was used, and could be employed to reach positive outcomes for children and families.

The process of thematic analysis resulted in five core themes, or organisational concepts upon which this thesis is based. These themes represent codes which have been grouped together to tell a coherent story about the data set:

- Use of narrative and voice
- Successful intervention with mothers
- Revolving Door and generational neglect
- Professionals’ experiences, thresholds and court work
- Signs of Safety

These areas or themes will be discussed variously across my three findings chapters to present the different ways that narratives are constructed and used in relation to both experiencing and working with cases of neglect. As I move into my findings chapters,

it is important to note that in order to avoid the narratives of research participants becoming disjointed and abstracted from their context, I have tried to offer as much background information in relation to service users as possible, without the work becoming overly descriptive. I am mindful of comments from Sandelowski (2004:1378) who draws on the work of Lawless (1992), suggesting that ‘voicing the voiceless’ it does not mean that researchers must lose their own voice or deny their role in co creation; in fact researchers can offer ‘interpretations without privileging them’. Therefore, I present the voices of participants alongside my own. I have used case vignettes to offer background and a window into participants’ worlds. Moreover, I have included weighty quotations, where appropriate, to enable participants to speak for themselves.

Chapter 5: Use of Voice & Narratives of Neglect

5.0 Introduction

'...tell the truth, no matter what, even if your parents threaten you, tell the truth, because that's all you got. It's the only life you got, if you don't tell the truth, if you go out like one of them, you don't really want to, just tell them, no matter what, even if you think you'll get in trouble, just do it, it only benefits you...'

Michael, aged 15

This chapter advances the discussion, embarked on earlier, concerning 'silenced and invisible' children. It seeks to understand how practitioners may successfully hear and understand the voice of the child whilst considering what the barriers to doing so may be. It is evident that, whilst there is an ideological drive to ensure that the views of children are embedded in our responses to safeguarding issues (Children Act 1989 and 2004; OFSTED 2011), in practice this is difficult to achieve. Comments and observations from the children and young people taking part in this study will illuminate and add weight to the reasons why some maintain their silence. Whilst many of these findings resonate with the existing literature and research base, the unique narratives of these children add colour and context to our knowledge base.

Within the second part of this chapter I explore the various ways in which the voices of children are filtered and mediated and consider how children and young people use their 'voice' throughout different stages of their contact with supportive and protective services. Significance is attached to the existence of a 'family narrative', which I seek to define in the context of neglect, whilst suggesting that some children and young people may absorb and present this, either intentionally or not, as their own view on family functioning.

From there, I briefly explore Alba's narrative in her role as mother to Harrison and Sarah. The way in which Alba makes sense of her contact with Children's Social Care not only augments the narrative provided by her children, but also illustrates how complex and often competing narratives can co-exist within a family. This perspective will help us to consider how children choose a narrative to present to others and for what purpose.

Finally, contextual evidence of the children and family narratives discussed within this chapter is provided using two case vignettes. These vignettes offer a useful starting point to understand and make sense of the themes, issues and debates emanating from discussion.

Case Vignette 1: Michael, aged 15

Michael is the second child born to Penny Morgan. He has two younger sisters, who reside with adoptive parents, and one older sister, who lives independently. He has been involved with Children's Social Care (CSC) since birth, experiencing multiple changes of Social Worker. Michael has experienced polyvictimisation, enduring multiple forms of abuse, although the primary concern held by CSC was that of neglect. Michael is able to recall exposure to parental substance use from the age of four years; witnessing his mother inject heroin and smoking crack cocaine. He also witnessed parental domestic violence, and suffered physical harm (in the form of being punched, bitten and head butted) and emotional harm (manifesting in name calling and scapegoating), perpetrated by his mother and occasionally her partner.

During his teenage years, Michael acted as a carer for his younger sisters. However, his sisters, aged 3 and 5 years old, were removed from the care of their mother, whilst Michael initially remained in the family home. He asked to be received into voluntary care eight weeks later. The long-term plan for Michael is to remain with his paternal Grandparents until the age of 18 years, under the auspices of a Child Arrangement Order, supported in the short term by a Supervision Order. Michael has no contact with his mother, at his own behest, following evidence of her continued chaotic substance use, resulting in serious and life limiting health conditions, including the amputation of a leg.

Prior to leaving his mother's care, Michael presented with sporadic school attendance, and a myriad of risk-facing behaviour: cannabis use, sleeping in derelict buildings, climbing on to roofs of high rise buildings and absconding from home. Michael accessed a variety of 'support' agencies to encourage him to talk to about parental substances use and issues of 'anger management'. Despite this, Michael did not disclose the extent of his abuse until the age of 14 years, when he finally moved to live with his Grandparents.

5.1. Barriers to Accessing the Child's Narrative

'Children living the experience can give a more accurate picture of what life is like in a family than any assessment made by a professional'

Bridge Child Care Consultancy (1995:172)

This statement, contained within the inquiry into a baby who died as a result of neglect, belies the complex task of encouraging children to convey their experiences to another. Research suggests that children do make attempts to disclose neglect, at least indirectly, yet the signs and symptoms which indicate that such harm is taking place may go unnoticed (Allnock and Miller, 2013). Disclosure occurs on a continuum of telling, with at one end, harm remaining hidden for varied and complex reasons, through to, at the other end, the display of signs and symptoms, prompted telling and finally purposeful telling (Cossar et al., 2013). As this chapter unfolds, I will initially explore why neglect remains hidden before discussing why it is important for professionals to be cognisant of the range of oblique indicators of abuse and neglect, which on occasions may provide a greater insight into the care they are afforded than their verbal accounts. In part two, I will draw on the narratives of the children and young people in this study to determine how those narratives are used when children do feel able to share some of their experiences. Significance will be attached to the role played by family narratives. I define these as accounts that are constructed by children and young people based on their discussions and interactions with family members (Martin et al., 2008).

Narratives are deemed to be a central component to one's development; they are the 'stories we tell [which] shape ourselves and the world we live in' (Fivush, 2008:50). For Fivush and Merrill (2016:306), narratives transcend a purely chronological account of events, to include a rich description of 'thoughts, emotions, motivations, intentions, and evaluations, essentially describing a human drama of self and others'. The authors contend that individuals participate and subscribe to a plethora of familial and cultural narratives, which help them in making sense of self and others. The literature identifies that family narratives can be a joint initiative, a meaning-making endeavor, in which individuals can begin to understand arguments, differences of opinion and expressions of emotional concern (Martin et al., 2008). There is the potential for such events to be far from validating and supporting. The final section of this chapter will go on to

consider the contradictory and imposed narratives that exist within some families and consider how dominant family narratives may be used to suppress the voice of the child in cases of neglect.

Firstly, I turn to issues of accommodation, acclimatisation and normalisation to explore why some children and young people are unable to recognise or acknowledge parental care, or lack thereof, as being neglectful.

5.1.1 Acclimatisation, Accommodation and Normalisation

The way in which children and young people make sense of their individual set of circumstances is coloured by the experience of the situation in which they find themselves living; as is the way they convey their understanding and their views to professionals. In the early chapters, I highlighted the way in which neglect can be all consuming: the air that children breathe. With this in mind it is easy to understand why it may be difficult for them to recognise and verbalise the impact of neglect on their day-to-day lives and to share their personal narrative. Consequently, as Vincent and Daniel (2004) highlight, when comparing forms of maltreatment, children experiencing neglect are much less likely to disclose their concerns. This observation is supported by research undertaken by ChildLine, suggesting that fewer children experiencing neglect seek help, than those experiencing physical and sexual abuse (Allnock and Miller, 2013).

Neglect is often longstanding and chronic, the result of long-established patterns of behaviour and cognition in the fathers' and mothers' pasts which provide them with maladaptive templates for parenting their own children. Research suggests that professionals may become habituated to seeing neglectful care and, as a result, fail to invoke professional curiosity concerning a child's progress or reasons for their behaviour (Brandon et al., 2014). When poor home conditions and inconsistent parenting styles persist from birth and early years and then become customary or habitual practice, children may also habituate to or acclimatise to living with neglect because this is all they have ever known. Without alternative frames of reference from which to draw comparisons, children are unable to understand that the care they are receiving falls below an acceptable standard. As outlined by Tanner and Turney (2003:26) 'neglect is not a single event but a process or way of life, characterized by

unremitting low-level care for children and often an ingrained sense of hopelessness within the family.’ Allnock and Miller (2013) suggest that this may be particularly true for children for whom neglect commenced before that stage in their development where they were able to make sense of their experiences and understand that it was wrong, or for those who lack the vocabulary to impart their feelings and experiences to others. Michael, aged 15, provides a typical example. When asked to recount his first memories of his neglectful home, he commenced with a memory from the age of four: *‘I was just about four, that’s when I remember it from...err, heroin, her injecting that and um, er, with a pipe she used to do crack’.*

The practitioners taking part in this study have also found that issues of the children’s acclimatisation have hindered access when encouraging children to talk about their experiences of living with neglect. For example, as Claire (SW) highlighted:

‘I think quite often when you are working with children who have experienced neglect, because it’s what they have experienced for a long time, they don’t see how it could be different, and especially very young children...because obviously, you know it’s not perfect, or how it should be; not that you are expecting perfection, but it’s not how it should be, because it’s what the children have been used to, so they don’t see, you know, a worry with it and...will quite often scale themselves very high as being happy.’

Similarly, for Aisha, an experienced Family Support Worker, although she was sufficiently concerned by the threadbare state of the children’s beddings to return to the office and procure replacements, she found that:

‘the children thought that it was normal, you know, those children didn’t want those quilts...they don’t see that there is a problem, and that can be quite sad, because they don’t know any different really, do they?’

A number of other workers similarly highlighted that neglect was often unquestioningly accepted by children:

‘it’s just normal to them...neglect is all around them’ (Rose, FSW)

‘some families are just trudging along...the neglect is there and those children live with that, they don’t know any different, so they don’t know what it is to thrive’ Alice (SW)

'I have done direct work with children before the children got removed and they said they were fine, there was nothing worrying them at all. They weren't concerned about the home conditions; this is what they were used to. That's what they were born into.' Emile (SW)

Such comments underline research undertaken by Cossar et al. (2013), who suggested that children did not recognise neglect, as it had become a part of their everyday life. Not only were they unlikely to be aware of neglectful behaviour, they regarded it as less important than physical harm and sexual abuse. For the children described above, their neglect had become 'normalised', subsumed into a wider content of family functioning and for some, existing in a wider context of poverty and social disadvantage. Like acclimatisation, normalisation may occur for several reasons, with Emile (SW) identifying that the children's relationship and attachment to their caregivers may prove crucial:

'a lot of children in neglect cases are happy as they are, you know. They are not happy with, I wouldn't say they are happy to be in the neglectful situation, but they are happy to be living with their parents, so they usually would say they are fine.'

For professionals working in this area, the contagious and powerfully debilitating nature of neglect is well documented. For children living with neglect, the process of identifying home conditions as abusive can be even more debilitating. Rather than acclimatising to living with neglect, some children may *accommodate* their ongoing experiences. Summit (1983) outlines that in relation to child sexual abuse, 'accommodation' is a psychological defensive mechanism designed to avoid acknowledgement that parents may be either harming them, or failing to protect them from harm. In some cases, this may result in children taking responsibility for their own neglect, rather than apportioning blame to others. In contrast to acclimatisation, children are aware that parental care falls below a good enough standard, however they themselves accept responsibility for the poor care they are afforded, rather than placing the blame on their parents.

Feelings of self-blame and shame can be particularly stifling for children, further reducing the likelihood of disclosure to professionals due to them feeling that they are themselves responsible (Palmer et al., 1999). Therefore, children may experience both

the physical characteristics of neglect and, because of the belief that they are not worthy of love, attention and safe care, an emotionally harmful distortion of their internal working model, defined as the mental representation of one's own value (Howe, 2011). It is crucial therefore, that where parental neglect is a feature, practitioners are open with children about the reasons for concern and ensure that children and young people do not shoulder the blame, or feel that they are responsible for change.

Whilst some of the professionals in the sample presented the view that children acclimatise or accommodate to the point where they are content to remain in their parent's care, Emma (SW), a social work practitioner, suggests an alternative viewpoint, indicating that children living with chronic neglect are:

'much harder to talk to [they are] so used to professionals...so used to seeing the social worker come in and out and want to know how they are feeling, but at the end of it they think, what's the point really...'

As a result, nothing changes. This perspective resonated with Aisha's (FSW) experience of children, who:

'didn't engage particularly well, they were guarded...Um, I think they had professionals involved for so many years, it's just a barrier they put up around them'.

Evidence suggests that some children are able to transcend accommodation and acclimatisation, when what they consider as normal patterns of behaviour are questioned. For Michael, for example, whilst recognition of being exposed to abuse and neglect came when he was in primary school, he kept the *secret* into adolescence. Michael recalled memories of his mother's substance use when he was aged four, witnessing her smoking heroin; yet it was not until Year 5 of primary school when learning about drugs, that he realised his knowledge of the subject was far more advanced compared with his peers. He began to see that what his mother was doing was not 'normal' parental behaviour. He recounts:

'I was the best at it [in class], and when we finished the work, the teacher came to me and said 'how do you know so much about this?' and then it clicked, most people didn't know what it was, and I thought, this isn't right, this isn't what I should be doing, and that's when I realised'.

Michael's experiences are different from those of the young people taking part in Cossar et al. research, who alluded to 'a gradual understanding rather than a sudden epiphany' (2013:63). Despite Michael's realisation, he waited several more years before finally disclosing the full extent of abuse to his social worker. In his words, '*I never said nowt to a social worker until the day I left*'.

Rose (FSW), an experienced family support worker also highlighted that, for some children, from a background of normalisation, recognition could come with age:

'I think they accept it's normal, until possibly they get to an age where they will go out, they will go to friend's houses and they will see it's not normal'.

Even when children can recognise that the home life and the care they are afforded is abusive, loyalty to parents and caregivers may present a barrier to them being open and honest about their experiences. It is to this issue that I turn next.

5.1.2. Loyalty to parents and siblings

Smith et al. (2000) suggest that children are less likely to disclose abuse and are more likely to delay disclosure in cases where the perpetrator is known to the victim. Neglect is most likely to be perpetrated by a parent or carer, and this, of course, accounts for the difficulties experienced by children in talking to a trusted adult about the harm to which they are exposed. As outlined by research such as Cossar et al. (2013), issues of loyalty mean that children are likely to support their parents' claims of improvement in family functioning, despite evidence to the contrary.

Indeed, *loyalty* was explicitly highlighted by practitioners, as a barrier to accessing the voice of the child in cases of neglect. For Emile (SW), loyalty was both instrumental in children maintaining their silence and in determining when they would finally choose to speak out. He highlighted the case of a 14-year-old boy who had suffered from neglect and emotional abuse for several years as a consequence of maternal alcohol use and domestic violence. On the surface, the child displayed no demonstrable impact in terms of his presentation and behaviour, he refused to talk about his home life, and was assessed as being '*extremely loyal to his mother*'. However, this changed following an incident in which his mother physically assaulted him; he appeared to decide that '*enough was enough*'. As Emile explains:

‘...I think to be fair it has a lot to do with loyalty to the mothers, but then, when the mother, they fall out with the mum, and they can’t cover up for the mum anymore, and they feel... “look I have covered up for you, you’ve let me down, and you just keep letting me down”’.

The *tipping point* for this young person then, was an incident of physical assault. This is borne out by research which suggests an accumulation of ‘emotional tension’ or desperation may trigger disclosure (Cossar et al., 2013:110), with Allnock and Miller (2013) inferring that disclosure which follows an escalation in abuse may indicate that children and young people make calculated assessments of future risks.

Emile’s (SW) account of this boy who was on his caseload was dramatically similar to that of Michael. Michael (aged 15) also witnessed parental substance use for a number of years and suffered neglect as a consequence; as he matured in years, he also endured physical abuse. He recounts being hurt *‘physically and mentally’*, until *‘one day I turned around and thought, I can’t live with this anymore’*. This followed the removal of Michael’s younger sisters by Children’s Social Care, which his mother had attributed to Michael’s behaviour of running away and being arrested by the police. Michael shared with me the all-embracing sense of loyalty he felt towards his younger sisters as their carer, when his mother was unable to parent them. This encouraged him to try and keep the family together, because of which he remained silent. However, once his sisters were removed, and it was evident that they would not be returned, loyalty and his perceived sense of responsibility were no longer his primary concern:

“once the eight weeks was up from me sisters going, I just went to speak to my social worker and said ‘that’s it, I want to leave, I don’t want to stay with her anymore.”

Michael waited until his sisters had been placed in foster care with a care plan of adoption, before disclosing to his social worker and to his paternal grandparents the extent of his abuse. The delay in his disclosure occurred even though his grandparents had been significantly involved in his life from birth, and were considered to be protective factors in his upbringing. Michael described having prolonged periods of contact with his grandparents during school holidays. It is notable, however, that they failed to identify the neglect their grandson was experiencing or, if they did have concerns, they did not act upon these at an earlier stage.

Finally, the research highlighted potential examples where parents actively worked to engender loyalty through gifts and the promise of days out. Hazel (SP), the step parent to Sarah (aged 10), Harrison (aged 9) and Lee (aged 7), said that their birth mother incentivised contact with the children by promising them that they could count their Christmas presents during home visits. Such incentives were also identified by Harrison himself, who told me that when cared for by his mother ‘...we don’t go places’, yet, ‘now we are all living with our dads, she is trying to get us back at our mum’s by doing stuff with us’. Arguably such motives are beyond what a child aged nine years can interpret and understand unprompted. This raises questions about whether practitioners (or, indeed, researchers) are able to obtain accounts untainted and uninfluenced by outside forces when children do verbalise their views. This concern encourages us to explore how much children’s accounts are mediated through what may be conceptualised as a ‘family narrative’. This issue will form the basis for much of the discussion in part two of this chapter.

5.1.3. Fear of Repercussions

Children and young people may perceive the cost of disclosure to be too great, both in terms of threats to their own personal safety, and fear of the risk that their family may be broken up. Indeed, as outlined by Sidebotham et al. (2016), for some children, Children’s Social Care are a potential threat to their safety, their wellbeing and existence of their family unit, rather than a source of support. As highlighted in research undertaken by Allnock and Miller (2013), there is still a pervading stereotype of social work which is based on an image of mistrust and suspicion. As part of this study, mother of five, Sophie, openly stated that she had made the children aware that they were on their ‘last chance’ as a family unit. She said that she was:

‘trying to initiate the kids, this is what’s going to happen, we need to work together and stay together as a positive family and not argue and fight all the time’

Sophie made these remarks to the children to foster solidarity and encourage the children to behave better. However, the message contained within her statement is clear: ‘There is a risk of us being separated as a family if things do not change’. Such implied messages mean that, the children may have been reluctant to disclose concerns, in the event that this would lead to their removal. Moreover, Sophie’s

comments suggest that arguments within the family were a main source of concern, when in effect, home conditions and Sophie's ability to protect the children from harm, where the most pressing issues for the practitioners working with the family. Arguably, the emerging family narrative here apportions blame on family functioning, rather than on parental behaviour.

For some children the risk of remaining at home with their parents is so great that social workers are compelled to apply to the court to place children in alternative care provision. For some children and young people, this may be where the common stereotype of social work meets reality: social workers take children away from their families. Yet, for many more children, the role of their social worker is in helping to make a positive change to their family life and encouraging safe parental care and family stability. In the experience of Claire (SW), however, it was the stereotype which often prevailed:

'Even though I explain my role...and try to address misconceptions, that social workers take children away, which unfortunately I think, children are told, either directly by parents, or through the media'

Sidebotham et al. (2016) suggest that children may fear social work involvement if they have had a previously negative experience. For Fay (aged 14), prior experience of disclosure led to her social worker sharing sensitive information with her sister; this had left Fay feeling cautious: *'I don't want to tell her as much because sometimes, she goes and tells people I have told her'*. Consequently, Fay was blamed by her family for involving Children's Social Care:

'she [sister] keeps bringing it up...I am the one that grassed...she is like, you're the one at fault, we have a social worker because you are the one that grassed'.

Fay was able to acknowledge that, despite the changes to her life which resulted in her having to leave the care of her mother, it was right to share her concerns with a professional. Yet, it has made her reluctant to share information in the future, for fear of further breaches of confidentiality.

Research indicates that some children feel threatened and coerced by their parents. This prevents either prompted or purposeful telling. It cautions that professionals will not always be familiar enough with the family to detect whether the parent is viewed

by the child as a source of support or a source of danger (Sidebotham et al., 2016). Furthermore, it is evident that professionals are not always able to identify physical harm to children. For example, Michael's narrative is replete with evidence of having suffered physical and emotional harm, perpetrated by his mother, with multiple missed opportunities for this to be identified. It is understandable therefore, that when asked what would have made Michael feel safe enough to tell, he responded: *I don't think anything they would have said would have made it safe*'.

Both practitioners and the lone step-parent within the study also provided evidence that, in their opinion, children may be fearful to discuss what is truly happening at home, or that their behaviour may be closely managed by parents during scheduled visits to prevent them doing so. Hazel, step parent to Harrison and Sarah, aged 9 and 10 respectively, suggested her eldest son would:

'tell us everything. He will sit there and have a full-blown conversation with you about what's been said... but he won't tell professionals this, and this is where we think he has been scared to tell somebody.'

Rose (FSW) also highlighted that, in her experience, she had witnessed parents' *'power and control'* relationships with their children during home visits, resulting in them being visibly on edge throughout, at the prospect of their children disclosing issues of concern. As highlighted by Emma (SW), in these situations, you must:

'kind of take [what children say] with a pinch of salt, they might not be telling you everything if they are worried Mum and Dad's on the other side of the door or they are worried Mum or Dad will be told what they have said'.

Finally, it should be acknowledged that for some children, the process of telling is in itself a barrier. Rather than fearing repercussions from parents, some children are acutely aware of the implications of not representing their views, wishes and feelings in an appropriate way. For example, for Sarah (aged 10), talking to social workers was hard; she felt a *'bit scared...I might say it wrong, I might not get it out properly'*. Specifically, in relation to family meetings, Sarah commented that she found them:

'...hard, because when you like, cos they have meetings and we don't have our own meetings, it's kinda (sic) hard for me to say something, because I am shy'.

It may be possible for children to overcome some of the barriers discussed in this section, although this will not always be in a timescale conducive to professional decision making. For example, when Michael (aged 15) finally felt able to disclose the multiple abuses to which he had been subjected, it was at the point where he no longer feared repercussions from his mother: his sisters had already been removed from her care so that he felt he no longer had anything left to lose. Whilst it was a positive outcome that Michael eventually felt able to share his experiences with professionals, the delay prevented decisions being made at an earlier stage for both him and his siblings. In the end, he had remained in the care of his mother for 14 years, without being safeguarded. There are clear messages for practitioners here, in terms of seeking evidence beyond young people's own testimonies. Listening to a child's voice and narrative is something for which we should always strive. When this is not forthcoming, practitioners must look for visible emotional and behavioural indicators which, if present, enable them to take protective action. Narrative can be transmitted both verbally and visually through children's bodies and through their behaviour, as well as through observing the interactions (or lack of) between parent and child. We will consider this further by exploring how narrative is constructed, and how it may be used.

5.2 Children's, Young People's and Parents' Use of Narrative: Motive and Construction:

'I have been through this experience; I don't mind telling people. If it helps other people...'

Michael, aged 15

Advancing the discussion embarked on in Part 1, I will now turn my attention to an exploration of how the participants in this study utilised their voice and narrative, at what point they felt able to do this, and for what purpose. I will look at how comments by Michael, Erin, Sarah and Harrison suggest the existence of a 'family narrative' in their cases of neglect. Next, I will consider how Michael in particular was eventually able to construct a narrative which represented his own understanding and interpretation of events, and share this with other people. Finally, consideration will be given to the importance of non-verbal narratives as indicators of neglect.

5.2.1 Construction of Family Narratives

Sidebotham et al. (2016:153) argue that ‘hearing the voice of the *family*’ [emphasis added] is an element of safeguarding work that has not been explored enough. However, comments made by the children, young people and practitioners would suggest that family narratives can in fact overshadow the views of children, or at least influence the construction of children’s own narrative, meaning that parents views predominate.

Research undertaken by Eisenberg (1985) suggests that most children are able to construct a coherent narrative by the time they commence infant school (Fivush, 2008), and younger children engage in narrative creation alongside family members from the time they learn to verbalise (Fivush and Merrill, 2008). Narratives are key to healthy development. They assist children and young people to make sense of their experiences (Bohanek et al., 2008). Yet this is rarely a lone venture. Whilst narratives can be autobiographical, they are co-operatively constructed, emerging from the experiences and interactions we share with others (Fivush et al., 2010). Moving beyond pure description, narratives allow for ‘deeper layers of meaning and evaluations’ imbuing experiences with ‘psychological motivations and intentions’ (Fivush, 2010:51).

Fivush (2008) suggests that some families subscribe to a collective narrative; a shared experience of past events and motivations. For some however, their stories remain disparate and unconnected. Research indicates that children and adolescents who are able to engage in shared family narratives show higher levels of well-being, self-regulation and identity formation, leading to more positive behaviour overall (Fivush and Merrill, 2016; Bohanek et al., 2008). However, the interviews conducted with the children and young people here suggest that, in cases of neglect, coherent consensual family narratives may not be the norm, or they are used subversively to silence and oppress children, thus operating against their best interests. This raises significant concerns for children who are already at a distinct disadvantage as a product of their neglectful living environment.

Here, I will explore the different ways children and young people utilise their narrative and the degree to which this is co-constructed, or imposed, by others.

Case Vignette 2: Sarah aged 10 and Harrison, aged 9

Harrison and Sarah are two of three full siblings born to Alba and Harry. Their parents are no longer in a relationship with one another. Harrison, Sarah, and their younger brother Lee reside with their father, step mother Hazel, and younger half sibling James. The children have been involved with CSC on two occasions, both the result of neglect. Initial involvement centred around Alba and Harry's care of the children; Harry worked away, leaving Alba to parent four children, under the age of 5 years old. Alba was unable to offer a great deal of information regarding the concerns at this time, as she has since suffered a brain injury, resulting in some loss of memory. Information from CSC suggests that medical neglect and poor home conditions were the main sources of concern.

The children came to the attention of CSC for the second time in 2015, following a referral regarding maternal step grandfather. It was alleged that he had committed child sexual abuse several years prior. He was known to have care of the children overnight, whilst Alba worked as a carer in a nursing home. CSC undertook an assessment and once again concerns were highlighted in relation to significantly poor home conditions, Alba's management of the children's behaviour and her inability to work with support services to encourage change. It was alleged that the children were often left with inappropriate carers, or home alone. The situation quickly deteriorated, as Sarah was almost subject to a road traffic accident when playing outside on her bicycle, unsupervised. Following this incident, CSC encouraged Harry to exercise his parental responsibility and retain the children in his care. At the time of interview, Harry had successfully secured an Interim Child Arrangement Order, with a date set for the final hearing, with the Local Authority recommending that the children remain in Harry and Hazel's care.

Whilst Sarah appeared conflicted about where she wanted to live, she remains incredibly loyal towards her mother. In contrast, Harrison has openly expressed a wish to remain with his father and has previously refused to see his mother for overnight contact. Lee, having initially expressed a wish to return to his mother's care, has subsequently disclosed incidents of physical chastisement, and asked not to attend contact, although he is described as reluctant to engage with professionals and express his views openly.

5.2.2 Use of Family Narratives to Influence Decision-making

Whilst the older children within the sample could give a coherent and reflective narrative account of their childhood experiences and the neglect to which they were exposed, such coherence was less evident in comments made by the three younger participants. These children's accounts suggested a use of language and an understanding of parental motivations for action, which exceeded their developmental years and comprehension. Consequently, I suggest that parents may have intentionally or otherwise permeated their children's accounts with their own viewpoints. Firstly, we have Sarah's (aged 10) comments, when she was asked to explain the involvement of CSC:

Lisa: Tell me a little bit about why you moved... to your dad's?

Sarah: I think we, my dad got told by the social worker

Lisa: Okay, I see...

Sarah: Because, I was riding my bike with my friend and apparently, they're all moaning because apparently, I almost got run over

Lisa: Gosh, okay

Sarah: And my Mum asked her friend to look, to look after me on the road, and then my mum was inside because she was cooking tea, but my dad kind of said that I almost got run over and it was all my mum's fault.

Lisa: Okay, so your dad was told to have you live with him, because you nearly got run over?

Sarah: Yes, and apparently, she didn't treat us properly

Two areas of interest emerge from these comments from Sarah. Firstly, her use of the word 'apparently', which may either indicate her disagreement with the inference that her mother failed to protect her, or may indicate that she is espousing the views of another. Secondly, a protective defence of her mother is evident, as she is deflecting blame for the 'near miss' on to a family friend who had been charged with looking after her. To put these comments into context, at the time of interview, Sarah was cared for by her father and her step-parent, Hazel. Statements made by Hazel would suggest that Sarah has torn loyalties in respect of both sets of caregivers. Notably, within this segment, Sarah does not offer a first-hand account of the alleged incident; instead, she

provides another's interpretations of what happened, originating from a discussion between the social worker and her father. A second exchange moments later, suggests further defence or protection of her mother:

Lisa: Okay, so your dad wanted you to stay with him?

*Sarah: *nods**

Lisa: Yeah? Okay. So, it sounds like that was a difficult time because your Dad was worried about you...

Sarah: ...and so is my mum

Lisa: And your mum was worried as well, yeah. Okay, I understand...

Lisa: So, can you tell me about what's different to living at your mum's, to living at your dads?

Sarah: Um, living at our Dad's we get to go, go places, but with our mum, we couldn't cos we didn't have a car...

Lisa: Okay

Sarah: So, my mum's trying to, try for her driving test, but she couldn't do it because a metal pole fell on her head and shoulder.

Here we see Sarah's defence of her mother illustrated by her jumping in to the conversation before I had finished my sentence, to underline that her mother is also worried about her. Sarah also highlights her mother's ongoing health issues, as mitigation for not 'going places' as a family. Sarah's views very much align to her mother's point of view. Discussion in Alba's own interview suggests that she has been a *victim* of involvement from CSC: victimised in part due to her recent accident and by her feeling that that the concerns raised by CSC were beyond her control. Notably, research indicates that mothers are instrumental in introducing narratives to their children, and directing 'narrative topic and timing' (Och and Taylor, 1992:301), with teenagers in particular more likely to replicate the structure and content of maternal narratives (Fivush et al., 2010:54).

For Alba then, involvement from CSC was seen by her as unfair, rendering her a victim of services on account of her working pattern and overcrowded family home being to blame for the child protection concerns. This view was strengthened when Alba suffered a brain injury after having been hit on the head in an accident. As these

extracts from Alba's interview illustrate, there appears to be a projection of blame for the involvement from CSC, ranging from a lack of support from agencies and the children's fathers, to the behaviour of her stepfather, and being denigrated by the social worker for her parenting skills:

'They [CSC] came in because my step dad got arrested for somebody putting in a complaint about him that happened 27 years ago...it was historical, and because he had my kids, Police phones up Social Services...and at the time, I was working nights in a care home, doing twelve hour nights, with four children. I didn't get a lot of help from their dads and lived in a three-bedroomed tiny flat, so obviously, the place wasn't immaculate. But I was just so tired all the time, and it just got on top of me'

'The social worker that we had before [...] she would phone me up and say 'hand the kids over to their dads, you're a shit mum', so I'd like ring her up, to ask her something and that's all I would get off her...and through that I had my head injury as well, at the beginning of it, and I got no help, from no one, while dealing with that'

When asked what CSC were concerned about, Alba outlined:

'The neglect, the state of the house, that's all I've...I got. I tried my best to clean up and keep it tidy, but the kids, they are kids; if they can't have a play around and everything...what can they do?'

'I haven't had any support off anybody'

Alba's self-reporting of concerns sit in sharp contrast to concerns raised by CSC, which provided sufficient basis to evidence a risk of significant harm to the children. This resulted in them being made the subject of a child protection plan due to neglect. The family were offered intensive family support to assist Alba to work on her behaviour management of the children and address home conditions. However, these concerns, coupled with a lack of parental supervision, finally led to CSC encouraging the children's father to take them into his care on a permanent basis. Admittedly, if accurate, Alba's account also contains troubling examples of professional behaviour, however these cannot be corroborated.

Later in the interview, Alba was able to acknowledge that some concerns were in fact warranted:

'I wasn't in the right frame of mind, I just needed some help, but was probably, looking back now...too proud to ask for any help; I wasn't in the right frame of mind to do anything'

'I think there was untidiness, with a bit of, like when we lived in the flat, to take the stuff downstairs, we had to take out bag downstairs, but then we used to get abuse from the neighbour that lived downstairs...'

Alba's subsequent acknowledgment of home conditions may reflect that she felt more comfortable opening up to me about concerns as we progressed through the discussion and built rapport. However, the full extent of the social worker's concerns, were not alluded to within her narrative, nor did she share her failure to engage with family support services, which had been outlined as a significant problem by the social worker. According to Alba's narrative, this support was never on offer. From the work of Keddell (2015:1) it is evident that when concerns are raised regarding a parent's ability to safely care for their child, this can result in caregivers projecting blame towards external factors, to 'maintain their fragile parental identities'.

Whilst Sarah's account of CSC involvement aligns closely to that presented by her mother, in contrast, her sibling, Harrison (aged 9), adopts a *father favouring* narrative which appears to reject his mother's story. According to Hazel, Harrison has '*always wanted to be with his dad, that's never changed*'. Consequently, when asked a similar question to that asked of Sarah, concerning the reason for CSC involvement, he appears to respond in his father's favour:

Harrison: Our Mum didn't supervise us when I cut my head open

Lisa: Gosh, you cut your head open?

Harrison: I cut it open one, two, three, five times.

Lisa: So, do you think social workers were worried about the fact that your mum didn't supervise you properly?

*Harrison: *nods**

Lisa: And that is one of the reasons why the judge decided you should go and live with your dad?

Harrison: Because we are supervised at our dad's but not at our mum's

Harrison's use of the word 'supervise' here is curious, given his age of 9 years, and therefore, his stage of cognitive development. This suggests that he may have heard

others around him talking about the concerns with this in this way. Harrison appears to have constructed a narrative using adult terminology and ideas, but based on his own experiences of parental care, or lack thereof. Unlike his sister however, he owns his observations, omitting the use of words such as ‘apparently’. This would suggest ownership of the narrative, and greater certainty for him, that the events took place. Harrison went on to share:

‘My mum bosses us about sometimes...mum bosses us about...mmm, she tells us sometimes what to do, but my dad don’t...our dad just does, says change... our mum shouts at us, but dad don’t’.

Here, Harrison is aligning himself with his father, consistent with his wish to remain in his father’s care. In a second exchange with Harrison, he offers an insight into his brother’s motivations for creating what he believes to be a false narrative, in support of his mother:

Harrison: Lee lied to the social worker...he said that dad got him by the neck and swung him around...but dad didn’t.

Lisa: But dad didn’t? why do you think Lee said that?

Harrison: So, I think, he can go live with mum

Lisa: Why do you think Lee wants to live with Mum?

Harrison: Because he thinks it’s better at his Mum’s than his Dad’s

Lisa: What do you think?

Harrison: I like it at my Dad’s

Lisa: Do you? Tell me about that...why do you like it more at your Dad’s?

Harrison: Because we get supervised properly and I haven’t cut my head open once yet.

This segment demonstrates clear conflict in the narrative of the siblings, who will have shared some of the same experiences. Such conflict was also evident when, following their removal from her care, the children described their mother’s attempts to do more together as a family. Whilst Sarah saw this as her mother ‘making an effort’, in spite of her poor health, Harrison, as discussed previously, viewed his mother’s motives as more contrived. Harrison’s comments are more akin to Hazel’s (SP) perception of Alba’s (P) actions and behaviour: that days out and Christmas presents were offered to garner favour, thus suggesting that his narrative may have been influenced by his step parent. Whilst Harrison’s account appears to be ‘father favouring’, research

suggests that girls tend to mirror their mothers' narratives, with a lack of evidence to support the view that boys mirror their father's accounts (Fivush et al., 2010).

Here we see a complex interplay of differing views, opinions, needs and desires, with the three children expressing opposing accounts of their concerns in order to influence the decisions made by professionals.

5.2.3 Use of Family Narrative to Deflect Blame

We can see the influence of parental narratives, views and concerns within Erin's interview as she appears to replicate what she has been told by her stepfather. Firstly, Erin (aged 9) constructed her narrative concerning the involvement of CSC based on information told to her from an adult carer:

Erin: [mother's boyfriend] came to walk me home, he didn't mention it in school in case anyone heard, he mentioned it when we got back

Lisa: Uh huh, mentioned that?

Erin: we had a... we got reported

Erin's use of the word 'we' here was repeated throughout her interview so that she conveyed the experiences of her collective family, rather than herself as an individual. She continued:

'I remember what we got put on to social services for...er, someone report, reported us, we don't know who, she said that we had no food in our fridge or our cupboard, but when [the social worker] came to look, it was full, we couldn't get no more in'.

Erin's comments here suggest a family narrative aimed at dispelling any concerns raised concerning a lack of food, in order to render the social worker's involvement unnecessary. However, as the interview progressed, Erin did acknowledge the existence of some concerns, yet levelled blame at herself and her siblings, rather than her mother:

'because the house was a bit messy, because we was younger, we used to play with toys and leave them out and then it used to get messy, or we was little and we didn't make the bed' [Emphasis added]

'sometimes the kitchen, cos sometimes we go through and we played with mud and we walked right through and there is [sic] all muddy things all over, or we've just had lunch and we, it was too late, so we leave the dishes and we go back the next morning and do it then.' [Emphasis added]

Despite evidence from CSC to the contrary, Erin's account is suggesting that it was the behaviour of the children, rather than that of the parent, which raised the primary concern for CSC. Ochs and Taylor (1992:302) caution that the sharing of family narratives can be 'far from benign', creating a situation within which to 'pass judgement on and, where problematic, sanction some particular family member's actions, thoughts and feelings'. As the interview proceeded, Erin's further comments indicated that it was, in fact, her behaviour in the evenings that was a source of stress for the family, rather than her mother's capacity to respond to it. She stated:

Erin: I normally go to sleep about half ten ish, cos normally I can't sleep

Lisa: Okay, so when you... 10.30pm? did you say half ten?

Erin: Cos normally, I just stay up and once I've saw lights, I can't go back to sleep, so like when I have been to sleep for a couple of minutes and my sister wakes me up, I see light and I can't get to sleep...

Lisa: I see, it must be difficult...

Erin: ...that's why I want my mum to go to the doctors or something to get me sleeping medicine, because I don't like taking tablets, because that will make me sleep then, and I don't go downstairs and annoy her at silly hours'

Again, we see a curious use of phrasing here: 'silly hours'. In addition, there is knowledge of medication, which arguably exceeds her developmental age and understanding. These two things suggest that her narrative account might have been influenced by others.

5.2.4 Use of Family Narrative under Duress

Research indicates that parents actively influence their children's understanding and emotions through 'discussions, reaction, and expression of emotion during the parent-child interactions' (Martin et al., 2008:575). Whilst this can be a positive experience for many children, because co-construction of narrative enables them to develop strategies for self-regulation, particularly in the wake of adverse events, concern is raised when such narratives are imposed by others for malevolent purposes. For

Michael (aged 15), threats were made in order to prevent him deviating from the family narrative. These deterred him from verbally challenging professionals' understanding of what was taking place within the family home. Therefore, he maintained a *family narrative*, instituted by his mother, which was aimed at suppressing professional concern. As Michael highlights:

'No child should see that, they should not, but it's my own fault because me and my sister kept it a secret, like we didn't know what would happen if we said anything, so my mum used to say like, 'don't tell anyone, just don't because you'll get into trouble, alright?' So, we didn't tell anyone'

Michael was instructed to subscribe to and perpetuate a false family narrative, to conceal the extent of his parental substance use and their neglect of him. For children already exposed to negative interactions with parents, such narrative transmission, can further attack the child's functioning and self-esteem; preventing them from making sense of their abusive and neglectful upbringing, by minimising parental culpability.

Chiming with research undertaken by Ferguson (2011), which suggests that parents can deploy a range of pathological communication techniques to divert a professional's attention away from focussing on the child, practitioners themselves reflected that there is little opportunity to challenge prevailing family narratives with children when parents are present during a home visit. For example, as Emile (SW) observes:

'I think it's very hard because we only get an hour's snap shot when we are there, and I think, if I was a parent, and I put myself in the parents shoes, and a social worker was coming to the house to come and see me and my children...I would be telling the children, when the social worker comes, 'behave yourself.'

Emile is suggesting here, that he sees a distorted snapshot of family functioning being presented, to divert professional attention away from any potential concerns. Many others in the sample shared Emile's view, with Alice (SW), in particular, suggesting that parents work hard to prime their children to respond in a certain way whilst in a professional's company:

'you get your good, well behaved children that, you know, they sit there, they are more withdrawn, they answer the questions that you give them, but then they

don't give you any more. Um, it takes a lot more to get anything more out of them, they are guarded, they have been told by parents not to say, not to speak to social workers...'

Caleb (SW) suggested parents also provided overt barriers to professionals hearing the unfiltered, independent narratives of their children, by ensuring that they were always seen in the parents' company. He gave the example of being the allocated worker for a teenage girl, and spoke of the difficulties of managing this as a relatively young, male social worker:

'some [parents] haven't liked it, some haven't liked it if I have wanted to speak to their daughter alone, if their daughter's like a teenager, they would have been 12, 13, so I think, you know, in that kind of instance, you don't want to create conflict from the parents unnecessarily, so you just...in that time, speak to the child with the parents, but you are always conscious that sometimes children don't want to say as much with the parent there...'

5.2.5 Use of Non-verbal Narratives, a Counter to Family Narratives

Evidence presented so far has suggested that there are multiple barriers to accessing the narrative and the voice of children and young people. In addition, if practitioners are able to capture the views of children, these views may be based upon a family narrative which has been constructed to present family functioning in a way that minimises the chances of the professional finding out about neglectful parenting. Whilst professional values, policies, procedures and legislation all emphasize the need to capture the voice of the child and use this information as a framework for intervention, achieving this in practice is problematic. We have seen the results of this from a myriad of serious case reviews when children have died.

Research suggests that male children are less likely to verbally disclose abuse and harm as they perceive the act of asking for help and acknowledging their victimisation as a sign of weakness (Cossar et al., 2013). Allnock and Milner (2013) indicate that such children, whilst unable to provide unprompted accounts of their abuse, would invite professionals to ask more questions about the nature of their behaviour and emotional wellbeing.

As Michael's interview suggests, it is possible for children and young people to present two narratives simultaneously: a verbal account, which supports his mother's version of family functioning, and non-verbal presentation – the emotional and behavioural indicators which alert protective services to any abuse and neglect being experienced. Chiming with Allnock and Milner (2013), on reflection, Michael acknowledged that he wished his social worker had questioned his ill-fitting shoes or the long-sleeved t-shirts he used to cover the injuries to his arms. Michael presented with a range of risk-facing behavior: substance use and trespassing in dangerous derelict buildings, thereby transmitting his situation through the medium of his behaviour. However, this largely went unquestioned, thus failing to provoke sufficient professional curiosity amongst the professional team involved in his care.

Thus far, I have identified the ways in which children draw on family narratives to influence decision making and maintain the family environment, recognising that a family narrative may be perpetuated under duress. In the final sections of this chapter, I will explore positive use of voice, whereby children and young people are able to marshal their voice and enact their agency, to help them contain their emotions and to help others.

5.2.6 Use of Narrative to Create Change and Instigate Helping Behaviour

Michael's case vignette outlines 14 years' exposure to polyvictimisation, experiencing physical and emotional harm within a context of neglectful parenting. By his own admission, Michael felt unable to disclose his experiences to professionals or to supportive family members, despite regular contact with his social worker and paternal grandparents, as well as his engagement in a group work programme designed to support children of substance-using parents. This changed, however, when his younger sisters were removed from the family home and placed in local authority foster care. As Michael recounts:

'I never told anyone until I left, because I didn't...the court case was every 8 weeks, my sisters got taken away, my baby sisters'

When asked what prompted his eventual disclosure, Michael revealed that the removal of his sisters had resulted in his mother blaming him for this turn of events, rather than acknowledging her own neglectful parenting, as the following exchanges illustrate:-

Lisa: What changed Michael? Because obviously, you were fourteen when you made that decision? And fourteen years is a long time, what, what do you think changed for you?

Michael: What she was doing to me. The way she was hurting me, physically and mentally, was just...she would tell me it was my fault – that my sisters left – because I was getting into trouble. And that's when I got arrested, just went off, because I thought I had nothing to live for really.

...

Lisa: do you think that, well I know it's difficult for you to think about how it might be different, but do you think that if the girls hadn't been taken away, you would have stayed for longer?

Michael: Yeah, yeah. They were the only things I cared about in that house... One day I just turned round and thought, I can't live with this anymore'

Whilst Michael felt unable to disclose this own abuse whilst his sisters remained at home, upon their removal, he used his narrative to ensure that he, too, left the family home, thereby stopping his experience of abuse by terminating contact with his mother. With the encouragement of his paternal grandparents, he felt finally able to talk to the social worker about the extent of parental substance abuse and the impact this had had on his childhood. Michael's narratives partly formed the evidence by which the Local Authority secured a full care order on his younger siblings in advance of their subsequent adoption. In his early teenage years, Michael had found himself in a double bind, with neither potential outcome a desirable one: disclose the abuse perpetrated by his mother and risk his sisters being taken into care, or withhold his narrative and experiences from those seeking to help him and suffer ongoing abuse and neglect. These are not simple and straight-forward decisions for those over the age of majority to navigate, let alone a teenage boy experiencing an important period of development and identity formation.

Whilst research suggests that parents are central in assisting children to develop narrative in their early years, often imposing topic and structure, adolescence is the time when young people's own biographical memories begin to coalesce (Fivush and

Merill, 2016). They develop a more concrete view of self and others, coupled with more abstract concepts of truth, justice and fairness. In his adolescent maturity then, Michael was better placed to author his own narrative based on his evolving understanding of home life. At this point, Michael was able to deviate from his mother's version of events and, no longer bound by the need to protect his siblings, his voice was finally heard.

Protection of one's sibling was a theme which also resonated with Fay's set of circumstances. Fay spoke to me about the sexual abuse her sister was exposed to as a consequence of poor parental supervision. Despite being worried about the consequences of telling, she did share her concerns with professionals at the time:

'I had to tell, when I worried...to tell my social worker about [her sister], because she was like 'don't tell anyone', when she got raped, but I had to tell the social worker'

The backlash from Fay's disclosure was that she suffered criticism from her twin sister, who referred to her from then on as a 'grass'. However, this did not deter Fay from making similar disclosures when further concerns emerged, as she continued to be troubled by her sibling's emotional welfare. Allnock and Miler (2013) cite the protection of others as a key motivational factor in prompting disclosure, suggesting that for young people such as Michael and Fay, the safety and wellbeing of their siblings often carries more weight for them than their own self-protection. In contrast, as we saw earlier, Harrison openly expressed a wish to reside with his father, despite direct opposition from his siblings, who said that they wanted to reside with their mother. Harrison felt comfortable enough to share his negative experiences. Regarding the issue of contact with his mother and potential overnight stays, Harrison declared: *'My dad can't force me to go, is what the social worker said'*.

5.2.7 Use of Narrative to Contain Emotions

So far, I have explored how children and young people may share their narrative with social workers to create a change in their circumstances and prevent future neglect and abuse from taking place. When they are compelled to hide their abuse and neglect, however, to whom can they turn for support? Michael's case illustrates that, prior to his eventual disclosure, he chose to rely on his peers for help to contain his feelings and emotions as some of them shared similar biographies. As he outlines here:

'I told friends in a similar position, but threatened them to keep my secret' ... 'my best friend, who I told everything, I told him if you say owt, I'll probably... well if I hurt you, I don't want to, like if you tell someone and my sisters go, that's it, but he didn't. I trusted him and he trusted me. I felt I could trust him with my life.

Michael's comments resonate with Allnock and Miller's (2013) research, which highlighted the pivotal role provided by friends in relation to peer support. Disclosure to friends may signify the first step in a longer-term journey towards telling professionals or other family members. In the short term, however, it can provide a cathartic listening ear, assisting children and young people to reflect on and make sense of their experiences, with the potential outcome of helping them to recognise that their care in their family is neglectful. This underlines the importance of fostering peer relationships for children and young people. This can be promoted through regular school attendance and extracurricular activities.

5.2.8 Use of Narrative to Have a Voice and Help Others

To end this chapter, it will be useful to return to Michael's narrative, and look at his progression through the continuum of telling, and consider how he has now chosen to convey his narrative in order to help others. Michael's narrative illustrated that he had spent many years ensuring that his abuse remained hidden in an attempt to maintain the family unit for the sake of his younger siblings. As Michael matured, he displayed a range of signs and symptoms which, had they been acted upon by protective services, may have revealed his ongoing abuse and neglect. The removal of his young siblings finally promoted Michael to disclose the full extent of his abuse. However, it was only when he was removed from the family home on a permanent basis that he felt able to embark on purposeful telling.

Whilst Michael perpetuated an imposed *family narrative* for the first 14 years of his life, the removal of his younger sisters from the family home, provided liberation for his voice: an opportunity for him to share his experiences, concerns and worries with others without fear of repercussion. After years of concealing his narrative, Michael impressed upon me his wish for his real name to be used within my research:

'it's my name, because I have been through this experience, I don't care, I don't mind telling people about it' [...] '[its helped] getting it off my chest really, like I say, I don't mind telling people, I don't care, like...I want to stick to my real

name, because... no point...if they want to learn about it, my names there, I don't mind because it's like, I have been through this experience, I don't mind telling people...if it helps other people...'

Michael's commendable desire to help other people, hoping that his actions would encourage and help other children and young people to share their narratives at an earlier stage, was clear. Reclaiming his voice and finally expressing the reality of what his childhood had been like, encouraged him to inspire and reassure others to:

'...tell the truth, what's happening in their life, I know it'll be hard for them, I know it'll be hard for the family, but in the end it's helping you, you only, if you think you wanna go through what I've been through, you don't, 'cos no one should see it, nobody at all.

Michael has learnt an important lesson, which, only at the age of 14 years, after being placed in alternative care, is he able to reflect upon. Research indicates that adolescence is a crucial time for young people, a time when they are able to develop their identities as individuals, and utilise their narratives to express and convey these identities to others (Fivush and Merrill, 2016:309). In his fifteenth year, Michael was able to formulate an overarching life narrative, which moved him from victim toward survivor. This represents a powerful message, not only for children and young people who may be experiencing neglect, but also for those professionals working to encourage children and young people to talk about their experiences. It would appear that for some children, no matter how good the quality of their family support is, no matter how persistent or determined the social work is in encouraging them to voice their wishes and feelings, they will maintain a family narrative until all the barriers preventing disclosure are finally removed. Ultimately, some children make an active choice to conceal their abuse.

5.2.9 The Relationship between Narrative and Voice: Constructing the 'Neglected Child' and their Narrative

Horwath and Tarr (2015:1390) suggest that the way practitioners construct the child experiencing neglect is in itself problematic. The authors contend that there has been little movement since the Cleveland scandal in the 1980s, following which Dame Butler-Sloss suggested children were perceived as an *objects* of concern.

Consequently, social workers construct the child as a ‘subject of neglect: the neglected child:’ a label or a ‘collection of indicators’. They consider that statutory guidance and the definition of neglect therein, reinforce the focus on parental behaviours or lack thereof, rather than amplifying the impact on the child and their experiences. Moving into intervention then, practitioners focus on changing parental behaviours, without considering whether this has a qualitative benefit to the child. Ultimately, interventions become task focused, rather than outcome orientated. Horwath and Tarr (2015:1390) suggest that to move practice forward, practitioners must construct the child as an active being, therefore, ‘Chloe the neglected child’ becomes ‘Chloe who is living with parental / carer neglect and is experiencing this in a unique way’.

I have argued that the child’s narrative may be constructed from the messages children and young people receive from their parents or caregivers within the context in which they reside. That is, their understanding of their lives maybe mediated through the lens of their parent. Owen (1992:386) explains that social constructions relates to the fact that ‘all values, ideologies and social institutions are made by human beings...the content of our consciousness, and the mode of relating we have to others is taught by our culture and society’. Furthermore, our knowledge and belief and evolves ‘in the space between people...only through the on-going conversation with intimates does the individual develop a sense of identity or an inner voice’ (Hoffman, 1992:5). Practitioners must therefore scrutinise that space between parent and child to determine the relationship between the child’s narrative and their *authentic voice*. Narratives are constructs; to understand the voice of the child we must understand the purpose a narrative may serve for the individual or the family.

Yet, a similar lens to that of the construction of the ‘neglected child’ can be applied to help us understanding why the voice of the child may not be scrutinised for what it truly tells us. Statutory guidance mandates practitioners to ascertain the wishes and feelings of children: their voice, rather than consider how that voice of constructed and conveyed through the medium of narrative. As such, speaking to and engaging children becomes a task to fulfil. Earlier, I explored the concept of ‘doing things right’ and ‘doing the right thing;’ here we see that practitioners may speak to the child, note down their narrative (doing things right) without analysing what that narrative actually tells us about the context and lived experience of that child’s life (doing the right thing): their voice.

5.3 Conclusion

‘in the give-and-take of daily interactions, we do not simply talk about ourselves; we hear the stories of others. This is how we come to understand our personal experiences through socially shared narratives evolved in a context in which we listen to the stories of others, and these stories can provide powerful frames for the way in which we understand our own experiences’

Fivush et al., 2010:46

This two part chapter has discussed some of the barriers identified by children and young people in sharing their narrative with others and also explored how individuals construct and use narratives to create change in their situations, influence decision making or protect their siblings.

For children and young people, issues of loyalty, fear of reprisals, acclimatisation and normalisation, featured in their decision-making when considering whether to share the details of the neglect they suffered. Several of the children and young people, appeared to share or reproduce a *family narrative*: an account constructed during children and young people’s attempts to understand involvement from CSC whilst assimilating messages from parents.

Family narratives can and should provide validating and supportive contexts for children to understand their family history and current family functioning. However, in cases of child neglect, where parents have little investment in fostering a child’s self-esteem, growth and identity, children may be bound by a *performative* family narrative aimed at distorting professional perceptions of family functioning. The intention is not to help children make sense of their experiences, but institute an understanding of events which may not bare resemblance to reality. For some parents, this performative narrative is generated unconsciously, from their own skewed understanding of events and circumstances. For children who have not yet reached adolescence, they may lack the developmental skills to integrate the perspectives of others with their own understanding. Instead, their experiences can become subsumed by the influence of others; in essence, they are easier to persuade and manipulate. As identified by Fivush et al. (2010:48), parents should assist children to ‘structure their

experiences in ways that allow for emotional expression and regulation’. However where neglect is a concern, parents may have no interest in doing so.

Having considered the barriers faced by children in sharing their own narrative, I will now turn my attention to exploring how well-established parental family narratives can present barriers to change, and consider how protective agencies can work with parents to reconceptualise their experiences and rewrite a narrative in a way that allows growth, strength and positive change to emerge.

5.4 Contributions to the Knowledge Base

This research has demonstrated that children and young people do not necessarily identify themselves as living with or experiencing neglect. They develop a more sophisticated understanding of family dynamics in their middle years, when exposed to, amongst other things, the home lives of their peers. Particularly between the age of 6-11 years, middle childhood to early adolescence, children develop greater self-awareness, reflective capacity and a greater sense of independence. Support and education is required at this juncture to help children to understand and make sense of their experiences.

This chapter has demonstrated that children and young people can become lost in a family approach to support, where parents needs dominate and workers time and energy is directed towards responding to crisis. Parents may also intentionally deflect attention away from children and young people and side track social workers and support workers. I advocate for a dedicated worker for both the child and the parent. This should be both resourced and supported by senior managers. This will enable focus to be maintained on the child, whilst being committed to working with the parent, encouraging much needed sustainable change.

Finally, I found that whilst it is incumbent upon professionals to ascertain the voice of the child, and that practitioners are fully committed to doing so, the content and meaning of what has been conveyed requires a great deal of scrutiny and analysis to determine what represents their authentic voice, and what represents the ‘family narrative’.

Chapter 6: Creating Sustainable Change with Mothers: Relational Aspects of Intervention

6.0 Introduction:

‘Just as hearing the voice of the child is central to effective assessment, working with families is central to effective child safeguarding intervention’

Sidebotham et al. (2016:151)

In the previous chapter, I explored the narratives of children and young people, examining the barriers to sharing one’s narratives, before considering how *family narrative* may predominate in cases of neglect. In contrast, this chapter will draw primarily on the views of mothers, to determine how professionals can encourage sustainable change in families where neglect is a feature, through successful intervention. The views of social workers and family support workers will augment this material, drawing on their experiences of delivering intervention packages to parents and carers.

It is unfortunate that, within this particular research endeavour, I was unable to secure any interviews with fathers. Whilst some of the material presented here may well be transferable to fathers, further research is required to determine if such application would be justifiable. Nonetheless, research indicates that mothers who have themselves experienced neglect face significant disadvantages. As highlighted by Moran (2009), they are more than twice as likely as other women to experience depression, teenage pregnancy and domestic violence (Bifulco and Moran, 1989). Compelling evidence suggests that the majority of neglectful families known to services, are headed by a single parent (Gaudin, 1993), usually the mother, who is deemed to be the primary source of harm (Sidebotham et al., 2016). Such families tend to be larger in size, and frequently, although not exclusively, materially disadvantaged (Gaudin, 1993). Historically, research concerning successful intervention with such families has been scant.

Whilst the focus of this chapter will be maternal voices and maternal care, I do not subscribe to a mother blaming discourse in relation to neglect. Parenting remains a

highly gendered activity. It is not my intention to downplay the role that fathers may have in the causes of neglect, nor in the solutions to addressing it. It is clear however, from research undertaken elsewhere, that engagement of fathers can be incredibly challenging (Ferguson, 2016). Moreover, I am cognisant of the important messages from research identified by Weingarten (1994), ‘our culture has created a ‘good mother – bad mother’ split, that silences the untold story, the mothers voice’ (Sax, 1997:115). Consequently, I hope to redress some of the balance here.

As captured by Sidebotham and colleagues above, encouraging sustained change in neglectful parenting requires a delicate balance between undertaking direct work with parents and ensuring the voice of the child is attended to. To this end, if we are to succeed in tackling neglect, we need to support *both* the child and the families within which they reside (Gallagher et al., 2012:80). Quite often, parents will require an immense level of support in the longer term. At the same time, practitioners must ensure that the protection of the child remains at the forefront of all that they do. Featherstone et al. (2014) encourage criticism of the dyadic approach to child protection, in which the ‘notion of the child as a disembodied individual’ makes that child distinct from the family within which it was raised. Rather we should focus on the family as a unit, worthy of support in its own right.

Considering the relational aspects of intervention in cases of neglect, this chapter will be structured in two parts. Firstly, I will explore how entrenched patterns of *behaviour* borne out of fear, repeat contact with services, generational neglect and resistance, can result in neglectful families being known to services for both episodic and protracted periods of time. These factors contribute to maternal histories and narratives, which create a barrier to change. Secondly, I will consider how support to mothers can be configured to assist them to revisit their personal narratives and highlight what the *emotional* costs and challenges of doing so may be. I will explore how, in the context of a relationship, professionals can invite mothers to reflect on their history and their experiences and find alternative ways of parenting, which address concerns held by protective services. I will consider the ways in which professionals encourage mothers to move toward a mindset of *change*, and how this cognitive shift may be achieved with those who are reluctant.

6.1 The Behavioural Reinforcers of Neglectful Care:

Horwath (2015) identifies that, whilst some parents may give verbal assurances that they understand the need to moderate their parenting for the benefit of their child, ultimately, they either fail to enact the qualitative changes necessary, or fail to maintain a good enough standard of care in the longer term when such changes appear initially successful. She describes this to be initially ‘walking the walking,’ before reverting back to established patterns of behaviour. The following section will examine some of the contributory factors which mean that whilst some mothers may have the best of intentions, they are unable to moderate their neglectful parenting practices in the longer term, leaving children at risk of harm.

We must consider, as outlined by Ward et al. (2014:55) that ‘most people taking action to modify chronic dysfunctional behaviour do not successfully maintain their gains on their first attempt’ and that ‘relapse is the rule rather than the exception’. The authors stress that the sooner we relate this to cases of neglect, the sooner we can tackle the perpetual revolving door, by which parents are referred and re-referred to Children’s Social Care (CSC) time and time again, as concerns emerge and re-emerge.

Plentiful examples of the revolving door syndrome were found within my research sample; notably, all the mothers highlighted multiple episodes of contact with protective services - for some, spanning many years. By way of example, Eileen, mother to six children, talked through three separate periods of intervention:

‘the first time was when I was younger [...] and the kids were put on the at-risk register, through me getting beat up by me partner [...] and cos we were on drugs at that time as well, um, but I managed to get through that and come off the drugs and stay off them. So, the next time was when I was with the person I married, and we had been drinking, as he kicked off [...] it was more mental torture with him’

Eileen mapped her *on and off* contact with CSC over a period of 14 years. She framed her final episode of involvement in the following, arguably more positive way:

‘I had been out and [my daughter] was babysitting and um, basically, he rang the police [...] but all the kids were asleep and cos I came in and the police were

there, I shouted, and they rang social services. So, because it wasn't long after the DV where he punched me in the mouth, they sort of stayed involved, but it was because I needed the help as well, I could have finished a lot earlier [...] [the family support worker] stayed with me for nearly a year, but that helped [...] this time was more helpful'

Eileen's comments mirrored those made by Sophie, mother of five, with an escalation of thresholds in relation to concern as the years progressed:

Lisa: How long have you been involved with Children's Social Care?

Sophie: Off and on for about 10 years [...] it went to child protection...um then back to Child in Need, then when I got reported recently, it went back to child protection, so this is like my last chance...if I got back on [child protection] then they will eventually remove [the children]'

Interviews with children and young people also captured the perpetual cycle of repeated case closure. This was particularly evident within comments made by Michael, aged 15:

'I have had [a social worker] all my life. I have never not had one, if the case got closed it would be reopened within a week because people would keep ringing up and saying stuff [...] It's like close the case, reopen the case, close the case, it's just going on and on.'

For all three of these families, social workers evidenced some degree of positive change in the short term, with Sophie and Eileen's improvements seemingly borne out of a genuine desire to improve parenting and address concerns. However, for Michael, any perceived changes appear to be attributed to a level of disguised compliance on behalf of his mother, as evidenced within the previous chapter. Several of the social workers highlighted that the concept of disguised compliance was instrumental in encouraging the revolving door, as illustrated by these two excerpts:

Claire: '...what I feel is because they have been known to children's services for a long time, sometimes you meet some parents that are quite savvy to the ways that we work, and know, or try to work us [...] they know what they

can do, what they can't do; for example, I was working with a father who was known for a long time to children's services, I must have been his fifth or sixth social worker, his engagement at child protection level was, you know, un-faulted really, and then as the concerns reduced, we didn't have the threshold to remain at child protection level and it went to Child in Need level, and his engagement has been, um, very different...'

Emile: *'I think one of the biggest issues is disguised compliance [...] where, you know, what they do is, they do it for a little bit, they try and make appointments for a short period of time and once we close, it goes back to how it used to be [...] I think they do it because they want us off, you know us away from them'*

Whilst, as suggested above, some mothers do indeed make attempts to conceal, distort or represent themselves in a more favourable light (Ward et al., 2014) research indicates that disguised compliance may, in some cases, be borne out of a self defence mechanism triggered by parents who feel judged and condemned by professionals (Gibson, 2015). Gibson draws on the work of Ferguson (2009) to suggest that disguised compliance may be the manifestation of feeling inadequate and shameful; a defensive display utilised to dispel feelings of ineptitude. Alternatively, Ward et al. (2015:69) suggest that for some, disguised compliance may be the product of parents' inability to either understand or acknowledge the gravity of concern held by professionals, coupled with a lack of self-belief or feeling overwhelmed, which ultimately prevents parents from tackling concerns in a meaningful and engaged manner. For mothers who already feel besieged by the needs of their infants, further feelings of inferiority may be prompted by a worker perceived to be demanding change. Rather than seeing such professionals as potential source of support, they may be viewed as (yet another) challenge to surmount.

In this context, I will explore how the existence of three issues: Transgenerational abuse, difficulties with maintenance and a proliferation of short-term interventions, may seek to reinforce maladaptive parenting behaviour, preventing parents and carers from embarking on sustainable behavioural change.

6.1.2 Transgenerational Abuse and Neglect

A myriad of factors may conspire to increase the likelihood that a parent will neglect their child, with Gaudin (1993) highlighting a triad of vulnerabilities which include a lack of social and family support, the characteristics of the child and parent, and parents' own history and subsequent functioning. Trauma or neglect features heavily in the biography of many parents who go on to neglect their own children (Berry et al., 2003; Ward et al., 2014; Milot et al., 2016; Sidebotham et al., 2016), particularly where their history remains unacknowledged by self and external agencies. As with neglect, more broadly, greater emphasis is often placed on mothers' experiences of childhood (Moran, 2009).

Considering the impact of parents' childhood experiences is of great significance, as intervention strategies which focus too heavily on the presenting symptoms, can ignore the root causes of neglectful behaviour; in essence, presentism can lead to repeatism, where underlying issues remain unaddressed and re-emerge. As outlined by Ward et al. (2014:22), practitioners required 'a better understanding of the lived experience of parents whose children are on the edge of care,' in order to provide a more targeted strategy for intervention. Indeed, Casey (2012:64) highlights the fact that professionals need to view families in the round and take a 'long' view, acknowledging 'this may not be a pretty sight, and will lay bare the extent of the dysfunction that is accumulated.'

Some strands of research attribute transgenerational neglect to parents' own insecure attachment in infancy, which may produce discordant relationships with their own children, resulting in an inability to be sensitively aware of, and respond to their children's needs (Moran, 2009; Stevenson, 1998). In fact, Milot et al. (2016) suggests that not only may parents find it difficult to respond to their child in an attuned manner, they may perceive the child's attachment behaviour as rejecting, attacking or humiliating. Moreover, the impact of attachment may transcend the relationships with their offspring, to affect any potential working relationships that parents have with professionals due to their enduring suspicion and unwillingness to engage (Ward et al., 2014), thereby blocking meaningful intervention to address areas of concern. As alluded to above, where professionals are perceived as a further source of attack or humiliation, they may become part of the problem rather than part of the solution. For

mothers who have experienced harsh treatment in their own childhoods then, their experiences and understanding of relationship may be projected onto both their offspring and those professionals tasked with offering help and support.

Mothers whose own histories have been beleaguered by neglectful care may be unable to empathise with their children's feelings and experiences; as a consequence, they are unable to offer consistent nurturing and the 'failure of attachment between parent and child is sustained and replicated from one generation to the next' (Long et al., 2012:9). An example of this was provided by Rose, a Family Support Worker, in relation to a mother with whom she worked. Rose was ultimately unable to encourage any change to this individual's parenting; she explained:

'her mum placed her at risk because her mum's boyfriend was sleeping with her older sister, who now has mental health issues. Her brothers have now got mental health problems, and, alongside herself, because they witnessed so much domestic violence. At 13 years old, she rang Childline [...] she ended up living in in multiple foster placements [...] she spent periods in residential units okay, up to the point of being 16, then basically went out and had two children [...] she can tell me the areas that she was neglected as a child but she cannot talk to me about how that made her feel. What she will say to me all the time is: "I'm alright, it doesn't matter"'

She continued, highlighting the discussions she had with this mother about the care she afforded to her own children:

'this one is now going into proceedings [...] she cannot bring herself to understand how it feels, because she can't bring it round to her own childhood'

Essentially, Rose felt that this mother was unable to connect with her own feelings and experiences of neglect and was therefore unable to conceive of why neglectful care may be damaging for her own children or demonstrate empathy. In addition, the mistrust she experienced as a product of several placement moves, created barriers to working with protective services, despite the cost of not working in partnership being incredibly high.

An alternative explanation for the intergenerational transmission of childhood neglect was highlighted by several of the other practitioners, rooted in the fact that mothers lack a template from which to formulate appropriate parenting practices. Such an approach is also identified by Long et al. (2012:9) who suggest that ‘in the absence of better knowledge and experience, they then replicate with their own children’. This is illustrated by Alice (SW), when talking about Sophie, mother on her caseload (who also took part in this study):

‘it’s been her own motivation and her own parenting. She has had quite a tough life herself, I don’t think she has been in care, but her siblings have been in care and she has been a carer for them. She has cared for children since being a child herself; you don’t learn those skills if you don’t get those from your parents, it’s not passed on. You need good positive parenting and if you haven’t had it, that’s just a cycle that’s going on and on and on...’

Alice highlighted that by tackling transgenerational patterns of neglect, the overall prevalence of neglect could be addressed, adding a new dimension or layer to the concept of *early* help. Alice’s account chimes with that of Sophie, who recounted concern by CSC being largely focussed on a lack of dental hygiene and the overpowering smell of urine - a result of the children’s nocturnal enuresis - which ultimately impacted on the overall standard of home conditions. As Sophie herself suggests:

‘[I] didn’t understand, but now when you look back, there is a lot of things you can remember and you think ‘well that’s not good’ and it really did open my eyes [...] I look back to how I felt when I didn’t have a dentist, we didn’t, we used to go to the doctors as and when we needed it, the fact that there was hardly any food in the cupboard, and the, obviously, I remember selling my rabbit just to get a loaf of bread for my mum’

These extracts illustrate the potential for neglect in childhood to impact on an adult’s functioning in later life, compromising their ability to undertake the practical and emotional aspects of parenting, and to formulate effective relationships with others. Yet research indicates that all too often primacy is given to the presenting concern which attracts statutory attention, and insufficient consideration is paid to parents’ history (Ward et al., 2014).

As outlined by Gaudin (1993) maternal emotional stability is ‘one of the most significant indicators of maltreatment’, hence it would seem prudent that addressing parental wellbeing through the provision of support and education is central to any successful intervention. As suggested by Milot et al. (2016:97):

‘therapeutic emotional support should include an acknowledgement of the parents’ trauma history and helping them realise how these past experiences might exert an influence on their capacity to engage and interact with significant others, in particular with their own child’.

Explicit mention should be given to the relationship between mother and worker, and how their own experiences of being parented on a practical and relational level, may provide a damaging legacy for future relationships.

I will return to the issue of transgenerational transmission of neglect in the second part of this chapter when exploring how practitioners can assist mothers to rewrite their personal narratives and develop an understanding of the reasons why their parenting styles and abilities may have developed in a certain way. At this stage, it is prudent to underline the in-depth level of support required to help parents unpick their often complex biographies and challenge pre-existing and enduring notions of parenting.

6.1.3 Difficulty in Maintenance and the Need for Longer-Term Support

Given the evidence presented in relation to transgenerational neglect, where maternal patterns of functioning have been influenced, established and developed over a number of years, it is reasonable to assume that short term intervention strategies, aimed at creating quick fix changes within families are likely to prove unsuccessful. Whilst pragmatic short-term approaches have gained favour amidst a climate of cost cutting measures and drives for greater effectiveness within tighter timescales, research suggests such an approach can be counterproductive in cases of neglect (Moran, 2009), and may in fact contribute to the rates of child deaths in the United Kingdom. As illustrated by Sidebotham et al. (2016:11), with the benefit of hindsight, two-thirds of the families sampled in their exploration of serious case reviews were either closed prematurely or lacked the ongoing monitoring necessary to ensure that initial changes had been embedded into parenting custom and practice.

Research indicates that lapse or relapse is a normal part of the process of change (Diclemente and Prochaska; 1982; Ward et al., 2014) as practitioners are asking parents to modify existing templates for parenting, which have been ingrained over many years. Ward et al. (2014) highlight that a key challenge for professionals working in the field of neglect, is not to assume any forthcoming change can be successfully maintained at first attempt, as evidence of sustainability can only be assessed in the longer term, facilitated by lengthy interventions. Moreover, different approaches to support may play a greater influence at different times in the process of change. For example, verbal processes, such as feedback and education, may be central to preparing individuals for action, whereas behavioural processes, such as continued moral and social support, are key when encouraging ongoing action and maintenance (Diclemente and Prochaska, 1982). As highlighted by Sophie:

'it will go fine, and I don't know why, it will slip. So then, obviously, I get reported, they come in, then that's it, it all escalates'. She continued: 'everyone backed out and things were going, what I thought was going alright...it seems to slip, but I don't know whether that was because I was frightened of failing, or whether it was just the norm'.

Practitioners also indicated that failures to sustain positive progress resulted in a revolving door scenario, which they had encountered all too often:

Claire, SW: *'...you put the child protection plans in place and parents generally meet the actions with the support of a social worker, so then obviously you haven't got the threshold to progress because things have been done; but my worry is that when the case deescalates, or then closes maybe, without the support of an ongoing social worker, things won't be maintained'.*

Emile (SW): *'[mother] has been taught everything and she has demonstrated in the past that whilst she had somebody going in there 24/7, like the NSPCC, working and doing VIG [video interaction guidance], putting it on video for her to see...for that period she could do it*

Finally, Penny, a Manager in the Family Resource Service specifically highlighting issues with parental mental health:

‘especially around mental health and dips, so sometimes, you know, I suppose those are the ones we need to get better at, because they can be our re-referrals [...] mum has depression or really low mood and support has been put in place and things are okay and the support is pulled out, but actually, have we really got there? So, because we know with neglect cases, that support needs to go on for quite some time, and then if mum’s mood dropped or somethings happened, or there is a dip and then it comes in again.

Research clearly indicates that cases of neglect are unlikely to respond to short term interventions, due to their chronic, multifaceted and entrenched nature. Therefore, services need to be offered for a sufficiently long period of time to ensure that longstanding issues are effectively addressed and that parents will not fall back into habituated patterns of functioning, such as those described above (Long et al., 2012; Dickens and Masson, 2016; Berry et al., 2003). However, *time* was raised as an inhibitor for several of the social work and support practitioners engaged in the study. Rose, a FRW indicated that she visits her families twice per week for a maximum of 1 hour and fifteen minutes; with a time allocation of 5 hours per week, per family, to complete direct work sessions, planning and case records. She went on to compare the duration of her involvement to that of two decades previous:

‘in like 1999 [...] going right back, and I remember those days Lisa, when obviously, you worked with a family as long as was needed, and how long you felt you was needed in there [...] what we are doing now is review on a 3-monthly basis [...] and often it will be no more than 9 months, 9 months is normally our maximum then you’re out. Sometimes you don’t even touch the surface until you get to about 6 months’.

For Alice also, resource shortfalls were the driving force behind the pressure placed on workers to expedite interventions, to evidence timely change and reduce the threshold for concern:

‘some families just need continuous help, which we have not always got the resources to do. You close something and it comes back in again. I would just rather have a service that kept going, kept popping into that house...’

Alice added that parents require direct messages, repeated on a regular basis to prevent them ‘*plodding along and having a dip again, having to be referred back into services*’. This may be particularly true as children and young people grow older, and the challenges of parenting change overtime. However, in light of government cuts to funding and the decimation of services in the voluntary and independent sector (Kane and Allen, 2011) social workers have found their options for alternative avenues of support and referral are limited:

‘[it is about] resources. You know, we only seem to have FRS [Family Resource Service]. We’ll get FRS, they will do a 12-week package, they might even do 24 weeks, but at some point they have to pull out. Um, we need someone long term with these families, and I am not saying every week, it doesn’t have to be intense, but every month, once a month’.

Aligning with research undertaken by Ward et al. (2014:128) here, Alice is recommending a ‘light touch’ intervention, aimed at assisting parents to maintain progress once the initial ‘intensive’ period of intervention has ceased. Yet evidence suggests that such stepping down arrangements are not routinely adopted in times of austerity. Sidebotham et al. (2016:17) proposes that practitioners require explicit ‘managerial permission and encouragement’ to engage with interventions in the long term, which contrasts with current trends and developments in protective services. As outlined by Caleb, a Social work practitioner, 3 years qualified:

‘in previous cases where children have been on a child protection plan for a year, or longer, you know, we are advised not to pull away from supporting them, but strike the balance between giving the parents the autonomy to do it for themselves, to not do it for them. Try and advise this mother, do it for yourself, not because I am telling you and err it isn’t hitting home’

For some parents however, despite continual prompting there is the potential for a lapse, returning to the behaviour which initially triggered concern. As highlighted by Jenny, notwithstanding several years of episodic involvement and concerns raised in relation to her engagement with health and dental care for her children:

‘I can be like that sometimes, aw I’ll just cancel this appointment this time and go another time’

Jenny acknowledges that her ongoing relationship with CSC has prevented her from relapse, as she is cognisant that someone will be checking that she is complying with the Child in Need plan for the children. This is suggestive that for Jenny, change or compliance has only been achieved on a surface level, without any meaningful acknowledgment of why a failure to engage with health services in a timely manner would be prejudicial to her children's development. As outlined by Ward et al. (2014) then, maintenance, the central stage in the process of change, can last a lifetime.

Whilst recognising the benefits of longer-term involvement, Rose (FSW) balances this with a word of caution, by drawing on her past experience:

'...there's fors and against that okay, you was in there for longer [...] and sometimes you felt you were getting the work done, but then again you were bordering on... you didn't want them to become dependent, do you know, I think it's a right catch 22 this one'.

Whilst Long et al. (2012) warn against perpetual frozen or ineffective patterns of agency response, Tanner and Turney (2003:32) argue that a rethinking of the concept of dependency is required. A shift is required, to move away from the associated negative connotations, to viewing protracted intervention through the lens of *appropriate* support. The authors suggest that through a process of 'managed dependency', the relationship forged between worker and parent could offer an 'alternative model of attachment and way of relating, and perhaps allow them to reconfigure previous, damaging internal working models which will, in turn, affect their parenting capacity'. Practitioners can offer a level of consistency and predictability. They can maintain a dependable presence, which conveys a powerful message that these women are worthy of support. The key to successful long-term intervention is to maintain clarity of purpose in relation to the objectives for the assessment and the ultimate goal, as well as deploying a range of methods to encourage change, underpinned by continual review and evaluation. Adopting such an approach should ensure that 'children do not become hostages of fortune – left in limbo while work is done with their parents' (Tanner and Turney, 2003:32).

Timescales for long term support are clearly open to interpretation, with Gaudin (1993) suggesting that, ideally, intervention should span somewhere in the region of 12-18 months, yet Helfer (1987) advises such support should be made available until

the child is old enough for the risk to no longer be of concern. This view is underpinned by compelling research from Long et al. (2012) who found that when support is extended over a 4 or 5-year period, 79% of families experience a successful reduction in concerns regarding neglectful parenting, and for 59%, the concerns were eliminated entirely. Clearly however, there will always be some families for whom change is not achievable within a timeframe appropriate for the child or children involved, particularly for very young or vulnerable dependents. Where this is the case, and parents are unable to initiate and maintain change, timely recourse to legal proceedings will be necessary.

6.1.4 Summary:

Evidence suggests that some parents may have encountered a ‘conveyor belt of unsupportiveness’ (Harris, 1993: 102) commencing when they were subjected to abuse and neglect in their early years. This presents a significant challenge for practitioners wishing to engage such parents in successful intervention. Research has long since evidenced the effectiveness of intervention with parents in the context of a *relationship* (Harris, 1993; Thorburn et al., 2000) which needs time to develop. Such work requires a consistent practitioner, who can offer parents an alternative template for attachment and interaction with others, bolstering parents’ self-esteem and their capacity to parent effectively. Mothers’ will require support and encouragement to enable them to play a ‘normal role’ with society (Ward et al., 2014), which includes developing an ongoing network for support. Despite this, the general trend towards shorter term intervention has prevailed, privileging short term resource savings. As highlighted by Long et al. (2014) the resourcing of long-term intervention is rarely favoured with a system designed primarily to respond to physical and sexual harm. As a consequence, we have ploughed on regardless and remain surprised, or even perplexed when families resurface time and time again. As eloquently expressed by Hallett and Birchall (1992):

‘The safeguarding system is set up to deal with the collaborative ‘short sprint’ between child protection inquiry, conference, core group and review conference. [Yet] neglect involves an interagency ‘marathon’ where practitioners and systems have to act collectively and respond to families over a number of years.’
(Long et al., 2014:9)

Successful intervention in chronically neglectful situations requires additional finance, and emotional investment: finding cost-effective ways of configuring services will require significant thought and preplanning. In fact, authors such as Featherstone et al. (2014) call for a commitment to early and, where appropriate, open ended support to families, straddling both the practical and the therapeutic. Mothers will benefit from creative approaches to intervention which recognise their habituated responses to professionals in light of their own personal biographies. This will form the basis for much discussion in the remaining sections of this chapter.

Within part one, I explored the reasons why mothers may present a veneer of commitment and capacity to change which is not sustained in the longer term when agencies have withdrawn. A mutual commitment is required from both parents and protective agencies, to ensure that changes to parenting are effective beyond the period of intervention. Acknowledgement is required that both mothers' own experiences of neglect in childhood *and* the agencies need to evidence cost effective and timely change, can disrupt the cycle of change and lead to concerns re-emerging. Next, we will explore how mothers can be supported to transcend 'talking the talk' and engage in a meaningful cognitive shift, developing their understanding of why and how maladaptive parenting templates exist.

Case Vignette 3: Jenny, mother of 5 children

Jenny is a single parent to five children, spanning seventeen to five years of age. Jenny became involved with Children's Social Care due to concerns regarding her care of Nathan, Jasmine and her eldest child. Her mistrust of services emerged when a health professional breached personal and professional boundaries. Subsequently, Jenny's partner left her, taking their oldest child with him. Following this, Jenny avoided services, rarely opening the door to professionals or returning their calls. Jenny posits this as the reason for such lengthy involvement with Children's Social Care – she refused to work in partnership with them, fearing they would abuse the position. As concerns endured regarding her care of Nathan and Jasmine, Jenny's lack of engagement led to invasive action, and both children were placed with extended family members. The decision to accommodate Jenny's children was made during a family meeting, which she was unable to attend. Jenny felt purposefully excluded from decision making, and her concerns were exacerbated when evidence emerged that Jasmine was being physically abused by her maternal aunt, and Children's Social Care had allegedly failed to intervene. Both children were eventually returned to her care and services withdrew. Jenny's second period of involvement with CSC occurred following the birth of Matilda, which Jenny concealed from professionals, again on account of mistrust.

Finally, the family were again referred to CSC after Nathan, aged 13, took an illegal high which resulted in his hospitalisation. The four youngest children were subsequently made the subject of a Child Protection Plan, prior to de-escalation to a Child in Need plan. The concerns raised within this period of involvement ranged from inadequate supervision of the children and medical care to non-attendance at meetings to discuss the children's welfare. Positive change came for Jenny when she asked CSC to be clearer about what their concerns were, and what action was needed to address these. The Family Social Worker provided Jenny with a task focused plan which was transparent and achievable.

Whilst services remain involved with Jenny, due to her son's behaviour, and concerns regarding Jenny's supervision of Jasmine, Jenny is hopeful that the case will soon be closed. She feels that she is working with services now in terms of meeting the health and education needs of the children and by providing them with an appropriate living environment, where their basic needs can be met.

6.2 The Emotional Journey – Helping Parents to Rewrite their Narrative, and Move Beyond ‘Talking the Talk’

‘Whenever a Social Worker and a client meet, part of the time they spend together usually involves the Social Worker listening to various accounts by the client, concerning past and present experiences. The client re-presents and articulates particular segments of his world in narrative form: he tells *his story*’

Whan (1979:489)

Having explored some of the behavioural reinforcers of neglectful parenting, part two of this chapter will consider how practitioners can assist mothers to reflect upon and reauthor their personal narratives, so that they develop a greater understanding of the behavioural and emotional drivers behind their parenting practices. As has been well documented so far, capturing the narratives of children exposed to neglect enables practitioners to understand their experiences. However, this must be supplemented with an appreciation of the lived experiences and narratives held by parents, to enable us to understand why children’s needs are not met (Horwath, 2015).

Narratives develop through a complex set of interactions, woven together through personal and family stories, imagined and reimagined as they told and retold within a wider social and relational context (Fivush and Merrill, 2016). For professionals to gain a sense of parents’ lived experiences, carers need give sensitive encouragement to revisit their own childhood histories, and in some cases, challenge their knowledge and understanding of what life was like. As identified by Geertz (1986:373) ‘whatever sense we have of how things stand with someone else’s inner life, we gain it through their expressions, not through some magical intrusion into their consciousness. It’s all a matter of scratching surfaces’.

Here, I suggest that by assisting parents to view their biographies through a critical lens, narratives can become transformative. Drawing parallels to motivational interviewing, narratives can be agents of change. The intention therefore, is to support mothers to develop an understanding of how their own experiences have contributed to their behaviour which, in turn, impacts on their children’s development. Research indicates that narrative therapy has become more commonplace with children who have experienced harm, and some success has been documented when adopting

narrative approaches with parents, to help them understand their children's wishes and experiences (Saltzburg, 2007; Stokes and Poulson, 2014). Yet, adopting a narrative approach with mothers who neglect their children appears less mainstream; or at least not officially recognised as a specific approach to practice, by those practitioners undertaking it.

Mothering is both an activity and an identity. Therefore, any criticism or concern drawn in relation to one's parenting, is also a reflection on their worth as an individual. Narrative approaches should be undertaken in a way which supports mothers to ensure they are not paralysed by negative feelings of worthlessness and shame, which could invoke disguised compliance or transient commitment to change (Gibson, 2015). These approaches can offer an antidote to mother blaming discourses in cases of neglect. Citing the work of Bruner (1986), White (2007:77) suggests that narrative methods pave the way for individuals to take greater ownership and authorship of their own story, rather than adopting a fatalistic mindset of failure. As identified by Sax (1997:112) people can discover new stories about themselves through narrative approaches; stories which are based on 'strengths, hopes, dream and new possibilities.' The rationale then, is not about relocating the blame for their abusive behaviour on to their own parents or carers, but about seeking to locate their parenting style in a framework of past experiences, which have moulded the way in which they think, act and respond. However, as with ascertaining the narratives of children and young people, several barriers exist to reaching a mother's narrative; not least the pervasive view of Social Workers which focusses on the control aspect of their role. As outlined by Moran (2009:15), parents' feelings of mistrust and of being blamed can reduce the success of an intervention; such feelings are often present in neglectful families' dealings with services'. As such, for some parents, the requirement to work with CSC is a threat, rather than a potential remedy. This presents considerable dilemmas for social work practitioners who may be best placed in terms of their expertise and training to encourage change. To begin, we will draw on the case vignette of Jenny and accounts shared by two other mothers in the research, to illustrate how an enduring mistrust of professional services contributed to the escalating concerns held by Children's Social Care presenting a barrier to achieve change.

6.3 Barriers to Utilising Narrative as an Agent of Change

Whilst not a universally shared experience across all of the mothers in my sample, three did discuss their negative accounts of involvement with CSC. Whilst we explored Alba's narrative in Chapter Five, here I will focus on Jenny and Eileen.

For Jenny, the terminology utilised throughout her interview, conjured up imagery of her having faced a 'battle', as she frequently described metaphorically encountering physical oppression. Phrases such as '*I did have them on me back before*' and '*I just want them off me back now*' illustrate the pressure she felt by virtue of statutory involvement. Jenny's initial inability to acknowledge the concerns raised by CSC, coupled with statements such as '*I haven't got a clue [why CSC are involved],*' indicate an acrimonious relationship with professionals, which lack trusting foundations. The root causes of this are evident within Jenny's case vignette. As a consequence, Jenny's emerging narrative positioned her as *victim* of services, rather than a welcoming recipient; this was underpinned by her account of a breach of trust by a health professional. Whilst the circumstances were very different for Eileen, she also viewed herself as a victim of services; compelled to work with CSC, based (in her view) on their flawed assessment of risk; accordingly, both Jenny and Eileen resisted intervention to varying degrees.

Jenny's victim identity was conveyed in her narrative, detailing how her mistrust of services developed. She described that a health professional transgressed personal and professional values, meaning that she isolated herself from all professionals:

'...So, I would not open the door to anyone...and no one believed me, but not long ago, me health visitor, the new one, admitted that I was right. So, that's why I wouldn't open the door to them. So, there wasn't nothing done about it, so it always looked bad on me' ... 'that's why I was with 'em for so long. I thought I'm not answering the door to them, to any strangers. I moved, 'cos they left me in a house, they took me two kids off me and I lived in a house with no electric, apart from like the sockets. I was gassed out twice, I had no heating at all apart from an electric fire, a rat running around, and they left me there with no help at all...'

Jenny's account conveys a reluctance to engage with services, which extended to a refusal to allow them entry to her home. The removal of her two older children resulted in her relocating to inadequate housing, which she described as cold and rat infested. Whilst living in such an environment, it is understandable that agencies became the focal point for her anger and blame. Jenny's feelings of betrayal and fear permeated all contact with health and social care professionals, up until she was allocated her latest Health Visitor and Social Worker. In contrast, these professionals were finally able to engender trust, openness and honesty, and validate her account of what happened in relation to a previous breach of trust. Nonetheless, at interview, Jenny remained unable to acknowledge many of the concerns held by professional services in relation to her children. In fact, her narrative clearly conveys the picture that CSC were involved with *her*, not with her children. As Jenny's narrative unfolds, she cites the behaviour of her children as the source primary concern, rather than her supervision and care of them. Consequently, extracts from Jenny's narrative suggests a deflection of blame and an abdication of responsibility, as in evidence here:

- Lisa:* ...tell me a little bit about how you came to be known to Social Services?
- Jenny:* 2 years ago, my son Nathan took an illegal high
 (Son enters the room)
- Jenny:* Yea he took an illegal high (gesturing towards Nathan)

Here we see Jenny apportioning blame on her son for all four children being placed on a Child Protection Plan. Jenny goes on to say that there were no foundations for involving her other children, and that the focus should have just been Nathan. For Jenny, she perceives that Nathan has, in her own words made '*me look bad*', due to his challenging behaviour, substance use and non-school attendance. Research undertaken by Casey (2012:2) suggested that this is not an uncommon stance for parents to take, in fact, she suggested that 'in some cases the mothers seemed scarcely to understand that they were the 'responsible' adult in their household' (Casey, 2012:49).

Taking a defensive stance helps Jenny to rationalise her involvement with CSC as unfair, rather than acknowledging the stress that she was placed under due to the behavior of her ex-partner and the concerns raised concerning her ability to meet the children's basic care needs. Jenny's perception, that she is the *victim* of services is

strengthened by examples of unprofessional behaviour, which, if accurate, call into question practitioners' treatment of Jenny. For example, in this extract, Jenny suggests workers falsified visits to the family home:

'a key worker through court, cos my eldest son didn't go to school, I had to do a parenting order. Um, she was at my house one time, and this Social Worker made out she had come to see me, which she never. I had the key worker there to back me up; and one time when she was there again, we saw the Social Worker put a load of calling cards through the door, to make out she had been loads of times. So, my key worker backed me up on that and got her into trouble for it, for lying.'

In all likelihood, Jenny's contact with protective services has been protracted, in part, due to lack of engagement with services as a consequence of her mistrust. Jenny was presented with a double bind whereby, if she allowed professionals into her family, she risked their betrayal, yet if she failed to work in partnership, concerns would escalate due to her perceived resistance.

For Eileen, whilst ultimately achieving positive outcomes from the involvement and support of protective agencies, she also described a 'victim identity' narrative at least in the initial stages of her contact with protective services, which focussed on *her* parenting, rather than on the children's father. Eileen shared the concerns held by CSC, describing how her actions were misconstrued in the wake of finding out that her ex-partner had contacted CSC to report concerns for the children:

'I was shouting and swearing at the police, and I was in drink...I came in, I know it sounds bad, but I came in really shocked, because...I came in, they are walking down the stairs, and they sort of tried, started telling me...and I wasn't actually shouting and swearing and telling them to 'f' off and that, it was because they told me he had rang them, and that's what I was getting angry and upset about'.

Having been subjected to domestic violence by her ex-partner, Eileen felt revictimized when he reported her to CSC, seeing this as an extension of his controlling influence. This referral resulted in Eileen being compelled to work with Family Support Services to encourage changes to *her* behaviour, and the structure and routines within the family

home. Eileen highlighted a mother centric approach to services, where she was obligated to comply, due to the children's child protection status:

'I had done all the work with [resource worker], and I'd done it, even though it shouldn't have been just me doing it, it should have been him, but he got away with it... I mean he was taking the children and they were coming back with fishing hooks in their hands and burnt hands and um, he would send [the children] down the street on their own, and so for me, I've done all the work, and the person that should have done the work, didn't do nothing...even if they are not living in that family home, they should have to go, right, seems [sic] though they have got the children, if they are part of their life...because I kept thinking to myself, well it's okay, but it's me who is doing all the work, but the initial is because he assaulted me...'

A tendency for services to adopt a 'mother-centric' approach to issues of neglect, has been well documented, see for example Brandon et al., (2008). Whilst Eileen appears justified in highlighting the disparity in how each parent was treated as part of the child protection process, she maintained a determined approach to working with services to ensure her children's needs were met. As she engaged with services, her confidence grew. Her dependency on alcohol and drugs abated when separated from the children's father, which in turn, led to much improved home conditions and levels of supervision for the children, who were no longer exposed to severe domestic violence. Whilst Eileen's narrative initially positioned her as a victim of services, she was able to transcend her defensiveness, acknowledge the concerns, and work with agencies to bring about change. White (2007:61) suggests that the reauthoring conversations can invite people to identify and privilege more neglected aspects of their story, to consider 'unique outcomes and exceptions'. Highlighting points of success for Eileen enabled her to consider alternative ways of looking at her experiences, in order to foster new confidence in addressing issues going forward.

White (2007) suggests that when a person renegotiates an understanding of their past, they are also engaging in a renegotiation of their identity. In doing so, individuals can be encouraged to move away from a 'deficit' focus, which may have prevented them from making necessary changes to their lives to enable more positive outcomes, to one

where they have a belief in their ability to succeed. Through this, Eileen reauthored a narrative which positioned her a survivor, rather than a victim of domestic abuse.

Research undertaken by Keddell (2015:8) acknowledges the inherent difficulties for mothers when concerns are raised in relation to their parenting. The context of Keddell's study explored the experiences of women subject to domestic abuse, or with mental health issues, yet parallels can be drawn to neglect. Both Jenny and Eileen were seeking to portray the difference between their 'authentic parenting identity', and the concerns levelled at them. For both parents, they were initially unable to accept that their parenting practices were abusive or neglectful, instead projecting blame toward CSC. Such an approach creates an added level of complexity for practitioners attempting to assist parents to understand how their previous experiences may have contributed to their current parenting practices. In essence, rather than engaging in an open discourse about these experiences, a theme of deflection, defensiveness and absolution was present in their spoken narrative. The initial response from Jenny and Eileen, was to rationalise involvement from CSC based on unwarranted concerns, rather than engaging in critical reflection concerning the origins of behaviour. Ultimately though, despite knowledge of the professional power a Social Worker can wield, these parents were able to work with them, resulting in successful outcomes. Where these barriers can be overcome, narrative can be employed as a vehicle of change.

The remainder of this chapter will therefore explore some of the tools and approaches that have been utilised to good effect in addressing neglectful care, encouraging mothers to reauthor their narrative accounts.

Case Vignette 4: Sophie, mother of 5 children

Sophie is a single parent of five children, spanning 5 to 15 years of age. Sophie spent much of her early childhood living with abuse and neglect, with intermittent support from Social Workers. Throughout this time Sophie parented both her mother and her siblings, acting as a young carer. Whilst cognisant of her experiences, Sophie had not framed the care afforded to her in childhood, as neglectful. Much of her template for parenting derived from her early life experiences, which resulted in her having significant gaps in her knowledge and skills.

Sophie's children have been the subject of child protection concerns on two separate occasions, with one referral to Public Law outline. Concerns centred around exposing the children to inappropriate adults, medical and dental neglect and poor home conditions, which were exacerbated by the children's nocturnal enuresis. During the second period of involvement Sophie was referred to the Family Resource Service and completed a robust package of support over a nine-month period. This work focused on encouraging her to reflect on her childhood experiences to facilitate empathy and understanding in relation to her own children. The pair carried out the Children's Needs Jigsaw exercise together, which prompted Sophie to examine her own parenting. Simultaneously the worker offered practical support on issues such as dental hygiene and household chores; an example of which was showing Sophie how to eradicate the odour of urine. Sophie was able to move to a position whereby she acknowledged her own childhood as neglectful. She connected with her on feelings and experiences of growing up in a neglectful household, which enabled her to empathise with her children.

Sophie forged a strong relationship with the allocated worker, who adopted a nurturing, almost parental approach to strengthening Sophie's capacity to parent effectively. At the time of interview Sophie's children had been removed from a child protection plan and were considered of Child in Need status, with a view to imminent case closure and transfer to universal service provision. Sophie had moved from seeing Children's Social Care as a threat, to a potential support as she sought their advice and guidance in achieving a diagnosis of Attention Deficit Disorder for her son.

6.4 Utilising Narrative as a Vehicle for Change

Research undertaken by Gaudin (1993) indicates that the profile of neglectful parents suggests psychological immaturity as a result of their own childhood neglect, which renders them unable to nurture their children. Consequently, they themselves require a degree of nurturing to foster self-esteem, independence and optimism. In 2016, Sidebotham et al. highlighted that maternal vulnerabilities were present in two thirds of cases where children died as a consequence of neglect, resulting in a serious case review. The authors captured a powerful statement from one parent, who described being ‘so overwhelmed with [her] own problems and needs that she was incapable of adequately caring for herself, let alone any dependent children’ (p.58). In such cases, Gaudin (1993:40) suggests that by ‘helping parents to recall, acknowledge and express long suppressed feelings’ engendered by childhood neglect, they may break the cycle of maladaptive parenting. In essence, interventions should ‘reframe parents’ dysfunctional perceptions of themselves and their children, and enable them to assume a strong leadership role in the family’ (Gaudin, 1993:43). Intervention should be aimed at fostering parents’ resilience to strengthen them both as individuals and as parents, without leaving them feeling under siege from both professionals and their own children.

Gaudin (1993:40) goes so far as to say that the interventions should be aimed at ‘parenting the parent,’ listening empathetically and validating their concerns and feelings before nurturing change and working towards more independent, responsible behaviour. Whilst this approach is clearly paternalistic in nature, the ultimate goal is to encourage independence and autonomy. The degree to which such an approach is transparently practiced within current social work practice remains unclear, although there were certainly clear indications of such an approach existing within this sample.

Whan (1979), drawing on the work of Helling (1976), outlined that one’s biography originates from three distinct sources: - an individual’s personal history (which is influenced by those around him), one’s sense of self, and finally, through the interaction with another within which the narrative is shared. Here, I will explore the importance of creating a trusting and supportive relationship with mothers to enable the core conditions for such an interaction to take place. It is within such a context that

practitioners are able to employ a range of case management and intervention techniques aimed at encouraging a cognitive shift in their approach to parenting.

6.4.1 The Power of Relationship:

In recent years, there has been a resurgence in the emphasis placed on *relationship* to facilitate and sustain change (Ruch, 2012; Ward et al., 2014), with increased recognition that, to intervene in a successful manner, the core conditions of trust and empathy must be satisfied (Berry et al., 2003). Despite the burgeoning regulation and proceduralisation dominant within social work practice, relationship-based practice has gained favour, providing an antidote to depersonalisation and a lack of social work led intervention (Ruch, 2012). Whan (1979:495) highlights the centrality of relationship to narrative work in particular:

‘one of the Social Worker’s roles is to help him create a relationship conducive for the client to tell his tale. This means the client needs to feel listened to, and listening means giving enough time and continuity for the story to emerge. The more vivid and present the story can become to client and Social Worker, the more it is possible to understand the narrative context within which predicament and suffering are experienced. The story will begin to show the client’s relationship to his troubles, how he comprehends them and wishes others to understand them’ (Whan, 1979:495).

Yet, it is notable that research documents that parents involved with Social Care services are unlikely to turn to Social Workers and other professionals in times of difficulty (Thorburn et al., 2000). In more recent research undertaken by Cossar et al. (2013), such reluctance was attributed to the perception that CSC lack compassion; with participants asserting that CSC held unnecessarily high standards and expectations of parents during times of frailty. This resonated with my research participants, with Eileen (mother) in particular identifying that:

‘...you are too nervous, you are too worried about your children getting taken away, and them looking down on you like you’re a piece of muck, it is a big fear; you hear social services and it is the stereotype and it is very frightening, very frightening for parents...’

Whilst acknowledging previous warnings about pitfalls of adopting mother centric / mother blaming approaches to tackling neglect, such a focus is often necessary, given research undertaken by Sidebotham et al. (2016:66) which outlined the fact that mothers were recorded as the ‘primary source of harm’ in all nine of the Serious Case Reviews explored as part of their study. *Relationship* can be a component of encouraging change with mothers, as a conduit to tackle social isolation and a lack of self-esteem or positive self-image.

It is well documented that neglecting families have few informal networks to turn to for support (Berry et al., 2013; Brandon et al., 2014; Gaudin, 1993) and, in some cases, parents turn to their children for the required emotional nurturing. Within this research study, Eileen highlighted the power of reassurance from the worker, reinforcing that they were there to offer support, rather than to penalise:

‘I think [families] just want to be sure, and saying ‘right, we are trying to help and listen’. Its most important to listen to the family’.

When Gaudin (1993:40) talks of ‘parenting the parent,’ this is in a context whereby the mother may have no other avenues or support to facilitate such venting or emotional expression. From a practitioner perspective, Alice (SW) also highlighted the benefits of a listening ear. She relayed a case example, concerning a mother with a life limiting illness whom she supported alongside the Family Resource Service:

‘she had got two teenage girls that were just totally off the rails, they would shout at her, hit her, we could see where it had all gone wrong. Dad was drinking because he had not got a functioning wife anymore. They were people who used to enjoy themselves, go out and party; everything had just gone downhill for them [...] even myself [sic] would go over on a dinner time sometimes, just to lift her spirits a little bit because we knew that if her spirits were lifted a little bit, she weren’t gonna shout at the kids when they got home, you know. Dad would be drinking because he had been looking after mum all day, listening to her drone on about her problems and things. Just listening to her for ten minutes, sometimes that made a right lot of difference’.

For parents experiencing such distress, research indicates that counselling can assist them to regulate their emotions, as they learn how to become more sensitive to the needs of their children (Milot et al., 2016). Yet self-belief can often present a barrier to engaging in change, as individuals may experience a fear of failure. Eileen (mother) spoke powerfully about the impact her support worker had had on her levels of confidence and esteem: *'I have got a bit more confidence in me, because my confidence was shot, absolutely shot.'* She continued:

'So, she sort of made you feel safe, and she builds your confidence up bit by bit by saying 'that's right, you get it, you see you're doing it, you are doing it yourself without me telling you' [...] So, you are actually doing it yourself and you didn't realise, she has got a knack of just bringing it out of you and building your confidence'

Furthermore:

'I was really quite nervous and by the time she left? A little bit of nervousness, but my confidence was better'.

Research suggests that neglectful mothers experience low self-esteem, which results in a tendency to make self-deprecating statements in relation to their ability (Berry et al., 2003). The work described by Eileen here, aimed to counter such self-perceptions by instilling a belief that she was capable of achieving change by herself which is supported by research suggesting that a shift in self-image can correlate with intrinsic motivations to succeed, as outlined by Ward et al. (2014).

Russell (2005) identified the value which parents placed upon the relational aspects of intervention, where workers modelled positive parenting practices which encouraged parents to feel respected and cared for themselves. Modelling behaviours such as respect, predictability, consistency, commitment, empathy and warmth, is central in encouraging parents to reflect this in their own behaviours towards their children. Such traits were spoken of by several of the parents in my sample:

Jenny: *'the same person coming to the door, instead of different ones (consistency)*

Alba: *'I think it was when [the worker] came in, because she spoke to me like a human being (respect)*

Alba: *'she actually sat me down and spoke to me like a person, not like something else, like I was worthless and everything else' (respect)*

Eileen: *'[worker] used to say: 'you're doing brilliant' (praise)*

The final crucial elements of relationship formation which were identified by mothers taking part in the research were guidance and approachability. Both Sophie and Jenny cited examples of such professional behaviours, which encouraged them to make the key changes required:

Jenny: *'she backed me up and asked them to explain things to me, so I like her, she listened'*

Sophie: *'[worker] was quite stern, and she obviously told it how it was, but then listening to it from [the worker], it was so much easier to take in, and if I didn't quite understand what she meant, then she would obviously explain it a bit more'.*

The power of relationship based social work is well established, yet a report conducted by Casey (2012:48) highlights the fact that for 'Troubled Families' where issues of parental neglect are common place, parents 'are just not very good at relationships'. Great skill, time and patience is required to engender trust. To encourage relationships to establish and flourish, practitioners need to employ a range of case management techniques aimed at facilitating connections to be made. Often highlighted was the need to engage with mothers on a more practical level before moving towards in-depth emotional support, encouraging the sharing of narrative. Next, I will turn my attention to feedback from parents and practitioners and outline, in their view, what approaches proved most successful.

6.4.2 Practical Support:

The benefits of relationship-based practice have been well documented. However, such time-consuming work requires committed and persistent practitioners with the capacity to engage in labour-intensive approaches. In the majority of cases described above, the work was undertaken by a dedicated Family Support Worker, who could commit to a greater number of direct work sessions with mothers, rather than the allocated Social Worker. As documented, the perception of statutory Social Workers is not always a positive one, hence identifying alternative workers who appear to pose less of a threat can be useful (Moran, 2009). However, it is notable that such workers are largely unqualified, despite the specialised and often therapeutic nature of the intervention they are carrying out.

Home visiting was highlighted as an essential component of intervention, by both parents and practitioners, in part due to the ability to provide practical, one to one support, guidance and direction. Moreover, research indicates that home visiting approaches achieve better outcomes than clinic-based interventions (Harnett, 2007; Gaudin, 1993). Rose (FSW), identified several benefits to physically being present in the family, to observe dynamics and functioning:

'I think that it is really hard to pinpoint neglect when you don't go into family homes [...] you've got to be in that house to see how that family function; you've got to see the supervision. Do you know what I mean, who's coming into the family home, and the way they respond to the child, when there is no praise. I don't think...I think if you're a health professional, and I think school [...] I don't think you always see the bigger picture'

However, Rose added that a lack of time can impede the work that can be achieved, particularly if parents are in crisis:

Rose: at the minute [...] with this family, I go in twice a week, and basically, they are only around the corner as well, so I will go in twice a week, and on average I am allocated 5 hours, but that 5 hours...so what I do Lisa, I will average between an hour to an hour and a half on each visit, um sometimes more if it goes into crisis, I will go in more, really, but on average about an hour and a half on each visit, I would say'

Lisa: Is that enough?

Rose: Not really, not really, no!

For Jenny, despite a long-standing reluctance to allow professionals into her home, when she finally managed to establish a trusting relationship with her health visitor, it was the practical support which proved crucial:

'it was her that told my Social Worker about me having to read things on a piece of paper, one by one. She backed me up, and asked them to explain things to me, so she was there for me, so I liked her, she listened; She came with [daughter] at this place and she checked her teeth and that for me, and she helped book into a new dentist, get [daughter's] teeth sorted, so I am glad I got her, she helped me'.

In many cases of chaotic neglect, home conditions raise cause for concern, and can often act as an important indicator that, for the parent, everything has become too much. Poor home conditions can compound neglectful situations, with pervading clutter, sights and smells impacting on the worker's ability to undertake focused work in an environment conducive to change. Several of the workers suggested that it was often useful to start by tackling practical issues, in part to engender trust, before moving on to more complex emotional content, as outlined first by Aisha, a FSW, and then by Penny, a Family Support Manager:

'We might give practical support initially, so for example, a house that was really bad, sometimes parents are not in a good place, its overwhelming, we would give practical support then [...] I am thinking of a recent case, although she did refuse the help, however I did go in with black bin bags and rubber gloves and things, because you know, if they are not in a good place, it can be overwhelming and sometimes, just some help and support can get things moving'

'We might go in and we don't do it for them, but we will do with; so, it might mean that we get them into routines. So, it might be that we go into somewhere that's really chaotic, really, um, there are no beds, there is no bedding, you know, there is sort of like, you can't see the floor and there are wires all over,

so there are lots of safety issues. So, we can at least get it to a level, because its 'where do you start' you know?'

Not only can home visiting reduce isolation, a key vulnerability highlighted above, but evidence suggests it can result in a reduction to childhood injury and improvements to both maternal wellbeing and the parent / child relationship (Roberts, 1996). Had Rose not undertaken home visits to Sophie, she may not have identified that the pervading smell of urine in the house was a significant concern for her, nor suggested a simple remedy to alleviate it.

Having developed an understanding of the barriers to ascertaining narrative and the core conditions that need to be in place to encourage parents to share and reflect on their narrative, I will finally draw on feedback from parents and practitioners to outline a range of one to one approaches and techniques which have been utilised to good effect.

6.4.3 Techniques to Encourage Narrative Reflection:

Research indicates that, with intensive and structured support, practitioners can make headway in tackling entrenched maladaptive parental behaviour, and children can remain in the family environment without recourse to legal proceedings to secure their removal (Brandon et al., 2014). Here, I explore the way in which Social Workers can utilise narrative with mothers, to assist them in developing an understanding of their complex biographies and a different sense of self, as is suggested by Whan (1979:494) 'it is through our (hi)stories, we recover an identity'. White (2007:61) highlights that in the context of a therapeutic conversation, individual's narratives often reflect a range of negatives experiences, including 'loss, failure, incompetence, hopelessness, or futility;' yet by assisting parents to re-examine and reauthor their narratives, they may develop a sense of self with renewed confidence and motivation, rather than one besieged by previous or current trauma and difficulty.

My research gathered an abundance of evidence about the power of narrative from both practitioners and mothers, despite the fact that it was rarely framed or conceptualised by individuals in such terms. Practitioners were utilising narrative approaches to intervention, without being cognisant of the fact that their approach could be conceptualised in this way. A common starting place identified by both

stakeholders was to facilitate parents' sharing and acknowledging of their personal biographies of victimisation. This was a powerful approach utilised by Emma (SW) in assisting a parent to understand her neglectful childhood, and by Eileen, a mother who had experienced domestic violence and turned to alcohol use as a coping strategy.

Emma identified that:

'the hardest one has been trying to support parents in recognising their own experiences in childhood and helping them to make the link between how they are parenting now and how they were parented [...] some families are so resistant to look at their own childhood, and some have very upsetting and some horrific ones sometimes, um, but once they make that link, that can be really good'.

For Eileen, exploration of such painful issues was hard, however it helped her to see that her alcoholism had been the consequence of a coping strategy aimed to block out the pain and difficulties she experienced:

'...talking strategies, going through the cycle of, like the cycle of what is happening in your life [...] it's not all you, and then you have coping mechanisms, instead if like...maybe some people turn to drugs, I was drinking'

She continued, to outline her growing understanding of the dynamics of domestic violence, through talking through what had happened in her past:

'lots of work with [worker] to realise things, because I didn't want to do the Freedom Project at that point [...] I did lots of work and realised lots of things about my partner [...] I have just had a lot of light bulb moments, and now, that really did happen and I didn't think owt of that; I didn't think that's just his way of persuading me and making him look good and me feel bad.'

Eileen was encouraged to share her narrative with the worker through the use of a timeline approach; a simple, but effective method enabling her to plot a chronology of her experiences, as she recounts here:

'we did a timeline, um, which made me cry, laugh, do you know, it brought up lots of different feelings. I suppose you go through your timeline, its then you start picking up things. It's like 'so Eileen, you've had this right, and this is how

you got over it, so maybe you used to have grabbed for the bottle' ...because that's what I used to do, 'grabbing for a drink in that situation', she said, 'maybe you could cry', and it works'

Eileen was able to specifically highlight the use of storytelling in her recovery, predicated on established trust with her support worker:

'she is a very lovely woman [the worker] and she is very down to earth. She doesn't... when you are telling her stuff about your life and what you have done, and things like that, she doesn't look at you as if... in disgust, as if to say, 'it's disgusting,' she just... like you, like you're telling your story'.

Sophie also highlighted the benefits and impact of completing a timeline of events with her Family Support Worker:

'so, we did sort of a timeline of what it was like, what changed and where I think things have gone wrong, like when I was little and what I could remember, and I don't think she liked that bit, because... I don't know, it just opened up everything [...] I think if that had been done the first time, then I don't think we would have been going back' [on a child protection plan].

Rose, an experience family Support worker talked me through a technique, known as the 'Children's Needs Jigsaw', that she employed with mothers who required support to address their neglectful parenting. She highlighted the 'creative' and visual aspect of this tool in engaging mothers as one of the most powerful aspects of her work: as also identified by Sophie (mother):

'it really did open my eyes, the fact that it is shaped like a coffin, and taking the bits out that are most important, the bits that we didn't feel we got, when we were younger'.

Rose went on to explain the process of using the jigsaw with parents here:

'I'll take the jigsaw in and I'll do it over a matter of about...somewhere up to eight weeks [...] what we will do is, I will say to them, "when you was [sic] a child, can you pick out any of those parts of that jigsaw that you felt were not met for you as a child?"

Rose describes a specific example from her work with Sophie, in this extract:

'okay, so say I am going to use health [...] for Sophie, what she said; so, when we picked out health, it was health and hygiene, and I say to her "right, can you talk to be about, obviously, when you were a child, why was that area not met for you?" and she would say "obviously, well look at my teeth, Rose." Because basically they were never told to clean their teeth, they never had tooth brushes, they never went to see a dentist. She said when they was small also, obviously, she was bullied at school, because obviously um, her mum had mental health problems [...] she always smelt of urine. Okay, so, she would talk to me about each specific piece, not just her, I have done it with lots of families, each specific piece, and she would tell me how she felt that specific area was neglected. Then, I always do this with them, Lisa, then I say to her, "right, going back to how you felt when you was a child, obviously, it must have been painful when you had tooth ache, and you had bad breathe, and all of that: how did it make you feel, as a child?" And she was fantastic, and a few of them have been brilliant, and like...they will tell me about how they felt as a child., on each specific piece of the jigsaw, how that made them feel'.

This process of guided reflection enabled Rose to encourage Sophie to consider her current behaviour in light of prior experiences, in a manner which was both sensitive and supportive. Such an approach chimes with recommendations from Gibson (2015:339) that 'the intention should be to enable individuals to understand how their behaviour is affecting their child's development without them feeling worthless' or experiencing a sense of paralysing shame, triggering defensive responses, such as disguised compliance. Once such issues are identified and made transparent, practitioners can then support parents to recognise and respond according to their children's feelings and emotions (Berry et al., 2003; Howath, 2015).

Once the process of self-reflection is complete, Rose then encourages the parent to relate their experiences to that of their children:

'once we have gone through how they felt as a child [...] when their areas were neglected, we then put it [the jigsaw] back together. Then on another session, they then pick out... we look at the Social Workers referral, and then we say... okay, because a lot of them will challenge it, and say to me Lisa, "right, the

Social Workers is saying this, and it's not true; the Social Workers is saying this, I don't do this, okay." So, what I do then is, they will put it back together again, I then say to them "right, let's talk about the areas of concern from your Social Worker, pull out now and tell me the areas whereby your Social Workers got concerns". And they will do it, because obviously, most of the time, they've got a child protection plan, pull it out, and they'll say, "well, the Social Worker will say well me children don't have enough baths each week" or "my Social Workers will say the bedrooms smell of urine from the dogs going upstairs," so right, we will talk about that [...] and why is that?

Rose acknowledged that on occasions, this approach assists mothers to relinquish their defences and share circumstances that they may have previously considered too shameful to divulge. There are parallels here to the 'psychic life of austerity', identified by Mills (2048:302), whereby individuals who have a pervading sense of shame and anxiety, brought about by living in poverty, conceal the true extent of their plight. Here, Rose is suggesting that in the context of a relationship, mothers are more likely to disclose the underlying reasons for behaviour which may be a cause for concern; for example, being in arrears with their electricity supplier, and therefore unable to provide regular hot baths, or not being able to afford tokens for their meter. Once this information comes to light, additional (often practical) work, can be undertaken in relation to budgeting support, or in some circumstances financial relief, without mother's feeling judged for their socioeconomic status.

Rose talked through the third stage of her work and the emotional cost of encouraging parents to share sensitive information, particularly relevant to the final weeks of the jigsaw task; again, highlighting the need for an established relationship to facilitate such painful introspection:

'we come back again, and this is normally around about, I would say, maybe between week 5 and 6. I'm well into a relationship with them by then; because I wouldn't even go there [before], I'm well into a relationship with them [...] you tell me from your perspective, what areas on there do you feel that you are neglecting your child, and you know Lisa, it comes out, they will tell ya, they will tell ya, "well obviously this areas is not met, this area if not met" [...] right okay, "that area wasn't met, how do you think your child felt?" and then...and

it can be quite painful, and I know there has been tears, Lisa, and one or two have said to me “Rose, you always make me cry” [...] it has to be done very sensitively.’

The final section of the work enables parents to consider impact specific to their child, as a basis for what needs to change (Howath, 2015). Sophie’s experience of being on the receiving end of this intervention echoes with the account offered by Rose:

‘we did sort of like this jigsaw, but we went back from when I was little and what things was like, and I think that was the turning point of knowing sort of like, what mum used to do...’

She went on to say:

‘[the puzzle] put a lot of things into perspective, to like, not to live how we used to do when I was little; to look to the future, to make things better [...] once we had sort of like worked with Rose, it was so much easier, she was like, I wouldn’t say a mum figure but she knew what she was doing and she knew what I was saying’

Whan (1979:491) suggests that ‘the client reveals something about his relationships in the stories he tells about them’ - which aligns to Rose’s view of the way in which work with neglectful parents should be conducted:

‘You’ve got to go back to the bones, if you don’t go back and find out what life was like for that parent, as a child and get, and how that family functioning [it will not be successful].’

As we have seen here, in the case of Sophie, enabling a parent to acknowledge and accept the abuse they suffered as a child, reduces the likelihood that this behaviour will be replicated in their own parenting style (Ward et al., 2014); mothers are moved to a position whereby, they are able to see the need for change, based on an emerging empathy with her own children’s experiences. Whilst my research has focussed on mothers as the primary carer, and therefore also the source of concern, research undertaken by Casey (2012:15) highlighted one particular father, who, following intervention, identified issues of concern with his parenting, which had ultimately

stemmed from his parents and grandparents, passing down the generational ladder. He was able to engage with the ‘Troubled Families’ initiative for the benefit of his own children.

The final approach highlighted by parents and professionals was called the Neglect Tool, a strengths-based assessment and intervention approach which enables practitioners to evidence and benchmark the quality of care afforded to children by their parents. The Neglect Tool originates from the Graded Care Profile, originally devised by Dr O Srivastava in Luton (North East Lincs LSCB, 2017), and is a nationally recognised model of good practice, recently modified and endorsed by the NSPCC (2017).

Research warns about the dangers of a ‘scattergun approach’ to delivery of services, promoting instead, a thorough assessment of presenting needs, from which a tailored response can be crafted (Tanner and Turney, 2013:28). The Neglect Tool, commonly used at the onset of work with families, can gain such a thorough understanding of the presenting concerns. Initial problem identification signals the start of intervention, initiating the process of change. The tool can be revisited on a regular basis to chart progress, stagnation or decline.

Several of the practitioners highlighted the benefits of undertaking the Neglect Tool with parents in assisting them to identify what constitutes neglect, to benchmark positive changes and for clarity about what needs to happen, as outlined below by workers:

Aisha (FSW): *It’s sort of a bit wordy, but I do think the categories can be really useful to sort of, well, what you get is “well my kids are fed, my kids have got clothes, so and so down the road is far worse than me...” so you tend to get that, but by using the tool you can highlight or evidence, help parents to, you know, what it actually covers, what it is that they need to work on to try and improve things for their children’.*

‘I do think the neglect tool, in a particular case was really helpful, especially to evidence the difference that I had seen and other professionals had seen [...] to evidence that what

was being seen, because the mum didn't necessarily see it [...] and it's there in black and white, this is what I am seeing, what you're not doing, evidence to mum to help her understanding, what the worries are really, when they sort of can't see it themselves'.

Penny (FSM): *'We will actually suggest you need to do the neglect tool. We need to get a baseline, we need to know what we are working with, and the families need to know what they need to do to make things happen'*

Emma (SW): *'I think the neglect toolkits have been a really good one to work with families, because obviously, its visual, it's very simple for families to understand, and I know that the families who I have worked with, where it's been like I say, chronic neglect, it's one of the things I have asked workers to do, the toolkit, because it's something even I can understand. So, I think obviously, I've had positive feedback from families when they've sat and done the work and they can see'.*

Emile (SW): *'We used the neglect tool in that particular family and there were so many areas where, you know, there was areas in terms of feeding, appropriate food, home conditions, um health appointments weren't being attended, a lot of things, supervision of the children, you know, not being adequately supervised at home, a lack of routines and boundaries; two years later we used the tool again, but all of those things had dropped down'.*

Such findings echo research undertaken by Taylor et al., (2016:42) which suggests that the Graded Care Profile can make neglect more 'visible'. Parents also highlighted the power of the tool to highlight the need for change, and chronicle improvement:

Sophie: *'The neglect tool, when we went through that, of what was neglect, regarding like clothing and stuff, which I thought*

was a bit 'woooow, because I didn't even know the true aspect of what neglect meant'.

Alba: *She did [the neglect tool] between the flat and the house, and this was a lot better because there was space, and obviously when I came here, I wasn't working, I was off. So, I had more time'.*

Howath (2015) raises concern that often improvement is measured on parents' successful completion of prescribed tasks, rather than on the qualitative impact that such changes have. Yet, the neglect tool enables practitioners to measure the quality of care given and considers aspects such as esteem, which allows the *impact* of parenting on the child to be captured.

6.5 Conclusions

'Mother blaming is lurking behind every corner. This has a silencing effect, so that mothers often devalue their own experiences, blame themselves for problems, and ignore their own needs. This erodes self-confidence, and fosters an undercurrent of self-blame and resentment'

(Sax, 1997:136).

Chapter Six has focussed on how mothers' histories, experiences and narratives can both hinder, and be utilised as a tool to facilitate change. If parents are supported to adapt to the abuse they may have suffered, the prognosis for their own children is better (Brown and Ward, 2013). The mothers' accounts of contact with statutory services, by virtue of concerns in relation to neglect, are situated within their own experiences, whether that be, for example, as a victim of services or as a survivor of abuse. In conveying their story, they are also conveying a sense of self, an identity. They represent both the subjective experiences of each participant, and the narrative they want me, as the listener, to hear.

Feminist researchers have raised issue with the 'myth of motherhood', which has historically held mothers 'exclusively responsible for the rearing and development of their children' and as such, any harm they encounter (Sax, 1997). To counter this, here, we have heard the powerful voices of three mothers who have detailed the challenges

they have faced in their own childhood or as a consequence of contact with protective services. Eileen and Sophie spoke of reauthoring their life histories, gaining an understanding of why they adopted particular parenting practices. In essence, they were encouraged to externalise the problems they were facing to gain a more positive view of self. A self that was capable of making and sustaining positive change. Stories such as these can help counter mother blaming discourses.

The voices presented here have underlined a clear need to forge empathic, respectful, compassionate and sustained relationships with parents. Evidence supports the view of Ward et al. (2014:12), who suggest it is not *change* in itself that parents resist but attempts made by professionals to *compel* parents to change. Harnessing the power of relationship can therefore decrease resistance and facilitate the sharing of narrative, which is required to encourage self-reflection and modification of behavioural and cognitive templates (Forrester et al., 2008). To successfully address neglect and safeguard children and young people we must secure empathy from both the parents charged to care for that child and the professionals supporting both the child and the parent.

An evaluation of Pathways Triple P, a home tuition model, which had been utilised in cases of child neglect, found positive improvements for the child's emotional and behavioural development (NSPCC, 2015). Similar to the families in my sample, such intervention took place in the context of a 'relationship', but with more emphasis placed on how the parent responded to the child's problematic behaviour, rather than considering how the mother approached parenting in the context of her own biography. Nonetheless, there were similarities in the desirable characteristics that parents attributed to the professionals who made a difference (trust, openness and honesty) and the way the work was delivered (by sessions carried out in the family home).

Gaudin (1993:39) suggests that practitioners need to start from the premise that parents want support to change and improve the quality of care afforded to their children; however, they may lack the financial, emotional and supportive resources to bring about such change of their own accord. To this end, it is the role of the professional helper to marshal parental strengths and assist them to forge new ways of facing adversity, responding to crisis and developing a sense of self which reinforces their capability, rather than culpability and a victim status. In doing so, it is vital that

practitioners move away from basing their assessments and interventions on the most 'recent or dramatic events,' and consider the context of parents lives and experiences to date (Ward et al., 2014:28).

There is a fine balance to be struck between focussing on adult orientated issues and maintaining a focus on the needs of, and risks posed to, the child. Given this expressed need for balance, and the emotional investment required of professionals to undertake such work, consideration should be given to allocating two practitioners to support families where chronic neglect is of concern. In doing so, a protective focus can remain in relation to the child, whilst another worker offers the level of intensive and often emotionally draining support work to parents and carers. Evidence presented here suggests support to mothers is often undertaken by unqualified family support workers, who have greater time and therefore capacity to encourage the sharing of narrative through a variety of direct work techniques and hands on support. Consideration must therefore be given to the level of training, developmental opportunities and support received by such workers to ensure they feel confident in undertaking such complex and emotionally demanding labour. It is clear that such practitioners were undertaking narrative approaches to intervention, without conceptualising it as such. Formal training in this area may further enhance what is clearly a positive approach.

Finally, once change has been encouraged, recognition is required that maintenance of more adaptive behaviours is a stage that can last a lifetime. Whilst parents will not require the intensity of visitation made initially available, they may well require continued 'light touch' support and reassurance, eventually facilitated by universal services, following a robust and planned period of stepping down and withdrawal.

Having examined the role of narrative for children, young people, parents and carers, I will now turn my attention to professionals' narratives, with a predominant focus on how practitioners can communicate a coherent narrative of risk to the court, in cases of neglect. This often presents a significant task for Social Workers, in the absence of visible, tangible evidence of harm and injury to the child, which is often much more clear cut in cases of physical and sexual abuse.

6.6 Contributions to the Knowledge Base:

The research has highlighted that mothers fear involvement from children's social care or experience feelings of shame and judgement. In cases of neglect this can act as a barrier to forming supportive relationships with practitioners. As a consequence, practitioners must revisit notions of disguised compliance and consider the ways in which practitioners can trigger resistance and defensive mechanisms. Mothering is an activity and an identity. If mothers receive criticisms regarding their ability to parent, it is a direct attack on them as an individual, which can engender shame and guilt.

What emerged from speaking to the parents who had successfully engaged in support, and were able to make significant and enduring changes to their parenting, was the value they placed on the relationship with their worker. They voiced the benefit of talking through parenting strategies and being offered a safe space to reflect on their own experiences. This leads me to two observations: firstly, approaches to 'parenting the parent' should be seen as developmental rather than pejorative. Parents spoke about the transformative effect of having a professional work with them, who genuinely cared about their wellbeing and guided them. Secondly, interventions must take account of people's histories and support individuals to revisit and reflect on the way prior experience and trauma can impact on their identity and behaviour as a parent. Narrative approaches can support mothers to develop empathy with their children, which can motivate change.

Intervention in cases of neglect should be underpinned by an acknowledgement in both practice and policy that entrenched cases of neglect require long term input to effect change. Active support should span at least two years, with robust stepping down processes in place. A dedicated work for both the child and the parent should be identified, and resourced.

Chapter 7: Construction of Professional Narratives: The Barriers and Facilitators

7.0 Introduction:

‘Those who neglect the past may be condemning children and parents to repeat it’

(Beckett et al., 2007:62).

In the previous two chapters, I have explored the barriers and facilitators to sharing one’s narrative as a child, young person, or mother. This final substantive chapter will complete the triad of perspectives, by considering the ways in which professionals both ascertain and utilise the narratives of others, alongside and integrated with, their own professional narrative. It is notable that research suggests little attention has been paid to the experiences of Social Workers, with very few research studies attempting to capture the lived experience of the social work task (Gordon, 2017; Ferguson, 2016). In contrast, here, I will draw on professionals’ own experiences of the context in which they respond to cases of neglect which meet the threshold for statutory intervention.

In order for practitioners to effectively support children and young people, and make appropriate decisions concerning case escalation or de-escalation, they need to amass a body of evidence from which to formulate an intervention strategy. Drawing together information from a variety of sources, practitioners can create a narrative of neglect to inform their practice, and where necessary, they can present this as evidence to other decision makers: supervisors, managers, legal advisors, children’s guardians and family court Judges.

The purpose of this chapter is threefold; I will draw heavily on the voices of professionals to illuminate the challenges inherent in operating within an organisational context, which privileges corporate systems above relationship, impeding practitioners seeking to formulate a comprehensive narrative of neglect. I will then explore the use of an analytical tool, Signs of Safety, recently introduced by the host Local Authority, to determine whether this has merits in assisting practitioners to construct narratives of neglect. Finally, I will consider how the interface between social work and legal systems can create challenging environments for practitioners, within which such evidence is presented.

7.1 Ascertaining the Voice of the Child: Organisational Barriers

I have placed much emphasis on the importance of narrative, whether that be as a child in sharing their story, or as a mother reflecting on her experiences of parenting and being parented. Yet, key to facilitating narrative is the way in which professionals encourage such individuals to consider and share these experiences, marshalling their narrative to create a change in circumstances. I have already outlined the importance of relationship in facilitating an exchange of narrative and briefly touched upon the ways in which professionals can be hampered from forging such relationships in an organisational context where financial and time pressures dominate. Here, we will hear from the social work practitioners themselves, who are attempting to navigate these seemingly conflicting demands of practice.

There was unanimous agreement across all professionals in the sample, that undertaking direct work with children and young people could facilitate the voice of the child and assist practitioners to develop an understanding of their lived experience, despite the numerous barriers which can mean that open, honest and transparent discussions were hard to achieve. Research undertaken by Allnock and Miller (2013) suggests that children are unlikely to make any initial disclosures to social work practitioners, despite their active involvement with the family. Nonetheless, the children interviewed in the sample did indicate that they wanted Social Workers to take an active interest in them, and to ask them direct questions about their experiences and any harm they may be suffering. Notably, seven children in the aforementioned research claimed that they did not disclose their abuse, because ‘no one asked’ (p.30). It is important therefore, to consider the conditions which can encourage children to share their narrative with practitioners, verbally indicating the level of abuse and neglect to which they are exposed. This proved to be the central issue for practitioners within my sample.

Research indicates that establishing a ‘trusting’ relationship is pivotal in promoting disclosure (Cossar et al., 2013) and may dissipate some of the resistance displayed by children (Sidebotham, 2016), yet this can be hampered by an organisational culture which places incongruent demands on workers, drawing their attention away from relationship-based practice. Significance must be attached to establishing relationships with children who experience neglect. By its very nature, neglect isolates those whom

it affects. As highlighted by Rose: *'these kids are isolated, they go to school and smell...they need to know they aren't alone'*. Research indicates that young people may be more likely to disclose abuse to a friend or peer (Cossar et al., 2013), but such opportunities are reduced for children who, due to their presentation and demeanour, may be ostracised by their peers and adults. Practitioners should therefore prioritise building relationships with neglected children and young people, as they do with parents and carers, to succeed in encouraging positive change.

In 2010, Munro commenced a systemic analysis of the child protection system, in order to drive up standards and refocus professionals on the child's journey through the identification of need to the provision of services. She indicated that the organisational context for safeguarding children in England created a culture in which bureaucracy dominated; record keeping and compliance with performance indicators skewed the focus away from direct work with children, creating an imbalance in the system which resulted in failures to keep children safe. She advocated that social work professionals needed to re-engage with their core knowledge, skills and values to promote both good practice and their professional identity. However, more than eight years on, serious case reviews have continued to document failings to ascertain the voice of the child, with cases of child death, such as Daniel Pelka (2012) and Hamzah Kahn (2013) suggesting that, not only were limited attempts made to speak to or see the child, but they had become invisible to the professional network.

In the United Kingdom, the Framework for the Assessment of Children in Need and their Families (DfE, 2018) provides the scaffolding by which Social Workers collate, record and evaluate information. Social Workers gather information in relation to three domains: the Child's Developmental Needs, Parenting Capacity and Family and Environmental Factors. Evidence gained is synthesised to provide an assessment of the child's world. Following recommendations from the Munro review (2011) the time scales for assessment were relaxed in order to privilege the expertise and professional judgement of the social work practitioner.

Ideally, the process of assessment should enable practitioners to gather together evidence from multiple sources and formulate a coherent narrative of neglect and case conception. Yet, as we have seen, there are challenges to information gathering, which may render assessments incomplete, or skewed. For example, Howath (2002) suggests

that when too much emphasis is placed on parenting capacity, there may be a lack of focus and attention given to the needs and risks to the child. Moreover, Munro (2011) reported that practitioners felt stifled by the need to meet targets and evidence professional action, with primacy being given to quantity over quality.

Interviews conducted with professionals within this sample captured case work narratives which convey that this has not been effectively addressed, despite acknowledgement that prolific bureaucracy inhibits client contact and practitioner freedom. We are failing to move toward the landscape envisioned by Munro. As a consequence, we need to be clear about what the inhibitors to effective practice are, and consider whether there is a fourth domain to assessment, namely, the organisational context for social work practice (see appendix 10). Within this fourth domain, issues such as time, resources, training, opportunities for reflection and research may all potentially impact on how professionals construct narrative and what it is that they find. Research undertaken by Barnard highlights this very point, suggesting there is a need to ‘help Social Workers use and look at evidence for making decisions about neglect [...] one of the biggest messages that came out was that caseloads are so high they didn’t have the time to think and reflect about evidence.’ (cited in Breckon and Hay, 2015:19). If professionals lack the time to gather the necessary information to construct a narrative of neglect, they will struggle to take authoritative action to support or protect children, and ultimately these children will remain at risk for longer.

Maximising the effectiveness of the social work role in making a difference to children and families, is constrained by issues such as *time*. Penny (FSM), an experienced Family Support Manager, raised concerns regarding both the time involved in safeguarding practice and the skill set required of current social work staff, leading to much direct work being left to unqualified family support officers:

‘[Social Workers] need to have the time to do it, and I think, and I don’t know whether at this minute in time, whether it’s in their tool box to do it...or whether they need more work on working with children, um, because it is a skill...to get down on the floor with kids and you know, you are not, you are playing games but you are not only playing games, you are starting to build trust...when you are asking kids to talk about their wishes and feeling, you have got to be really

careful, you have got to be really sensitive you know, sometimes some kids tell you some really tough stuff’.

Social work practitioners universally highlighted the benefits of direct work and, in the main, were able to recount successful occasions when meaningful work had been undertaken with children. Yet, practitioners differed in their approach to undertaking such work. Caleb outlined that, in his view:

‘I make sure I try and do it as much as possible really, um, yeah, cos you need to get the child’s views, so I do it on every new case that I start, I’m not always able to do it consistently, but I do it in the child’s home, if we are doing some worksheets or just talking to them, um, so yeah, I certainly do it on near enough every case...’

Caleb’s approach conveys the importance of building a relationship with children as early in one’s contact as possible, to encourage participation from the onset (Gallagher et al., 2012). Yet, prioritising direct work at this stage, prior to establishing a trusting and consistent relationship with children and young people, could result in missed opportunities to share vital information. As highlighted by Alice (SW), direct work should not be a one-off activity, due to the peaks and troughs that abound in cases of neglect: *‘kids should have direct work weekly, because things could change weekly.’*

Such findings are reinforced by Whincup’s (2016:974) Typology of direct work, in which she articulates that the purpose of direct work should be threefold:

- To build and sustain relationships as a foundation for future work
- To undertake assessments
- To undertake interventions

Emma (SW) spoke at length about being stifled in her attempts to undertake direct work. When asked specifically if she had the opportunity to carry out interventions with children and families, her response was indicative of some of the concerns raised by Munro (2010):

‘Not as much as I’d like, um, I do always say that one of things I do miss out on is doing the hands on...we need to be getting back to that...we need to get back

into that it's Social Worker led and it's our plan for that child and how can we progress things and I do wish I could do more with my families, because I think a lot of the work is something that I can do'.

This echoes research undertaken by Daniel (2013) which suggested that 83% of Social Workers wanted to undertake more direct work with children and their families. Strategically, Emma highlighted the importance of Social Workers “stepping back” into direct work with children and with families, to rebuild confidence in the profession; confidence which has been eroded by numerous child death inquiries and the ensuing negative media portrayal. She stated:

'because our reputation as a whole, as social care isn't very good...I think it would help our relationship with those families and they wouldn't see us as someone they see, you know, every four weeks for visits or every four weeks for a meeting; we are there doing the work with them, we are interested in how they are feeling and what's going on, and we want to be involved in that process...'

Returning to the topic several times, Emma stated that she was inhibited from carrying out direct work with children and young people, due to caseload pressures:

'we are tied by the hours of the day and I think that's not an excuse at all...but that's the way it is when caseloads are high, you have to prioritise what's going on at the time and sometimes going out and visiting a child and doing direct work, which is something that you know is going to be great for that child, is going to be good for you as well, does kind of get dropped to the bottom of your priority list'.

The comments echo the context of assessment in CSC, highlighted in a variety of other research endeavours (see Horwath, 2002; Tanner and Turney, 2003), where the pressure of workload and insufficient time hampered practitioners' ability to establish relationships with children and young people. In research undertaken by Action for Children (2014:18), 31% of Social Workers reported that they had insufficient resources to help children they suspected as being exposed to neglect. From a young persons' perspective, Action for Children (2014) reported that being unsure about whether a professional had time to listen to their story was of significant concern for individuals with a disclosure to make.

When prioritisation of home visits could be achieved, Emma alluded specifically to the pressures of front-line child protection practice, whereby every visit to the family has an identified aim:

'you go out...your visit has a purpose, you're going to discuss something that has happened, so you go out and speak to the parents so sometimes it's like you'll just grab ten minutes with the kid, to say that I have seen the kid, but actually, you go away and you think 'that kid didn't say anything to me, it's a flying visit''.

Within this context, there is little scope for meaningful interaction, or spending time to encourage the sharing of sensitive and painful narratives. Arguably, this highlights the contrast between *'doing things right'* as a practitioner: ensuring that the child is seen in the context of their home environment, and *'doing the right thing'*: spending the quality time necessary to generate trust, a relationship, and purposeful disclosure. Following procedure, as a social work practitioner does not always equate to effective practice (Gatsby Waters, 1992). It is unsurprising then, that research suggests practitioners fail to gain a full account from children due to poor questioning techniques and a reliance on closed questions. Alternatively, as suggested by Horwath and Tarr, social workers may interpret *'seeing'* this child, as literally that, without engaging in any meaningful conversation. Consequently, some abuse may remain undetected, as children do not have the space required to offer their account. As we explored above, it is within a context such as this that the narrative of the parent, or a favoured *family narrative*, is privileged over what the child could potentially tell us.

Time constraints can lead to a reductionist approach to child centred home visits, because children and young people do not feel they are the worker's primary focus. It is understandable therefore, as suggested by Alice (SW), that children may not disclose information to their Social Worker in the belief that the practitioner is there primarily for the parent:

'a lot of young people see that we are there for the family, we are listening to what parents have got to say, [and ask] "are they listening to me?"'

This is supported by research undertaken by Allnock and Miller (2013) who suggest that children and young people can feel that it is only the parent that is the focus of attention and support.

Thoburn et al. (2002) highlight the need to forge supportive and trusting relationships with parents in parallel with the child, suggesting that this may encourage the child to open up. Yet as we saw in Chapter Six, this clearly requires professionals to navigate a delicate balance of establishing relationships with parents and carers, whilst remaining focused on the child, ensuring their needs and safety are paramount. Nonetheless, the pitfalls of being side-tracked by the needs and wants of parents has been well documented in research (OFSTED, 2011).

Seeing children outside of the family home, may alleviate the conflict sensed by some children, yet the issue of ‘time’ is also an inhibitor here. For Claire (SW), whilst she states that it is her ‘biggest wish’ to undertake more direct work with children, time was a significant impediment. Time constraints meant that, more often than not, Claire would have to carry out the primary visit to the child in the home environment, whilst parents were present:

‘I think it’s the biggest frustration for me really, in respect of time, when I am working with children who have experienced neglect, that we have to do our CP [child protection] visits in the home, and I think it’s really difficult to get a child to open up in the home environment, when they might be worried that mum and dad might be listening. They are on edge you know, in case they get told off, saying something that mum and dad don’t want them to say... I think that makes it hard, because I would like to be able to go do a home visit, but that might not be my main visit to the children... so that you can see what home conditions are like, having a chat with parents, seeing how things are going along, but to have that proper time and chat with the children at school’.

Research indicates that when asked about direct work undertaken by their social worker, children tend to focus on the ‘talking’ that had taken place, with an absence of discussion concerning ‘doing’ i.e. walking, cooking, going out to an activity or event (Whincup, 2016). Yet it is the ‘doing’ which may provide greater opportunity for children and young people to open up and discuss or disclosure sensitive or painful experiences.

Finally, it is helpful to draw on the voice of Fay, a 14 years old girl, who had been in contact with protective services for much of her life. Fay highlighted barriers specific to practitioners, which impacted on her decision to talk through her issues:

'[It's] hard, dead hard when you are embarrassed...cos you don't really know them at first do ya, if they like sit with you, it's like every Social Worker we have, we have to tell them the same stuff, over and over again'.

With multiple changes of Social Worker, there is likely to be little time for the necessary relationship building, and it would be understandable for children to display a reluctance to engage with new workers, when they have a lack of confidence in how long that worker will be around. Fay also spoke at length about a Social Worker who broke her confidence, sharing information with other parties when Fay had not anticipated this would happen. Whilst understandable and necessary that information was shared to ensure the protection of Fay and her sister, Fay reported that this has been unexpected and eroded her confidence in her Social Worker, and a loss of relationship with her sibling. Research indicates that reliability and upholding privacy are central concerns for children and young people (Cossar et al., 2013), yet, for Fay, her experience of practitioner involvement was plagued by inconsistency and unmanaged breaches of confidentiality. There are times when professionals do need to breach confidentiality, however this should be done in a measured and transparent way, within the confines of data protection.

Whilst contemporary practice, policy and legislation emphasise the importance of gaining the views of children and young people in matters which affect them; the complexity of doing so is often left unacknowledged. Moreover, even when practitioners are able to garner the views of children, how certain can we be that this is a reflection of reality, a full, frank and honest account of their intimate thoughts and experiences? With the absence of certainty, comes the potential for assessments and decisions to be formulated on erroneous conclusions. Ultimately, practitioners may only be able to capture a partial, incomplete spoken narrative from children and young people.

It is worth noting that recent research undertaken by Whincup (2016) suggests that practitioners apply a narrow definition of direct work. Participants only counted something as 'direct work' if it involved a tangible output, such as a work sheet or

other creative activity. This suggests that further work is required to understand what social workers feel constitutes direct work. In hindsight, definitional parameters of direct work were not explicitly discussed in this research endeavor.

Having highlighted some of the organisational barriers which can impede professionals when ascertaining the voices of children, I will now move on to consider how professionals may utilise narrative. First, I will outline how professionals may construct narrative in the absence of verbal disclosures, before considering how the narratives of siblings can offer an indication of the care afforded by parents, and then a prognosis for the future.

7.2 Formulating a Narrative for Children, in the Absence of *Voice*

Within the previous section, I explored the time constraints placed on practitioners in contemporary social work practice and suggested that this can present a barrier to forging relationships with children. Consequently, children may be reluctant to share their experiences and worries with a relative stranger. Yet we know from Chapter Three, that even when practitioners are able to forge meaningful relationships with children and young people, they may remain reticent to disclose the true extent of abuse and neglect suffered. Evidence provided by Emma (SW), illustrates this very point:

'...if you do direct work in the home, you kind of have to take it with a pinch of salt that they might not be telling you everything, if they are worried Mum and dads on the other side of the door, or they are worried Mum and dad will be told'

she continued:

'I've got some kids I am working with now, I have been working with them since October last year and they are still guarded with me. Um, they will sit and talk to me about anything. The minute you talk to them about home, they close down, and you can see their body language change'

Furthermore, as we saw with Michael (aged 15) the cost of disclosing the realities of parental care weighed too heavily for him to bear. Instead, he upheld a '*family narrative*', formulated by his mother. Subsequently, Michael's situation highlighted a

number of missed opportunities to identify the abuse to which he was subjected and where protective action could have been taken. He displayed clear visual indicators, both in his presentation and behaviour, indicators which, if noticed by professionals, would have clearly relayed an understanding of his lived experiences and the impact of poor parental care. These *opportunities* are referred to in the literature as ‘silent ways of telling’ (Sidebotham et al., 2016:14). Examples from Michael’s narrative include being forced to wear shoes that were two sizes too small for his feet and being arrested by the police for sleeping in an abandoned building. Neither event drew practitioners’ attention to the fact that Michael was suffering from neglect, nor that his basic needs were not being met. None of these signs encouraged social work and police professionals to trigger professional curiosity. The term ‘professional curiosity’ has increasingly attracted professional attention, permeating professional language following case reviews such as Hamzah Kahn (Frost, 2013) and Daniel Pelka (Lock, 2013). Whilst, as the author has argued elsewhere, the definition of professional curiosity is often assumed and lacks clarity (Burton and Revell, 2018) some of the hallmarks of professional curiosity relate to one’s ability to look below the surface, and consider deeper meanings and alternative explanations. In contrast, in Michael’s case, practitioners may have subscribed to a stereotyped *narrative of the family*, whereby poor behaviour and poor clothing were tolerated and accepted because they were seen as culturally relative, without seeking to infer meaning.

Whilst Michael did not verbally disclose the extent of neglect to which he was subjected, his presentation and behaviour embodied key indicators, which should have alerted practitioners to question the parental care he was afforded. In effect, practitioners should have seen behavior as a form of communication, a conduit to understanding Michael’s voice (Franklin and Goff, 2015). In fact, Michael was seen as *troublesome*, rather than *troubled*, in spite of professionals’ knowledge regarding his mother’s substance use. Michael’s situation chimes with research undertaken by Sidebotham, (2016:126) which highlighted the case of one young person for whom the police response amounted to little more than a ‘telling off’ and transportation home, without questioning the motivations or antecedents involved in his decision making and behaviour. As outlined in research undertaken by Allnock and Miller (2013:46) then, it is unsurprising that some young people lack faith in social work professionals to identify the ‘root of the problem’. In fact, during Michael’s interview,

he actively urged professionals to take notice, suggesting the signs of abuse and neglect were evident:

'...you wanna look out for these certain signs what is actually going on. If they're keeping quiet and you think they are keeping quiet, you gotta notice. If they are wearing clothes that don't look right, you know, stuff like that. Well I used to have bite marks all up my arm from my mum, like scratches. I have a scar from one of them, where she scratched me...'

Cossar et al. (2013), tell us that it is essential that professionals are proactive in noticing the signs and symptoms of abuse, the behavioural and developmental cues, rather than relying on verbal disclosures or accepting that the absence of a disclosure means that abuse is not taking place. Yet, we know from high profile cases, such as that of Victoria Climbié in 2000, that professionals 'saw but did not see what was in front of their eyes,' failing to report or take other action to address evident concerns (Cooper, 2005:8). Where spoken narrative cannot be obtained, it is incumbent upon practitioners to construct a narrative of neglect based on their professional knowledge, research evidence, skill and experience, by, for example, drawing on observations and other visual indicators (Lange and Mierendorff, 2009:91). This information can be used to augment the discussions that have taken place with children. Caleb, a Social Worker, suggests such an approach here, when reflecting on his work with pre-verbal children:

[You] 'paint a picture, you know [...] what life is like for the child [...] painting a picture of what it's like for the child'

His analogy of 'painting a picture,' illustrates the level of depth and detail required to gain an insight into a child's world; obtaining a vivid, multi-dimensional description. Caleb continues, in order to highlight the importance of analysis and professional judgement to fill in the gaps:

'[I know] mum and dad have been arguing, so I would be worried what the impact would be like for the child, if they said they are worried or not...'

Practitioners need to give meaning to their observations and derive 'impact' from the child's embodiment of neglect, by drawing on the research base available. Alice, an experienced Social Worker, also commented on the use of observation to determine

whether there is cause for concern, before linking this with evidence from other agencies:

'you can see when kids, when something's wrong, you can generally get an insight on their behaviour. Whether their behaviour's looking as though they are withdrawn, or whether they are hyped up, or...you know, that there is something, you don't always know what's wrong, but you can tell with behaviours [...] and then it's about investigating a bit more and saying in school "have they been like this in school"'

Despite messages from serious case reviews and multiple public inquiries, Social Workers are not consistently drawing on professional observation and theory to fill in the gaps left by the child's absent voice. For Alice, one of the pitfalls of working with neglected children was that their voice was often not realised until later in life, when they had begun to overcome some of the stifling impacts triggered by neglect. By way of an example, Alice spoke about three preverbal children whose physical health development was significantly impaired by poor parental care:

'to see those children, that are [now] in Local Authority care, their development, in just six months [...] one of the youngest children weren't walking because she was in a car seat up until being [...] 14 months old, so she wasn't walking. There was a little girl with damage to her neck, she had also got learning delay, she couldn't speak. The middle child, who was three, couldn't speak. They are speaking, walking, talking, singing, dancing. Such a difference'

Hindsight in cases such as these offers a window into daily practice, where professionals do not identify examples of developmental concern until after children have been removed from their families, when they start making quantum leaps in their physical and mental abilities. This was also a theme highlighted by Emile:

'I think this was the first thing I learnt, it was the first time I ever went to care proceedings about two [...] years ago, was that a child, when they are removed, they always make progress, even if its just parental substance misuse, you know, there is an effect in their ability to care for the children; when they go into foster care, it all comes out'

He continued, suggesting that with the benefit of hindsight:

'I think part of it as well, was us missing signs, I think I missed a lot of signs when the children were there, I think, you know, because I remember now, the children [...] they would stand very close to the telly, like literally looking at the telly [...] both of them wear glasses now, both children. You know, we didn't know they had those eye problems until they went, until they got tested, because mum never took them to the opticians [...] another thing, with those two children was, they had asthma. They lived in a smoke-filled house. Mum smoked next to them, but they didn't have asthma'.

Emile acknowledged that he *'could have picked up on any of those things at the time'* but he failed to make the connections, because the mother diverted attention away from the children *'by just talking'*. This illustrates how difficult it can be for practitioners to maintain focus on the child amongst the milieu of what are often chaotic family dynamics and home environments. In such cases, a narrative imposed by parents prevails and the child story remains untold.

Research presented here supports observations made by Action for Children (2014:8). Practitioners need the *'skills, time, and confidence to notice and act on the signs of neglect. Rather than waiting for the child to tell them about it'*. Cossar et al. (2013) implore professionals to invoke curiosity and ask questions of both individuals and of their own practice when children and young people are seen to be struggling. As cautioned by Sidebotham (2016:159) *'without professional curiosity professionals fail to recognise risks, downplay them, or focus on parents' needs to the detriment of the child's.'*

7.2 Drawing on the Narratives of Siblings

In the absence of the subject child's voice, practitioners spoke about utilising messages from siblings to make inferences about what the child's narrative might be, this enabled them to understand the current context of care afforded and to gain an insight into the possible prognosis. This may be particularly pertinent where older siblings display troubling behaviour. However, Horwath (2015) warned of the difficulties inherent when assessing a child who is one of several within the family home. Often individual children can become lost, or are viewed in aggregate, rather than as individual human beings, who experience their own personal impacts in response to

abuse and neglect. We learnt from Michael that, whilst he was initially reluctant to tell Social Workers about the abuse he suffered, when he finally made the break and asked to live with his grandparents, the seal was broken. He felt able to disclose his history of abuse for the sake of his younger sisters. As his Social Worker, Emile, explains here:

'his younger siblings displayed nothing, no signs of neglect, being affected by neglect at all, and most of the evidence I used, in terms of removing those children was based on the older siblings. Because I was saying anecdotally, this has happened to two siblings, this is gonna [sic] happen to them two; but it wasn't until they came out of mum's care, that we realised how badly they had been affected, in terms of their behaviours, they were going to become like Michael'.

Emma (SW) also reflected on the fact that she had drawn on the narratives of siblings when pursuing care proceedings on young children, outlining:

'We are coming to a point with some of these families now, where like you say, we were involved ten years ago, and we are looking at the older sibling who is 14, 15 and we are seeing what its gonna [sic] be like for the younger ones. So, for me, I have really pushed for actions and decisions to be made because, you know you've got the older children as that sign, that you can see how its gonna [sic] be for for the younger ones'

Again, Emma is describing the use of hindsight – a subsequent understanding of impact which has only be seen in later life – to inform care plans for younger siblings, now exposed to the same concerns around neglectful parenting.

Research has documented the deleterious effect that living with neglect can bring about. If we are to interrupt the cycle of abuse and respond to neglect both early in a child's life, and early on once the risk of harm has been identified, professionals need to confidently draw on their professional knowledge and apply this to the unique family circumstances with which they are presented. To do so, they must ensure that they conduct comprehensive assessments, and make the significance of concern and the need for change clear. It is incumbent upon practitioners to reach beyond the

absence of voice, and construct a narrative by drawing together multiple sources of information for assessment.

Next, I will move on to one approach to assessment and management of risk adopted by the host authority, namely Signs of Safety.

7.4 Assessing Risk in cases of Neglect: Signs of Safety

Signs of safety (SOS) originates from Western Australia. Its roots lie in a strengths-based perspective, encouraging practitioners and families to work alongside one another to address harm and risk, whilst acknowledging strengths and protective factors. It includes a raft of tools and approaches to direct work with children and parents (see Appendix 8) and highlights the importance of vocabulary, in moving away from professional jargon. It is premised on the fact that, if family members understand what the risks are and what needs to change, they can be mobilised and motivated to work towards more positive ways of parenting. SOS also supports practitioners to map past harm, future danger and any ‘complicated factors’ (such as the toxic mix of domestic violence, mental health and substance abuse) which may be negatively impacting on parents’ capacity to provide safe care (Baginsky et al., 2017: 18). The principles of SOS closely map to some of the approaches to direct work of which I spoke in the last chapter, namely, a focus on relationship, openness and honesty and collaboration, coupled with child centred and reflective practice (Baginsky et al., 2017: 18).

Whilst research in relation to the efficacy of SOS is slowly emerging, there remains relatively little written about this approach, particularly from a practitioner perspective. Research undertaken by Baginsky et al. (2017:12) has suggested that in 10 pilot local authorities in the UK, both managers and frontline staff were ‘overwhelmingly positive about the benefits of SOS as a practice framework’; with 88% of staff finding SOS to be a useful, or very useful, approach (p.24).

This section will discuss practitioners’ experience of using SOS to enhance their understanding of family functioning and gain further information for the purposes of constructing their narrative of neglect. I will explore how practitioners have used SOS both with families and as a risk assessment and management tool within supervision. Whilst my findings echo that of the aforementioned research, in that practitioners were

incredibly positive about the use of SOS as a model, there were also some concerns raised in relation to the benchmarking and evidencing of risk, particularly of neglect.

7.4.1 The underpinning philosophy and benefits of Signs of Safety:

Brandon et al. (2014) highlight the need to consider a myriad of issues when carrying out an assessment where the presence of neglect is a concern, namely current concerns and functioning, historical functioning, risk factors, previous support and, finally, parents' capacity to change. However, given the concerns raised thus far, which indicate a tolerance of neglect, it is unlikely that this approach is being consistently applied. Research suggests that SOS as an approach to assessment and case work can provide an antidote to such toleration by assisting practitioners to know where to draw the line. As highlighted by participants in research undertaken by Beckett et al. (2007:57), 'it's the drip, drip, drip effect of neglect...we need some kind of professional measurement in the cases of neglect to measure that drip, drip and when you need to act, because it gets so woolly'. The SOS approach enables practitioners to scale the level of concern, and therefore benchmark risk, charting subsequent fluctuations. SOS provides a further evidence base for professionals seeking to construct a coherent narrative of neglect from which to base decisions about needs and risk.

The host Local Authority was one of a number in the United Kingdom who implemented the SOS approach to their work with children and families as part of a Strengthen Communities initiative supported by 'Innovation funding' from the Government. As Penny (FSM) describes here, in many respects practitioners felt at the beginning of a process of change:

'signs of safety is a journey for us, we are two years into it, but we are still, we're getting light bulb moments, about joining the dots really'

From a strengths-based perspective and couched within solution focussed approaches to case work, SOS aligns to many of the principles for encouraging and motivating change which we considered in Chapter Six. The focus is very much on accomplishment of goals which are set in conjunction with service users and carers. It is premised on relationship-based practice, within which practitioners are open and honest about the level of concern within families, without judging or condoning any

harm which has taken place (Bunn, 2013). Research undertaken in Australia by Bunn (2013:50) found that this approach encouraged practitioners to change their professional behaviour, creating greater reflection and job satisfaction. 80% of Social Workers report that it has made either 'very' or 'somewhat' positive difference to their case work.

Here, Alice touches upon the importance of professional behaviour, particularly motivation, in creating successful interventions and outcomes:

'a motivated practitioner, that's right, yeah cos, how are you going to make change? You sit there boring in a meeting, things are just standard, and you know you are going through the signs of safety, and you are saying, you know, what's working well, but I want it to work better [...] rather than just saying well we are worried that you know, home conditions are not good, why are home conditions not good?'

Penny (FRM) enthused about SOS, stating, *'I'm an advocate, I love the signs of safety because I think it is just so easy, simple, you say what you see'*. Penny touches on a core tenet of the approach here, a move away from complex professional jargon, which has the potential to obscure the concerns held by practitioners. Penny describes the centrality of language here:

'They should be talking to them [the parents] in simple language, there should be no jargon [...] they should be talking simply, and if you are worried that, um, that he is pooing all over and he is urin...that he is peeing in this, and he is doing that, that's the language you should be using. You know, why use 'developmental delay'. When he goes to school, his friends will be able to read, and he can't read, you know, so don't use 'developmental delay' it's like rewind, if you like, but parents understand what you are talking about' You know, 'good enough parenting', what does that mean? [...] its taking away all that terminology that means very little'

She continues:

'Standards can mean this to one parent, this to another professional, actually if we say how it is, if we say what we would like to see is little Jonny have a clean

bed. When he gets headlice, because kids get headlice, yeah? That he is treated, yeah? That he goes to school, so he can learn, so he is the same as his friend. That is your safety plan, you know, in basic terms. But to put it basic, if someone told me that they would think 'okay, I know what you want'.

Emma, a front-line Social Worker, is also a proponent of the approach. She outlined the benefit of clarity when conveying concerns:

'I think she opened up to me a little more about how she felt in terms of the child protection plan. You know, she didn't always understand what she was being asked because they were so wordy. Then we looked at how can we dumb it down, and we looked at the signs of safety, to say, well look, this is the worry, and obviously, she would come back to me and say 'well I know what I can do with that,' and eventually, we sort of broke down all those lengthily, wordy child protection and PLO plans, and just said, 'well its simple, you need to get the kids up and they need to be at school on time, 'well I can do that' [she said]. And from there it all just seemed to slide into place a little bit and I think that's obviously the signs of safety is really incorporating the families and that now, and I think that's why things are a little bit more positive now, we were telling parents they had to do it and we wasn't explaining to them why [...] with the signs of safety, you can break it down [...] we stepped away from involving families in the plan like we should have done'.

This was echoed by Penny (FSM), as she highlighted additional benefits in terms of relationship building:

'I think we are getting better at that, because I think, I think using the signs of safety model, as well, I think we are getting better at 'do you know why we are here? Do you know what the concerns are? Do you know what the worries are? That trying to, um, building up relationships and building up trust and you know that in itself can take time, you know, you don't just build up a relationship in a couple of weeks'

These comments sit in contrast with research undertaken by Baginsky et al. (2017:13), who found that SOS had made less impact in relation to building relationships with family members. Looked at from a service user carer perspective, however,

participants reported a greater degree of understanding between parent and worker (Baginsky et al., 2017).

In addition to the need for clarity of purpose with parents, practitioners also highlighted the benefits of the SOS approach, when offering an explanation of decision making through ‘words and pictures’, in order to create a narrative of what had happened at home. As Penny explains here:

‘they are using words and pictures so, so say if a child is removed, words and pictures everybody understands [...] one liners about what has happened, to get to where the child maybe ended up in care, so then that is their story’

The SOS approach contains a number of direct work tools to utilise with children and young people, which should complement the work undertaken with parents (see appendix 8), as Caleb (SW) outlines:

‘We use the three houses and the wishing tree, and the safe house. We use that in direct work with children; just in our case loads and in general we use that model’.

Emma (SW) outlines that such approaches have been instrumental in facilitating the sharing of narrative by children and young people across the spectrum of age:

‘Since SOS came in, I think capturing the voice of the child has really been the main focus of everyone’s practice now, and obviously, SOS comes with all the tools and little ways you can engage sort of younger children, right through to older children. Um and I think it’s always important to get the views of the child, because [...] there are some homes we know what’s going on but we can’t prove anything, but you hear it from the mouth of the child and it makes all the difference in the world’

Here, Emma recognises the power of the voice of the child, which often carries greater weight than other sources.

Managing Staff, Penny (FSM) was also cognisant that, through using SOS:

'what we are getting better at is doing work with kids, getting to know these kids, playing games with them, building up relationships, talking about who makes them feel safe. Um, putting little plans in place. Who will they talk you? Who are their friends? Who do they talk to at school? And then, as the kids get older and some of it is working, about, around their self-esteem and self-care skills, you know, all of those things. Building relationships, getting them into groups, you know, all of those sorts of things. I don't think we have done it enough in the past'.

SOS is only just beginning to embed into practice in the host local authority. Further research will need to be undertaken to ascertain whether such approaches to direct work have indeed made a difference in securing the views of children and young people and utilising them to inform decision making.

Returning to the use of SOS with parents, research undertaken by Bunn (2013) suggests there is a clear need to be open about problem identification, past and current harm, and naming the abuse or neglect to which the child has been exposed, else we risk failing to prevent future occurrences. Within the SOS approach, this is achieved by the creation of 'danger statements' which are designed to clearly convey the areas of concern and create a mandate for change. Danger statements explicitly convey the risk to the child by drawing on research evidence to highlight potential impact. For example, in relation to neglect, a practitioner may express, *'Children's Social Care are worried about the neglect of child A, specifically in relation to missing immunisations, which may leave them vulnerable to illness'*. Clarity of language is also required here, as suggested by two practitioners:

'putting your danger statement down in words that they [parents] can understand, knowing what...for them to know what you expect of them and also for us to know what they expect of us; and having that partnership, and working together, and that makes a difference for children' (Alice, SW)

'I think that just by um, changing the way that you write, you know, your language, you know, your vocabulary that you use in your assessments, um, particularly in the danger statements that we write out, I think that can be really,

really hard hitting for a lot of parents, and there is no room for miscommunication or misunderstandings' (Claire, SW)

Claire went on to say that she was praised by the auditor from OFSTED for one particular danger statement:

there's a case I'm working on, and I, the case was audited and the auditor came and found me a bit later on and she said, that danger statement that I had used was spot on, and she, um, doesn't often see it like that, it was very, very clear, there was no doubt about it.'

For Penny, research is key when compiling danger statements, in terms of evidencing potential harm, although she cautioned that:

'it can't be this long [gesturing] because you will lose focus, so it's got to be enough information, with your research, and your research may be three or four lines, so it's just a bit, to make parents understand that we are not just making it up'

For Alice (SW), the danger statements crystallised the approach to sharing concerns she already practiced:

'I like the new signs of safety, I like you know, the danger statement and the parents putting in the safety plans. I have always worked a bit like that anyway even though I've not put it down on paper as a danger statement. I'll go in, I'll be open and honest, and say 'look, this is what's wrong, if you don't do this, this is what's going to happen, so what are we going to do about it? Um, it just works to be direct that way. But it needs someone to keep being like that rather than them just plodding along and having a dip again and having to be referred back to services'.

Despite the transparency offered by the danger statements, some parents may remain in denial about the concerns raised. I asked Penny how disagreements of opinion about what is happening for the children were dealt with, given the aim is to achieve a consensus with parents about what are the issues. She suggested areas of denial should still be included in the danger statements, because:

'that's your worry. That's why you're in there. If you didn't have that worry, the case wouldn't be open, would it? Your danger statement is where you are evidencing your worries, so what you need to be putting in there is what you are seeing [...] and even if they are in denial, that's what you have seen [...] they might be in denial, but you have to lay your cards on the table'.

Here, Penny advocates explicit acknowledgement of contrasting perspectives which can feed into a formulation of risk.

Emile (SW) decided to adopt a different approach to sharing danger statements with parents, which he felt worked well in overcoming denial. He outlined his creative use of the SOS model, using as an example a mother who had a hearing impairment:

'I had to do a danger statement for that case, because that was the only way I could get through to them. But the danger statement was done in the assessment, because the way I do danger statements is slightly different from the way we are taught to do it. I always write it as a letter, um, I know that this is crazy because management don't even know, because it's not the way we should do it. But what I always do is, I always, I wrote the letter and I said, I explained to mum, I said, this is what we are worried about. You know, it's not because you're deaf. We know that, we know that whilst you're deaf, you know, you are not going to hear him coming behind you, you know, you don't know, you could have a hot, you could be boiling a pan of water and he comes behind you and that pan of water drops on him. It could be that something worse could happen, you could be frying something, and the oil goes over him. I said, you know, the door could be open, and you wouldn't hear where he has gone. Because all I was trying to say, was to get some more support from the Deaf society, which she was never going to accept. So, I wrote a letter, but whilst I was saying it as a letter, I was actually saying about the positives'.

Emile (SW) suggested that his approach worked, because it was less patronising, and gave more value to the individual:

'I kind of moved away from 'I am pleased', because I sometimes find it patronising [...] I had to just get right to the bottom of it with mum. So, I explained to her that at the end of the day, 'you've done this, you've done that,

and I know that you love your son and I know that you all try your best to do this, and I know you are proud, and this is the reason why you won't except any support, because you are a very proud woman [...] anyway, she got the assessment and I went to see her, and then she told me she gets it, so she is having a cochlear or something fitted [...] she has been afraid for years because there is a 50/50 [chance of] change, but she is just going to do it now'.

Emile's letter is significant because of its interpersonal approach to conveying concern, whereby he owns his observations and shares them in such a way that they will be understood and acknowledged. Interestingly, Emile is using a letter-based format to construct a narrative of what life has been like for this parent; to demonstrate an understanding of what is her current story is, and to offer some projection about what her future narrative might be, if the suggested changes are not forthcoming. Emile's personalised approach recognises family strengths as well as relaying concern. Such a tactic supports evidence presented by Bunn (2013), who contends that if SOS is utilised well, it can break down the barriers between parents and helping services, challenging power dynamics and moving away from a 'client' and 'expert' mentality. This appears to be in evidence here, with Emile encouraging the parent to examine the feelings and motivations which have long since impacted on her decision making. He provided her with a tool (the letter) to encourage self-reflection of her story, in a way which was not confrontational. Emile has opted for an indirect approach to the sharing of narrative, although it reflects many of the principles and skills required to work directly with mothers. This approach proved effective with a parent who refused to engage in face to face discussion.

Whilst there was universal appreciation of SOS across the practitioner sample, some concern was also raised in relation to its application in neglect cases. I will go on to explore this within the following section.

7.4.2 Identifying Harm with Signs of Safety:

Within the national research study concerning Signs of Safety, social work practitioners reported that their assessments had improved, as had safety planning and the mapping of cases, which led to great improvement in identification and management of risk (Baginsky et al., 2017). In addition, Bunn (2013) suggested that

the approach enabled greater specificity in relation to issues of concern and ability to evidence and benchmark neglect. Yet, this was not the universal experience of the front-line staff to whom I spoke within this research endeavour.

Whilst Bunn (2013) suggested that SOS should encourage practitioners to move away from imposing a generic label of 'neglect' onto families, practitioners reported some difficulties pinpointing the harm to which children were exposed. Rose (FSW) highlights the issues here:

'When you come to the bit about what we are worried about, okay, the complicated factors, often, a lot of it is around, sometimes, you can't, often you will be seeing something happening within a family, you know its neglect, Lisa. I mean with other situations, sort of like physical, emotional, and obviously sexual abuse, you can see the actual harm, that child is being sexually abuse, okay. With neglect, it's a bit more grey.'

Rose highlighted that often, more evidence was required in cases of neglect to evidence harm:

'It's a really good model to use Lisa, really good, but sometimes, you know that each week you go, and your observations, you know, its neglectful parenting, but often now we are using signs of safety [...] obviously, what we are worried about sometimes, you are having to look at actual harm, okay, and I think they are needing a lot more evidence'

These concerns were shared by Alice (SW), who also acknowledged the difficulties of mapping cases of neglect with signs of safety, the challenge of evidencing past harm and/or predicting future harm, in order to meet or maintain threshold where neglect was a feature:

'because you have got no harm, you know, and that's, that is it, you know. I had a case where mum as a substance user, a long-term substance user. Not having any clear substance tests, not always engaging in services. She's got a 9-year-old and a 2-year-old. I was working with her for about a year. Constant 'what ifs', it's always 'what ifs' you know? We weren't seeing all the time in that house. She was a functioning user, she had got all the mod cons. She had got the

TV and things. What we couldn't see was the people delivering her substances, whether she was leaving the children on their own to go out and get them, and it's all about 'what ifs', 'what ifs'? And we do the work on risks, but the signs of safety, when we were mapping that, it wasn't coming out [...] there's myself and the hidden harm worker, she was up there, we were really concerned about this, and said, and they [management] said, 'well what's the actual harm?' well we haven't got any! 'get it off CP, get it down to CIN', and I felt I could have quit my job that day. I thought 'what am I working for?'

Alice went on to explain that she was then off work due to illness, and:

'that little boy was severely damaged a few months later, by mum's partner, under the influence of drugs. There was a finding of fact and now you have 27 separate bruises [...] and it took that to happen before we could get it into court, you know, when I really wanted to move that further, but the signs of safety were not giving us the evidence, you know, there was no actual harm taking place, so it wasn't a good one for that, not at all'.

Alice reflected on the fact that there was a good support network in place working with this family, and they were visited regularly but, in the absence of visits after normal working hours, the evidence could not be gained. She outlined that:

'you know, 27 different injuries, that's horrific but you just get that hunch sometimes, don't you? I knew something was really wrong, and so did the Social Workers afterwards, and he was worried, but, signs of safety kept saying there is no harm, you know, they've got support in place, they have got grandma in place, they've got granddad, they see that nothing has happened to these children in all the years because of the support around them, but something did because that support is not there all the time, um, that's difficult to evidence as well, isn't it?'

Rose (FSW) shared a similar experience:

'So basically, again, I've mapped cases before, like [my manager] mapped a case for me, that case where the family went to London, and then on to Birmingham, and we mapped it Lisa, and I was coming back with all these

concerns around neglectful parenting, and [my manager] was right in what she was saying to me at the time, when she was trying to map it [...] there was more complicated factors, there was not actual, there was no actual harm occurring at that, you know, at that time. So, I think signs of safety is really good, but I think for neglect, you need to put a lot more work into, to, unless something significant happened where a child got a burn [...] you need to do more work with it really [in cases of neglect].

Despite the use of SOS, Rose and Alice spoke of the need for a specific incident to precipitate a move into the court arena, as they felt they missed key information to evidence a narrative of neglect. Both practitioners spoke about feeling confined by the SOS approach to mapping, suggesting that it did not give them the evidence required to demonstrate risk of significant harm. Such comments illustrate concerns akin to those pinpointed by Breckon and Hay (2015) that professional judgement has been eroded or replaced by ‘tick box, static, standardised models’ and Social Workers feel deskilled. Yet, approaches to assessment of risk should enhance, not replace professional judgment and experience. Where evidence of risk may be lacking, practitioners need to marshal their practice wisdom, experience and professional judgement to ensure children do not slip through the net.

In response to these concerns, Penny (FSM) suggested that the SOS approach in itself was sound, but questioned practitioner’s application:

‘Right, I think we have got to get better, I think we thought we understood signs of safety, but we have just done some intensive training and I think the penny has dropped for a few of us, and obviously, like, how I would describe it, your danger statement, should be ‘say what you see’. You know, so you, you’re using your descriptors, you are telling them what you are seeing that’s making you worried and then you are bringing in your theory about what can happen. So, what we know is actually that children who go through, your descriptor, you know, what you have described, this fits this. This can happen, and children can die from neglect. That is your danger statement, you know, we have got to get better at putting our worries down in danger statements’

This may suggest there is a gap or deficit in the training provided to Social Workers undertaking such mapping exercises.

Some of the participants spoke about the use of SOS to map risk in supervision. This may provide a source of support for practitioners crafting danger statements where harm is less tangible. Caleb (SW) acknowledged that:

'With signs of safety, if you have the time, you can map it in supervision, in your meetings and it gives you a better idea of where you are going and what's happening with your cases'

Research undertaken by Baginsky et al. (2017) found that such practices were of particular benefit to staff in facilitating discussions. As Penny (FSM) explains here, the mapping of cases enables subjectivity to be explored and a consensus to be reached through a joint appreciation and understanding of the presenting concerns:

'[I] know my standards and your standards will be different, but I think it's how we challenge that, so as a supervisor and as another professional, you can often use scaling, so use signs of safety scaling [...] so, okay then, you think it's a 0 and it's the worst house you have ever seen, and you think it's a 10, and it's the best house you have ever seen, and its where do you scale. So, somebody might scale it a 2 and somebody might scale it an 8. If you are bringing out those conversations of 'well why do you think it's an 8, or why do you think it's near enough the worst house?' So, its talk about what makes it so unsafe, 'so why are you worried, okay so this woman has 7 kids, she is going to have clothes all over, she is going to have toys, she is going to have pots, what makes you so worried? And I am using home conditions as a general, do you know what I mean, so 'what makes it? What makes you worried about that? Exploring conversations when there is mould growing all over everything and the beds full of wee, and it's actually dripping through the mattress, and the floor is sodden, and the kids are pooing all over, and you know, there is electrical wires hanging. So, it is about having those conversations, what is good enough? Why do you think it is and why do you think it's not? And putting it back to safety. Putting it back to 'is that safe'?'

The points raised here illustrate the fact that good assessment and risk management entails the ability to analyse information, adopting a critical and reflective position which draws on experience, advice, research and evidenced based practice. Constructing a narrative of neglect relies on the ability of the practitioner to synthesise information from multiple sources, and judiciously apply tools to support their assessment.

7.4.3 Summary:

It is evident that the benefits of Signs of Safety are universally recognised. The approach enables full and frank discussions with parents within which concerns are explicitly shared, and an action plan for change is jointly agreed upon. The approach offers a visual assessment of the presenting issue, and a solution focussed approach to addressing risk, based on the protective factors which are already in existence. Furthermore, practitioners reported that it provided them with a tool box of direct work approaches to facilitate the voice of the child and establish coherent narratives about decision making and change.

The main concerns highlighted by some authors in relation to SOS appears to be the focus on the strengths and protective factors presented by families, which can detract from the presenting concerns, harm caused and the complicating factors (Bunn, 2013). This was not borne out in comments made within this research, although some practitioners felt that SOS did not help them evidence the significant harm threshold required for compulsory intervention. This echoes research undertaken by Taylor et al., (2016:41) in relation to assessment tools more widely; which outlines that such tools can create ‘false positives’ and in affect ‘impair professional expertise’. This may highlight a need for further training to support practitioners to confidently identify and benchmark the harm caused by neglect. Moreover, practitioners need to ensure they invoke their professional judgement and experience, when considering whether the child is at future risk of harm. Evidence based assessment tools are helpful in supporting practitioners to conceptualise interventions. However, such tools should not replace practitioners’ judgement or usurp their expertise.

Having discussed one approach to assessing risk, I will now turn my attention to the final section of this chapter. The focus here will be on exploring the ways in which

narrative is utilised within the court arena. Notably, there is a paucity of research in relation to the interface between court and social work practice, with evidence confined to a handful of authors. I will begin by exploring the use of the Public Law Outline in cases of neglect, before drawing on the views of professionals to understand what are the issues in relation to evidencing neglect in proceedings.

7.5 Presenting Neglect Cases in Court: The Social Workers' Narrative

Research indicates that, historically, voices of Social Workers have been marginalised and silenced (Gordon, 2017). Arguably, nowhere has this been felt more acutely, than in the court arena, where the professional status and knowledge held by practitioners, is contested; where the narratives they present are subject to questioning and debate. Whilst it is right and proper that the assessments and recommendations made by social work practitioners are open to robust challenge, Social Workers report feeling unduly interrogated and scrutinised, and compared unfavourably to other professionals, such as psychologists or psychiatrists. Such views prompted Judge Sir James Munby to argue:

‘Social Workers are experts. In just the same way, I might add, CAFCASS Officers are experts. In every case we have at least two experts – a Social Workers and a guardian – yet we have grown up with a culture of believing that they are not really experts, with a capital E. the plain fact..’(Munby, 2013:np).

Munby outlines here that more emphasis and value should be given to the training and expertise of the Social Worker. As he suggests, each case before court will have one Local Authority Social Worker, and a guardian appointed from the Child and Family Court Advisory Support Services, to represent the voice of the child. Both practitioners are social work trained, and both should have significant experience of child and family social work, so as to formulate a credible view on the risk to, and plans for, the child.

Whilst legal judgements are made in accordance with ‘established legal principles enshrined in statute and case law and cannot be based solely on research findings’ (Brown and Ward, 2012:9), they can be informed by research, and by professional judgement. Yet, just as the status of social work is contested within the court area, so are the validity of their concerns relating to neglect and its potential impact on the

child. Moreover, practitioners appear to lack confidence in drawing on the research base to augment their assessment and narrative, and to predict future risk and harm. We have already learnt that evidencing neglect is much harder when compared to incident led forms of abuse: physical harm or sexual abuse. Here, I will explore how cases of neglect raise significant challenges for professionals, both in terms of pre-proceedings work and during the court process.

7.5.1 Neglect, Pre-proceedings and the Public Law Outline in the Family Court

In Chapter Six, I explored factors which can impact on mothers' motivation to change. Social Workers within this research clearly highlighted the potential of legal proceedings to act as an awakener, encouraging individuals to acknowledge the seriousness of concern. Ward et al. (2014:73) suggest that the threat of a child being removed can tip the 'decisional balance' for some parents, and catapult them into action. Given this, pre-proceedings work is considered pivotal in diverting cases away from court.

Prior to embarking on civil proceedings in the Family Court, pre-proceedings work must be undertaken as a precursor to any action. The pre-proceedings process is made up of three elements; firstly, the Local Authority should obtain legal advice regarding the strength of their case in relation to thresholds, then concerns should be conveyed to parents by means of a letter before proceedings, followed by a pre-proceedings meeting where parents are invited to attend to discuss the issues alongside their legal representative.

The Public Law Outline (2014) summarizes the duties and responsibilities that local authorities take when considering care proceedings. It stipulates that they must identify concerns at an early stage and offer appropriate support and advice to enable parents to address the issues. However, if change is not forthcoming, cases can then progress into the court arena. In part then, pre-proceedings work offers an opportunity for a renewed and restated commitment to partnership working between the local authority and the parent/s; although this takes place within a context of a firm warning or threat of escalation, if unsuccessful.

Gaudin (1993) suggests that exercising legal authority can act as a catalyst for parents to overcome denial and apathy in relation to professional concern. Masson and Dickens (2013:84) agree, presenting research undertaken with practitioners, managers and legal representatives which indicates that the threat of legal proceedings may be enough to ignite change. This view was shared by several Social Workers within this research endeavour. For example, Alice (SW) highlighted the use of PLO in a case with a mother who had a degree of learning difficulty. She outlined:

'She had got some learning needs, got a two-year-old of her own, and having people in the house [...] bypassing electric, people had been in the house, smoking, using drugs, breaking windows, using all of her food, um you know, she had just not got the amenities for this little boy. It wasn't safe, there was things piled up near the baby walker [...] it was once we got to PLO and said, 'look this is what could happen, you know, we are looking at removing your child'. That was just the light she needed to see, all she could think then, I've got to make these changes'

Also, Penny (FSM) explained that, where there has been little improvement:

'cases often go to PLO, so actually, we have been here for a while, yeah, um, we are not making any difference, okay then, right, we need to up it, don't we? So, we go to PLO, yeah, letter of intent. So then, you have your next window of opportunity, and again, parents now know it's got serious'

Finally, Emile (SW) also offered a similar example, from his caseload:

'When we said we were going into PLO because she wasn't attending appointments, it woke her up...so in a way, she started thinking 'I do not want my kids to be removed and to be anywhere near PLO', she started to build up some improvements and started to engage with appointments'

Interestingly, in this case, PLO had been used on two distinct occasions, as, when the threat of court intervention had passed, there was a subsequent decline in parenting: *'his behaviour has been really bad recently, um, that we have agreed to go into PLO*

again.' Such a case may illustrate the concerns highlighted by Masson and Dickens (2013:199), specifically in relation to neglect:

'where there are long term concerns about child neglect the case for using the pre-proceedings process is weak. A history of failure to achieve or sustain an effective partnership between parents and children's services so as to improve and maintain adequate standards of child care is unlikely to be overcome by the simple device of a letter and a meeting with independent legal advice. In addition, the risk of further drift and delay through using the process is substantial'

In such cases then, pre-proceedings work can add a further layer of bureaucracy, leaving the neglected child at risk for longer. The authors contend that not only can pre-proceedings work prejudice children's wellbeing in cases of neglect, it can also set parents up to fail, by expecting timely changes to intractable, problematic approaches to parenting.

Alarming, Masson and Dickens (2013) suggest that the duration of court proceedings has not been significantly altered by pre-proceedings work. Whilst the hope was that pre-proceedings work would shift the balance for practitioners, enabling them to spend more time on supporting the family to achieve change rather than on composing lengthy court documentation, the reality was that this trade off was not borne out in practice and the length of proceedings remained the same. Nonetheless, two Social Workers in the study spoke about what may be considered the perverse use of pre-proceedings work, to motivate change and secure funding. Firstly, Alice (SW) used the threat of proceedings to encourage parents to make practical changes when, in fact, thresholds may not have been met. She offered an account of a conversation with parents concerning home conditions which had significantly deteriorated:

'I've gone in and said, right 'we are going to find alternative placements for these children tomorrow', and although we have not got enough for threshold or a court order or anything like that, you know'.

Alice's hope was that by suggesting an escalation in approach, parents would respond positively and take action to clean the house; a jolt into action that she felt would not have been possible within the scope of current case management strategies. This raises concern about professional use of power and utilising professional knowledge, about which service users may be understandably ignorant.

Secondly, Emile (SW) saw pre-proceedings work, as an avenue to the funding of specialist assessments:

'So, one of the things we will be looking at is, in this period of PLO, is whether we can get an assessment done, because PLO [...] in my opinion, can be used as a support tool, you know, because you have access to Legal Aid, for some things'

For practitioners to invoke pre-proceedings work, the threshold for significant harm must be met. In cases of neglect, this poses distinct challenges for Social Workers in terms of benchmarking protracted, unremitting levels of poor care, where tangible harm to the child may be difficult to pinpoint and observe. Thresholds are a fiercely debated topic within the literature with some evidence to suggest that raising and rigidly applying thresholds provides a barrier to keeping children safe (Action for Children, 2014). Next, I will outline the challenges faced by Social Workers who attempt to navigating these actions in the court arena.

7.5.2 Evidencing Thresholds in Cases of Neglect: the Status of the Social Workers' Narrative and the Contested Nature of 'Expertise' within the Court Arena

Recourse to legal proceedings has fluctuated in recent years, with Masson and Dickens (2013) identifying a sharp increase in the number of applications following the death of Peter Connolly in 2007, often referred to as the 'Baby P Effect.' Whilst this has been largely attributed to risk averse practice, the authors contend that it also represents a growing awareness of the deleterious impact of abuse and neglect over the longer term. Yet practitioners highlighted the challenges in evidencing such harm.

When practitioners present a case in court, they have completed a statement in advance. This outlines the voice of the child, through the welfare checklist (Children Act, 1989), as well as the views of parents. Social Workers must synthesise information from case files, chronologies, home visits, observations of contact and information from the multi-agency network, to evidence that the threshold has been met for statutory intervention. They must consider the future risk of harm, drawing upon past evidence, research findings and practice experience. The sum total of this material creates a narrative of neglect upon which a judgement is made. Whilst the narratives of children are crucial in court proceedings, they are, more often than not, conveyed through the voice of the professional: Social Workers and Guardians.

The threshold for compulsory intervention is significant harm (Children Act, 1989: Section 31). Harm is taken to mean 'ill treatment or the impairment of health and development (including, for example, impairment from seeing or hearing the ill treatment of another (Section 31 (9))). Yet this threshold is inexact, and subject to interpretation. As with thresholds in general, they 'vary between agencies and fluctuate depending on workloads, professional backgrounds, new or emerging understanding or political and cultural expectations' (Sidebotham, 2016:170). Consequently, there may be differences of opinion between social work and legal staff, as to whether thresholds have been achieved.

Prediction of future risk is highly problematic, as it is impossible to achieve absolute certainty in relation to outcomes involving human subjects and human behaviour (Brown and Ward, 2012). Yet, there is a weight of evidence documenting the outcomes for children who have been exposed to abuse and neglect, and advances in neurobiology have enabled researchers to demonstrate, with a greater degree of accuracy, the dangers that prolonged exposure to neglect may have on the global development of children (Glaser, 2000). Practitioners are required to marshal this evidence, in addition to their knowledge of family functioning, and assess the likelihood of parental change, in order to formulate a narrative of neglect to justify compulsory intervention.

Ward et al. (2014) suggests that the current public law outline should provide local authorities with an opportunity to evidence that the threshold for removal is met, by

means of a thorough assessment, which precludes the needs for specialist assessment once the case has reached the court arena. It is suggested that the social work narrative should suffice in many cases, given the training and experience it brings to bear. Yet Social Workers spoke about concerns over the validity of their evidence, and whether it was sufficient, given the restrictions placed on them. Seemingly, this has eroded their confidence, and the confidence they have in the evidence presented. Here, Claire explains her worries:

'I think my maybe my biggest worry when working with neglect is, when you've got enough evidence to take it to the court arena, and from what I understand, the judges, they want a more detailed chronology from two years in advance, and I think really significant things could be missed, that have occurred, prior to the two years on the run up to attending court. So that is one of my main worries, is that you might not be able to give the whole, whole picture.'

It was illuminating that, having estimated that about 70% of her cases were made up of child neglect concerns, Claire acknowledged that she had never taken a neglect case to proceedings throughout her three years of practice.

Such views are also voiced within the literature, with research undertaken by Beckett et al. (2007) cautioning against the discounting of historical evidence. They suggest that one's capacity to change relies, in part, on one's ability to reflect on what has gone before and modify behaviour accordingly. By limiting evidence to two years in scope, then, we may be failing to provide sufficient opportunities for parental reflection and change. For Emma however, the legacy of long term neglect could prohibit authoritative action to instigate proceedings, as she explains here:

'So, for me it's a real challenge and a battle, because obviously, the argument was, well how long have they lived like this? And they had lived like this for their entire lives. What's different now, then say 10 years ago when the Social Workers was assessing? So that can be the challenge in one sense, in why are you saying it's so bad now, when 10 years ago it was exactly the same problem, but no one did anything about it then? So that's the argument you come up against'

This position was also highlighted by Masson and Dickens (2013:199), who suggest that some children remain subjected to neglect for too long, without challenge. They presented research which indicated that:

‘Local Authority lawyers recognised that drift could result in a factual basis for a care order evaporating because it was not possible to argue that a state of affairs, which had apparently been accepted by Social Workers for a long time, amounted to significant harm. Moreover, the lack of timely action by the local authority was compounded by the courts approach that there was no case for removing children during proceedings despite a long history of neglect if nothing had changed.’

The concern is that without timely action, children will remain in neglectful home conditions longer than necessary. For Alice, issues of staff turnover potentially added further delay:

‘I had one that ended July, and that was in private law and we wanted it into public. Concerns about long term neglect. Mum’s partner had fed one of the children salt. I think what they said was that we had missed the opportunity by two previous Social Workers leaving. So, the work was not done in the middle, so you pick something else up and by then, by the time you get it, I’m thinking ‘oh my god, something needs to be happening’.

It is clear that taking the decision to instigate care proceedings is a tricky one, which requires complex decision-making processes, based on professional judgement. On the one hand, research advocates for ‘purposeful delay’ to enable parents the opportunity for change, yet this is not always consistent with the needs of the child, which legislation dictates should be the primary concern (Department for Education and Ministry of Justice, 2011:102). The DfE and MoJ caution that purposeful delay should not be an excuse for poor decision making. For the Social Workers in my sample, there was less concern with purposeful delay and more focus on ensuring that thresholds were met in order to evidence significant harm for timely intervention. In some cases, practitioners waited for an incident of physical harm before they felt the

evidence was strong enough to embark on legal proceedings. Emile describes two such cases here. Firstly, a family where the children were removed in the basis of physical harm, due to poor dental hygiene, but highlighted:

'...yeah, that has actually been because of neglect really. The children have not been going to dental appointments. Where one of the children had about 8 teeth removed, they were decayed [...] and the children were on a child protection plan for 3 and a half years, and there was no change. Children were left unsupervised, all of the time, say for instance, they would go missing in the middle of the night and the police would bring them back home. One of the children was 7, one was 9. They were not going to school in appropriate clothes, they were going to school in wet clothes...'

Secondly, he highlighted a new case he had been recently allocated where a physical incident had precipitated removal:

'I think they already got to the point where they thought they needed to get the children out, mum wasn't making any changes, there had been no improvement, obviously the health appointments got worse, one of the children super glued his eyes together. When he superglued his eyes together there was a lack of supervision, and his mum took him to A&E, they had to cut his eye lashes off and everything, you know, to get the superglue off.'

Emile acknowledged that because a new Social Worker was allocated to the case, with a new principal Social Worker overseeing the case, a fresh perspective catapulted the case into the legal arena. This illustrates the disparity in decision making across individual social work professionals and managers. Whilst one felt that the case was not sufficiently concerning to convey a narrative of neglect warranting intervention, the other took swift action to move the case into the court arena.

Given that research suggests a difficulty in measuring neglect may contribute to a delay in finalising court proceedings (Beckett and McKeigue, 2003), it is understandable that practitioners rely on a trigger event to instigate proceedings; which appears to be the case here. This is supported by research undertaken by

Masson and Dickens (2013:199) who suggest that unless ‘there was a serious incident, which increased the risk of significant harm, local authority lawyers were reluctant to file court applications.’

In terms of evidencing thresholds, information gleaned from Social Workers suggests that they face three layers of obstruction before any case could be finalised. The first layer is composed of internal local authority’s discussions and processes. Here, Emma refers to potential exchanges with her line manager, who acts as initial arbitrator:

‘I understand the thresholds that I have to work towards, and I know full well, if I present this to my manager, and say these kids need to come out, my manager will say ‘no, you haven’t got nearly enough for that [...] for me to be able to clearly evidence when I go to court that I have done everything in my power to support these parents, to support these children, but it’s not changing, that is why they need to come out’

Once this layer of bureaucracy has been navigated, and consent to legal recourse has been agreed, practitioners then embark on discussions with legal services. For several of the practitioners in this sample, such discussions were often marred by frustrations, disagreements and questioning of professional knowledge. Whilst the role of legal staff should be to advise and advocate for practitioners, as Dickens (2005) suggests, on occasions ‘advice’ can stray into case work supervision where practice and legal matters interface. As Alice outlines:

‘I have been in court recently, with a case that I wanted in public law, and they [the legal team] kept saying there was no threshold for it, that was neglect and emotional harm, and we had it at PLO but then when the parents had taken it into private law, in terms of contact, the judge was saying ‘look you’re the expert, you should have got it in here. But you know, we are relying on a team of legal professionals that say there’s just not enough to get it in’

In this case, had the family not engaged in private law proceedings themselves, the local authority, based on the advice of their legal team, would not have embarked on care proceedings. Dickens is a prolific commentator on the relationship between Social Workers and legal personnel (Dickens 2005, Masson and Dickens 2013). Drawing on the work of Swain (1989), he suggests that the relationship between Social

Workers and lawyers is akin to ‘an uneasy marriage, in which both sides need each other, despite deep-rooted conflicts and frequent misunderstandings’ (Dickens, 2005:73). In part, he attributes the differences in approach by the two professions, with legal representatives focusing on ‘rationality, rights and conflict solution’, and Social Workers largely operating through ‘feelings, needs and growth through relationship’.

The Family Justice Review of 2011, reported manifest lack of trust between players in the courts arena, (DfE and MoJ, 2011:5), resulting in dysfunctional relationships. This was echoed by Alice, in relation to disagreements with legal staff, concerning thresholds:

‘I’ve got another mum that, she’s got lots of different male partners, it’s just masses of neglect. Not being fed the right things, one of the children had been sleeping on a latted bed with no mattress, which gave her permanent medical damage to her neck. Um, it’s the longer-term stuff and how that’s come out. You know, she is four now, and has been removed from mum’s care, but it’s quite difficult getting the threshold, you know, to actually get that into court? Um, you know, we are told we haven’t got the threshold sometimes when sometimes, I think we have.’

As an antidote, she outlined the need for Social Workers to display more professional confidence in their narrative and ultimate decision making:

‘I think we need some more clear-cut thresholds for, because people do listen to legal services, and it was only then, with me being a little more knowledgeable [...] ‘you do your homework on thresholds, it just depends on who you get at the time. You know, I had a barrister that day, and I was all, I had done all my research, all ready to say, ‘well there is this, this and now, tell me we haven’t got threshold?’ and when I said that, she went ‘but you have’. So different people see things differently, don’t they?’

Research conducted by Dickens (2005) suggests that lawyers appreciate Social Workers who are able to produce thorough, well written statements and are supportive of practitioners who are willing to take on board their advice, including any coaching that may be required to give evidence. This aligns to comments made by Emile, who

acknowledged legal staff do have an understanding of neglect, but the way in which evidence is presented to them is crucial:

‘If it’s presented in a manner where you can see the impact on the child [...] yeah, they understand because they are saying ‘this is evidence’, in their head, ‘we’ve got them, we’ve nailed this mother’ if that makes sense, because she’s harmed the children’

Once legal staff have endorsed the sufficiency of threshold to apply to the court, Social Workers are then faced with evidencing concern to the judge and to the other parties to proceedings. As highlighted by Dickens (2006:24), when Social Workers move their work into the court arena, they are open to scrutiny on all fronts, from the parents, respective legal teams and the judge. In effect, ‘when Social Workers take a child care case to court they experience one of the fundamental paradoxes of their professional role – that in order to gain control over the case, they have to endure a loss of control’. Once in the court arena, challenge may also come from guardians (representing CAFCASS), who are appointed by the court to represent the best interests of the child. In research undertaken by Beckett et al. (2007:57) one practitioner recounted fearing mixed messages from such practitioners:

“we can’t believe it took you this long to get this case to court, the chronology’s been so bad”, yet with the knowledge that if they had brought it beforehand, they would have been faced with comments such as “why are you here now? You haven’t given the parent a chance”.

Dickens (2005:76) reports that both practitioners and managers find care proceedings ‘extremely rigorous and demanding,’ which supports observations made within this study. In the now well renowned case of *Re B-S* [2013] EWCA Civ 1146, Munby, outlined a scathing criticism of the ‘sloppy’ practice in relation to social work evidence, resulting in ‘inadequately reasoned judgements by the court’ (Masson, 2014:82). This has ultimately resulted in a perception that more evidence is required where the care plan directs that a child will no longer be cared for by their parents.

Rose (FSW) highlighted that from her perspective, the demands placed on staff to evidence neglect have intensified, suggesting:

'they are needing a lot more evidence. We are having to do a lot more fact finding, a lot more evidence building, to sort of like, build up a picture. And for me, I just think for me, I think about the timescales for neglect [...] it's going to court and I think it's coming back'

She continued:

'...it is the courts, because it's like that family that we were talking about earlier, that Social Worker has just spent three weeks doing her initial statement for court, and she said, 'Rose, I'm using all of your information. I'm trying to put as much in there as what we can [...] we know that we need to get them out a quick as possible'

The concern here is that three weeks spent focusing on one court report, is likely to detract from time spent protecting the children about whom the report is written.

Such comments are also echoed within research, with Farmer and Lutman (2014:270) suggesting that neglect cases are often managed in the 'show of the courts', with practitioners being acutely aware of how difficult it can be to evidence thresholds and questioning whether sufficient evidence has, in fact, been gathered. Concurring, Penny (FSM) outlined:

'We have got to get better at being clear, using proper language, not using jargon, yeah, engage the families and then when we have got stuff, you know, before court, we need to be good at sort of like evidencing what the harm, you know [...] getting better at evidencing the harm'

The quality of evidence is a significant issue for Social Workers, local authorities and policy makers alike, with the Family Justice Review outlining the fact that delay in proceedings is attributed to poor quality evidence, coupled with a lack of trust between key stakeholders, as identified earlier. Research undertaken by Beckett and McKeigue (2003) suggest that poor quality assessments undertaken by Social Workers have exacerbated the over use of and over valuing of 'expert' opinion; with the DfE and MoJ (2011:118) suggesting that expert witnesses are employed in 92% of proceedings work. This can result in low morale throughout the profession by practitioners who feel that their status within the court 'does not match their level of skill and

commitment'. Beckett and McKeigue (2003) caution that the pressure of care proceedings may be a feature in the sickness rates of staff in social care, and their subsequent exit from the profession. With such high turnover rates, less experienced staff are likely to be catapulted into the legal arena before being totally ready, creating a vicious circle.

The relationship between the courts and social work practitioners has long since been a fractious one. For practitioners, the court arena can be intimidating, and unfamiliar; Social Workers may feel their professionalism, knowledge and skill has been brought into question by the commissioning of further assessments or further requests for more information. This situation is further compounded in cases of neglect, where evidence may be documented over several years, and where families dip in and out of the threshold for compulsory intervention. It is evident from comments made by practitioners in this study that, whilst a great deal of work goes into crafting a coherent narrative of neglect, they fear their argument will not be persuasive enough. As Dickens and Masson warn, the danger is that 'practice may become less about family support and more about evidence and timescales, less about prevention and more about preparation for court' (2016:368).

Research undertaken by Brown and Ward (2012:87) has highlighted that children and young people are exposed to 'cumulative jeopardy,' whereby delays in bringing the case to court resulted in children being left in abusive situations for longer. They cited that the most common cause of delay at this stage was the commissioning of further assessments. Moreover, once children have been removed, they are often spending long periods of time in temporary placements, as a precursor to adoption or long-term foster care. Children who have been damaged by long term abuse and neglect are likely to struggle in substitute care (Brown and Ward, 2013). This underlines the need for both early intervention and authoritative practice when intervention proves unsuccessful. Such decisions should be premised on a coherent narrative of neglect, which evidences the future risk to children should a change in their circumstances not be achieved.

7.5.3 Utilising the Voice of the Child in Court Proceedings:

To end this section in relation to the legal framework, I want to return to the starting place for this thesis: the voice of the child. We learnt in Chapter One that older children are more likely to verbally convey that they are experiencing neglect, as a result of a growing awareness that family life is ‘not quite right’, when comparing themselves to their peers. To deviate from the family narrative, children and young people need to start to make sense of their individual set of circumstances; this often requires the higher order skills developed later in childhood. The paradox however, is that it is younger children who are more likely to be the subject of proceedings (Masson and Dickens, 2013) and are therefore required to share their narrative and experience. The younger the child, the less likely they are to be able to disclose abuse. In such cases, the Social Worker will need to draw more heavily on their own observations, professional judgement, knowledge of research and theory, together with the experience and expertise of other professionals, such as family support workers.

Concern is raised that, in cases of neglect, the need to evidence pre-proceedings work may add delay to capturing the voice of the child for the purposes of the court, as further work is undertaken with the parents to prevent the case escalating to legal proceedings (Jessiman et al., 2009). In support of this, practitioners within this research endeavour make some interesting observations in relation to the voice of the child and proceedings work, indicating that, when the case finally reaches court, this acts as a catalyst and motivator to ensure the child is spoken to. As Caleb (SW) outlines here:

‘if it’s a court one [...] you might want to visit more often, to get their views.’

This view was also shared by Emma (SW), who also felt that the voice of the child added weight to her argument that thresholds had been met:

‘when things are in court, capturing the voice of the child become very, very important and at those times you are kind of scrambling, going ‘oh, I definitely need to go and see this kid now because it’s going to be asked of me in court, and you know you have to do it’

She continued:

'I find the voice of the child can be very, very powerful, you know, when you are in court or anything like that, and they are asking you 'well, how does the child feel about everything' and if the kids share all these worries that they have about what's going on for them, it paints that picture [...] everything we are supposed to be doing is 'what is a day in the life of that child is like', and I can sit and describe it from what I know, but ultimately it has to come from the child, and if you do a really quality good piece of direct work, and take it to court, and say look, this is what the kids tell me a day in the life looks like, that can be exactly what you need sometimes to get whatever support you need to put in or really understand what's thoroughly going on'

However, concern has been raised in the Family Justice Review that practitioners require more training in relation to legal process and procedure, to enable them to understand exactly what the court needs to know, and how they can present the children's narrative in an appropriate way (DfE and MoJ, 2011).

The DfE and MoJ (2011) recommend that children and young people be consulted on the options for compulsory intervention from CSC where proceedings may be likely. They suggest that more work is needed to ensure that children and young people have a voice in proceedings and are able to convey their views, particularly where these may differ from the professionals involved. Children are rarely invited into the court arena; hence their views are represented through the voice of the Social Worker and independently through the Guardian (with a specific focus on the best interests of the child). Sir Mark Potter captured some of the issues in relation to children's participation in the court arena, pointing out that it was inadvisable for children and young people to be called to give evidence, as they would be subjected to cross examination from legal representatives, who may challenge their view. This process in itself could be highly damaging (Holland, 2011). Nonetheless, Potter called for judges to display less reticence to see the child face to face in both public and private law cases, in order to dispel any myths for the child about the 'judge'; for the judge to hear straight from the child, rather than through the conduit of a professional's voice,

to ensure that the child feels listened to and for the judge to fully explain the nature of his or her ultimate decision making (Holland, 2011).

7.5.4 Summary:

Evidence suggests that social work practitioners have received mixed messages about the quality and type of evidence they need to present to court. The Family Justice Review (2011), called for Social Workers to be upskilled in presenting a child's story to court through the medium of narrative, yet the eminent Judge Sir James Munby (no date) has called for more analytical evidence, with less reliance on the overly descriptive 'narrative or historical' evidence.

Social work within the court arena is further complicated by the seemingly oppositional relationship, which can exist between practitioner and legal representative. I have documented a lack of trust on both sides, which can result in children being left unprotected for longer. This is particularly acute in neglect cases, where evidence of harm is often contested, subject to interpretation and reliant on professional judgement. Yet, Beckett (2001) also warns that 'many of the causes of court delays seem to be largely unconnected with social work practice (the responsibility, perhaps, not so much of 'well-meaning but misguided' Social Workers but of 'well-meaning but misguided legislators and jurists!) but the harm that is done to children as a result is surely very much a social work concern' (Beckett, 2001:332)

There appears, in some cases, to be a gulf between the two professions, which could be bridged by joint training and awareness raising. For social work practitioners who operate within the court, it is essential that they are apprised of the ever-changing legislative framework, and best practice in relation to preparation for court and giving evidence. For solicitors and barristers, it may be helpful to undertake training in relation to child development, and the impact of abuse and neglect. Whilst this is not their core business, it may assist them to evidence the harm caused by neglect, in legal terms. As encapsulated by Dickens (2006:30), whilst the differences between the legal profession and social work practitioners may be deeply entrenched, 'they can be managed in practice if there is a readiness to listen to the other point of view, explain one's own position and be flexible'.

7.6 Conclusion

Sidebotham et al. (2016:68) tell us that:

‘One of the key challenges for professionals in the child welfare field is the apparent normality of most abused children. These children rarely stand out from their peers, and in many cases, can remain effectively invisible to those who might seek to help them’

Yet, in cases of neglect, the reverse can be true. Neglected children can and do stand out amongst their peers, particularly where physical neglect is a feature. Professionals can become desensitised to neglect; they can fail to take notice of the indicators which suggest children’s needs are not being met. They can fail to act in the absence of a dramatic deterioration in a child’s health and wellbeing, and tolerate unremitting, low level care. Even when practitioners do identify abusive or neglectful care, they may struggle to analyse this complex information, and make professional judgments about what action to take in a timely manner. Research clearly documents the damaging impact that exposure to neglect can have on the global development of a child (Perry and Szalavitz, 2008). The impact of neglect is particularly acute in the developmentally sensitive periods present in the first two years of life (Sunderland, 2006). Yet evidence suggests that practitioners are reluctant to invoke such research findings without ‘meticulous deliberations’ which cause unnecessary delay (Brown and Ward, 2013). Delay in neglect cases can result in stagnation, whereby the threshold for intervention can decrease. The longer the child is left exposed to harm, the more likely authoritative intervention will be questioned: ‘Why now’?

Social Workers balance supportive and protective intervention on a daily basis. They must ensure that children are protected from harm, whilst upholding the sanctity of the family, and avoiding the removal of children unnecessarily (Beckett et al., 2007). Social work is practised in a context of professional stigmatisation and marginalisation, held out for public lambasting by the media, and in more recent times, by the government (Gordon, 2017). These factors have contributed to the practitioners’ voice being silenced and muted. It is easy to see why professionals have

lost confidence in their expertise, when it is so readily questioned by those in positions of power.

This chapter has explored the way in which the Social Worker's voice has been challenged and, on occasions, side-lined. Practitioners who represent the voice of children, are themselves struggling to be heard within an organisational context that places time restrictions on their practice and questions their expert knowledge. I have asserted that the Social Workers' voice has been largely absent from research, particularly where their roles interface with the legal framework. Coupled with the requirement for practitioners to respect the privacy and confidentiality of their service users, social work has remained an 'inherently invisible trade' (Pithouse, 1998 in Gordon, 2017:5). With an increase in ethnographic research carried out by authors such as Ferguson (2016), it may well be that this landscape is beginning to change, and I hope that the body of knowledge presented here will contribute. As captured by Gordon (2017:11) 'practitioners need to be visible and to be heard if they are going to be confident, assertive, self-aware workers who can advocate for service users.'

In order to create a narrative of neglect which documents past harm and coherently considers the future risk, practitioners must formulate a 'structured professional judgement', within which experience and intuition sit alongside theory, research, evidenced based tools and standardised measures (Breckon and Hay, 2015:6); these sources of knowledge are not mutually exclusive. Moreover, just as we have acknowledged the value of the voice of the child and the voice of the parent, we must also move to ensure the voice of the Social Worker is given meaningful consideration. This triad of perspectives should move us closer to effectively identifying and preventing child neglect.

7.7 Contributions to the Knowledge Base:

This research has found that despite initiatives, guidance and policies aimed at encouraging social work practitioners to undertake more direct work with children and their families, there are a number of organisational barriers which prevent them from capturing and making sense of the voice of the child. Practitioners told me that they simultaneously saw and did not see the indicators of child neglect. They missed key

indicators and did not give enough attention to children's silent ways of telling. Moreover, compliance with performance measures, high caseloads and all-consuming bureaucracy deflected professional attention away from direct client contact and meaningful relationship building. There is a clear role here for supervision, supporting practitioners to identify barriers and respond to them proactively.

Practitioners told me that on occasions when the voice of the child could not be ascertained they constructed a narrative of neglect based on their professional knowledge, derived from the embodiment of neglect, and on occasions from the narratives of siblings.

Important new knowledge emerged from this research in relation to practitioner's experiences of using signs of safety in cases of neglect. They raised concern that such assessment tools stifled their professional judgement, with one practitioner raising concern that the tool drove the plan, rather than her assessment of risk. The underlining message from this research is that assessment tools should enhance, not replace professional judgment. Whilst the SOS has attracted wider spread acclaim, this research has highlighted that further training on, or refinement of the approach is required to ensure it is effectively utilised in cases of neglect, and that it does not become a barrier to intervention.

I found that social workers and support workers acknowledged that they felt silenced and marginalized. Some lacked confidence when presenting their narrative of neglect within the court arena. It is incumbent upon trainers, educators, managers and court personnel to encourage more positive working relationships between social workers and legal professionals. There needs to be great awareness and understanding of respective roles and purpose.

Conclusions and Recommendations

‘Somebody’s got to be crazy about that kid’

(NSCDC, 2004)

8.0 Introduction:

When I embarked on this research endeavour, concern about the nature and extent of child neglect was starting to re-embed itself in the mind of practitioners, researchers and policy makers. Yet, despite best practice directions concerning how to intervene successfully with families, the scale of child neglect has continued to grow. It should be acknowledged that the United Kingdom continues to experience times of austerity, which have undoubtedly impacted on the resources available to families and practitioners alike. It is within this context that my research take place.

Throughout the course of my research, I was privileged to speak with five children and young people, four mothers and one step parent. I had initially hoped to speak with up to fifteen children, yet in a mirror of practice, the opportunity for children and young people to share their views was often frustrated by parents, or by the chaotic dynamics of their family lives. It was also unfortunate that I was unable to secure the cooperation of any fathers; yet again, in many ways this reflects the landscape of child neglect, where single mothers face multiple challenges, not least raising their children in a lone parent household. Outside of the family, I spoke with eight practitioners in total (one Family Resource Manager, two Family Support Workers and five Social Workers). Their contributions augmented the narratives gained from children, young people and mothers, providing both context and challenge.

Qualitative interviews enabled me to capture narrative accounts of those living with neglect. The semi structured nature of these interviews allowed participants to determine the direction of the discussion; in part, they set the agenda. For the majority of these families, I also spoke to their support workers, or Social Workers, which assisted me to contextualise their involvement with services and any intervention plans that had been put in place. In effect, I highlighted five case studies, triangulating the views of children and young people, parents, carers and practitioners; building a

multidimensional appreciation of the key factors at play. Undertaking a thematic analysis of the data enabled me to distil the core messages from the three participant groups, and compare these across the entire sample. Such triangulation enabled me to develop a community of knowledge, where participants' contributions intersected at various junctures.

I found that professionals also offered a narrative account of their experiences working with neglect. Moreover, I discovered that practitioners were utilising narrative approaches to intervention with mothers, despite not recognising their use of this particular method.

The nature of this research was ethically sensitive. I was acutely aware that I was asking children, young people and parents to share some incredibly emotive experiences. Yet, not to do so, would perpetuate a world in which children are not given the opportunity to enact their agency, or offer a window into their daily experiences. Any reservations I had in relation to this, were dismissed during my first interview with Michael; in which he confidently owned his voice and took great pride in utilising it to help other young people. For the mothers, my interviews also provided them with an opportunity to document how far they had come, to highlight how their lives had changed; and for three of the mothers in particular, to celebrate their positive and transformative engagement with services.

The interviews with professionals permitted them a space in which to reflect on their practice and to highlight some of the challenges faced when working with neglect cases. Again, many were able to celebrate successes, whilst demonstrating an awareness of the need to further develop their repertoire of responses to this complex phenomena.

To return to the research question I posed in Chapter 3, here, I offer an evaluative account of what the voices of children, young people, mothers and practitioners tell us about how best to identify and respond to child neglect:

8.1 The Voices of Children:

When I initially conceived of this research endeavour, my aim was to foreground the voices of children and young people by capturing their narrative, which I hoped would talk to their lived experience of neglect. Where possible, I hoped to speak with children

under the age of ten years, as these appeared to be a scarcely represented group within the literature and within the research data. What I found as I amassed my sample however, was that the researcher can experience many of the same barriers in relation to speaking to children, as a practitioner does. Despite the fact that I gained consent from statutory services and from some parents to speak to their children, operationalising this proved much harder to achieve. Firstly, some parents refused access at the point of making contact; some by declining to take part in the research project altogether, but many more by not responding to letters, telephone calls and visits to the family home. The frustrations of my days in practice reemerged: hours spent undertaking failed visits and trying to engage hard to reach, often chaotic families, in what I now realise *my* agenda for support, protection and change, not *theirs*.

Ultimately, I did speak with five children, three of whom were within my target age range. I chose to utilise the ‘day in the life’ approach in my interviews, inviting children to offer a time-based overview of their daily experiences. Doing so, there were times when I was able to gain a rich and textured narrative, which provided a situated window into their experiences of living with neglect, although this was not universal. Due to access issues, I was unable to speak with any children who were currently ‘at risk’ of neglect. Hence, those I did speak to, were reflecting upon their experiences; still involved with children’s services, but viewed as children in need, rather than children in need of protection. For Sarah (aged 10) and Harrison, (aged 9) it was difficult for them to reflect and respond to the ‘day in a life’ exercise, in temporal order. Their lives had changed so much, having moved to live with their father, and for Sarah, the stakes remained very high. She was keen to return to the care of her mother, Alba, and therefore fiercely loyal. She was incredibly careful with what she chose to share, and Sarah very much subscribed to a family narrative of neglect which had, been co-created by Alba.

Erin (aged 9) also represented a narrative which had been imposed or influenced by others. Again, for Erin, the stakes were high; she was acutely aware that any further concerns in relation to neglect, could result in her and her siblings being placed in foster care. Whilst Erin was able to describe, in detail, some of the concerns which had been raised, these descriptions were presented through a filter of other people’s understandings and viewpoints. Erin subscribed to a family narrative which had been

conceived of by her stepfather and her mother. Moreover, her mother's early experiences of mistrusting Social Workers led Erin to take a similar stance. Social Workers came and went; they were judgmental, unfair and not to be trusted. The interviews with Erin, Sarah and Harrison indicated that younger children may lack the developmental skills necessary to separate out the perspectives of others from their own understanding. Therefore, their own narrative becomes displaced, subsumed by a family narrative. For these children then, what appears to have been gained was largely the voice of their respective mothers.

Yet in relation to these interviews, I must be mindful and reflexive, and question how these children made sense of their time spent with me. Lange and Mierendorff (2009:85) remind us that interviews can invoke certain 'frames' in children, which may impact on the responses given. They offer the example of the frame of 'school' in which children may seek to offer an 'adequate answer', rather than one which reflects their thoughts and feelings. As a consequence, it is entirely plausible that my interview with Erin, Harrison and Sarah, reflected a 'social work frame', in which their responses reflected what it was safe to tell me.

In contrast, Michael's (aged 15) narrative was owned by him. He acknowledged a time when he was forced to perpetuate a family narrative, imposed upon him by his mother to distort professionals' perceptions of what life was truly like. There was a time when Michael was bound by a family narrative; yet as he matured and developed, he gained the reflective capacity necessary to transcend this. For Michael, I sensed that his interview was liberating; an opportunity to offer an insight into his presentation and behaviour which had long since been misunderstood by the practitioners tasked with supporting him. Michael provided clear indications that Social Workers simultaneously saw and did not see the neglect to which he was exposed. Poor quality, ill-fitting clothing were attributed to issues such as poverty and culture. His oppositional behaviour was attributed to teenage angst. There was a failure to focus on Michael's needs and wants, as he attempted to evade the gaze of those who could help and support him. The ambivalence demonstrated by Michael in his help seeking behaviour, was mirrored by ambivalent responses from professionals. Professionals focussed on a narrative of the family, which downplayed the physical and behavioural manifestations of neglect. Ultimately, Michael was neglected and abused for 14 years before he finally reached the decision to speak out for the sake of his younger siblings.

This research has documented that whilst some practitioners may seek to present the voice of the child, what they may actually document is a family narrative, instituted for a specific purpose; whether that be to deflect concern and attention, preserve the family unit, or provide a coping strategy for parents who find the realities of their experiences and parental practices too painful to acknowledge (see Appendix 9). What this model of narrative construction conveys is that whilst professionals may synthesise information from a number of different sources, ultimately feeding in to their own professional narrative of neglect, the child's voice is filtered through a myriad of factors, including a family narrative, which may render it tainted, partial and incomplete. With an incomplete understanding of the child's lived experience of neglect, practitioners may lack the evidence base from which to take authoritative action in cases of neglect, at an early stage. As a consequence, children such as Michael, may be left at risk for far too long.

It is apparent that amidst a raft of policy and legislation which directs that Social Workers must ascertain the voice of the child, the complexity of doing so is often left unacknowledged. This may result in professionals recording the ascertained voice of the child, without examining how this is constructed, and what it actually represents. This research endeavour has indicated that disclosures from children should not be expected, and even where children are able to offer a narrative of family life and the care afforded to them, this may represent a performative family narrative. The act of ascertaining the voice of the child, is only the first rung on the ladder to understanding what the child's experiences really are, and what the content of what they convey, really means.

Moreover, the absence of disclosure or concern should not be taken as an indicator that the child is not suffering neglect or abuse. Instead, emphasis should be placed on the practitioner, to observe interactions between parent and child, and determine whether there is evidence of the embodiment of neglect. Furthermore, attempting to ascertain the voice of the child, should not be a one-time activity. Evidence of neglect should be gathered through multiple visits, over longer periods of time. It is recognised that the adverse effects of neglect may not be realised until much later in the child's development, yet practitioners must be alert to the silent ways of telling and draw on the research evidence and practice wisdom to highlight early warning

signs. Child neglect rarely manifests in solitary incidents; evidence of neglect is constructed through observing patterns of behaviour (Coulborn, 2013).

Drawing together the findings from Chapter Five then in terms of recommendations, the voices of the children and young people have given us some important messages which must be heeded by practitioners and policy makers working in the field of child neglect.

Firstly, children and young people in this study have indicated that they may not recognise themselves as being neglected and abused. Their particular frame of reference provides a basis from which to understand the parenting they receive. It is only when they begin to compare themselves to their peers and reflect on their care and their interactions with parents that they begin to understand that the context they live in, and the care afforded to them, is harmful. Support and education are required to enable children to make these links at an early stage, particularly between the ages of 6 -11 years, in middle childhood and early adolescence, when children begin to develop self-awareness, reflective capacity and a greater sense of independence.

Whilst verbal disclosures should not be expected, Social Workers should continue to make attempts to ascertain the voice of the child, to inform interventions. Michael was clear, he wanted someone to ask how he was and to notice when all was not well, despite simultaneously attempting to hide the indicators of his maltreatment. It takes time to build relationships with children and young people, who attach significance to trust, consistency and honesty. Disclosures should not be seen as the goal or litmus test of successful relationship building, but they may be a by-product of it. In order to have a greater impact on children and young people who live with neglect, we must seek to understand their lived experience. We can do this through direct disclosure *and* through observations of their daily life. These sources of knowledge should sit alongside professional observations and the research base. Evidence presented in Chapter Seven indicated that practitioners prioritise ascertaining the voice of the child at the beginning of their involvement and as cases reach the court arena. In the intervening period, the absence of time, process and procedure can take over, and practitioners can be side tracked by the parent's agenda. Social Workers can attest to undertaking a home visit, but the quality of interaction and discussion with the child may be left in abeyance.

For me, the most powerful message gleaned from talking to children, is that the potential for them to become lost, remains. In order for adult-orientated issues not to subsume the needs of the child, a separate worker should be identified for the child and for the parent or parents, with discrete outcomes for both the parent and the child. This would enable the Social Worker for the child, to focus on the safety and wellbeing of that child and undertake direct work to foster resilience and voice. Parallel work can then be undertaken with the care givers to increase their capacity to parent effectively (see discussion below). Consideration can be given to joint sessions, where appropriate, over the course of involvement, to ensure integration. This research indicates that maintaining a focus on the needs of the child, coupled with robust long term, support and intervention to parents reaps the most rewards when attempting to tackle neglect.

8.2 The Voices of Mothers:

The voices of four mothers provided the context for the voices and narratives of some of the children described above. Whilst it was not my initial intention to explore mothers' narratives of neglect, doing so has provided a rich and textured data set, contributing to our understanding of neglect. By speaking to these mothers, I have gained an insight into how children's narratives are constructed, and for what purpose. I would not have gained this knowledge, by speaking to the children alone. This tells us that the perspectives of children and of their mothers cannot be viewed in isolation.

The voices of these women illustrated the way in which histories, experiences and narratives can both hinder, and be utilised as a tool to facilitate change. It is suggested that contemporary practice is largely concerned with the need to intervene and problem solve, on behalf of vulnerable people (Featherstone et al., 2014:7); and that not enough attention is paid to listening, challenging or supporting a process of change. The narratives of these four mothers clearly documents the benefits of direct work, within the context of a trusting relationship. It proved both therapeutic and transformative. To encourage sustained change, practitioners must support parents in laying such firm foundations.

Significance must be attached to the biography of parents, if practitioners are to encourage transformations in parenting. We know that within the last 25 years 'between 1 in 4 and 1 in 3 children have been living in poverty at any one time'

(Bywaters et al., 2016:2). The impact on the parents of these children cannot be negated. Whilst there is no causal link between poverty and neglect, families who experience disadvantaged socio-economic status, are at a distinct disadvantage and experience increased vulnerability. The impact of poverty can be disabling. As identified by Featherstone et al. (2014:6) 'inequality within society quite literally 'gets under the skin' of individuals leaving them feeling unvalued and inferior.' It is crucial this is borne in mind when configuring interventions and support to families, who already feel that their contribution is trivialised and largely ignored. Enabling mothers to have a voice is central to strengthening their capacity to parent. Mothers can transcend victim-base narratives, synonymous with failure and oppression, to formulate a survivor narrative, which recognises their strengths and agency. As highlighted by Whan (1979:495) 'the more upheaval and disturbance a person experiences, the greater, perhaps, the need for story to help maintain, create or change his identity'. It is clear that practitioners in this study were undertaking narrative approaches to intervention, without conceptualising it as such. Formal training in this area may further enhance what is clearly a successful approach.

To summarise the messages from Chapter 6 in terms of recommendations, mothers within this study have conveyed important messages about how services should be configured. They have acknowledged the positive impact which supporting and nurturing relationships with practitioners can have. Whilst there are negative connotations to 'parenting the parent', such involvement should be seen as developmental, rather than pejorative. Effective Support extends beyond role modelling, mentoring and offering advice and support. Parents documented feeling cared about by the workers to encouraged change. Not only does somebody have to be crazy about the kid, somebody needs to invest in the parent. As stated above, parents should be allocated their own worker with the capacity and time to undertake bespoke, one to one support and focus on their wellbeing and emotional needs. Such relationships should be based on the core principles of empathy, genuineness and unconditional positive regard (Rogers, 1951).

Successful interventions need to take account of peoples' narratives, and support people to rewrite a biography of hope and possibility. This can be achieved by encouraging mothers to view their own childhood experiences of adversity through a different lens. Developing an awareness of the lived experience of parents can enable

us to contextualise their parenting styles amidst factors such as poverty, childhood abuse and domestic violence, and importantly, encourage change. The mothers within this research who engaged in a process of change, moved from viewing support services as punitive and controlling to services which provided help, compassion and hope. Vygotsky reminds us that children look to their care givers to learn and ‘internalise skills and competences’ throughout their lives (James, 2009). By supporting parents to write a coherent narrative of hope and possibility, they may support their children to do the same.

What this research documents is the importance of acknowledging that some parents will resist support, commonly in the initial stages of contact with protective services, or potentially in the initial stages of relationship formation with new workers. This may signify that they are testing out boundaries and seeing if the worker is trustworthy. Practitioners therefore need to be mindful of the ways in which they may engender resistance.

As with children, the effectiveness of an intervention is heavily influenced by the quality of the relationships between the parent and the worker. Moreover, successful intervention cannot be short, disconnected packages of support, where emphasis is attached to timeliness and a one size fits all approach. This belies the complexities of family experiences in cases of neglect. To offer effective support to these families, services should be configured in a flexible and individual manner. Families benefit from a mix of concrete service provision, blended with one to one therapeutic support. Services should be made available over the longer term, with protracted stepping down processes in place to maintain light touch contact. Whilst exact timescales are unhelpful, Scott and Daniel (2018) suggest home visiting should extend to over two years or more, in neglect cases. A commitment to long term work in cases of neglect, will require agreement and funding at senior levels of management.

Practitioners and managers need to configure assessment services, changes services and maintenance services in a way which is meaningful for the peculiarities of individual families, and constituent family members. A model for responding to long standing cases of neglect is presented in Appendix 11. Within Stage One, assessment should include an understanding of the family history in terms of involvement from services, patterns of behaviour and an understanding of parent’s history (which can be

expanded upon later). Professionals need a clear indication of the support networks available to both child and parent, and how these can be reinforced.

Moving to Stage Two, Social Workers and their managers need to consider what is available locally, and what has worked well with the family in the past. Consideration should also be given to what practitioners may need to do differently. As highlighted above, a blended approach of concrete and practical support should be considered, alongside therapeutic input designed to create qualitative change at an emotional and cognitive level. Services should be delivered over a longer period, in the context of a relationships, and support to parents and children should run in tandem, as previously discussed.

Finally, Stage Three, once change has been achieved: this should be viewed as a dynamic and continual process. Consideration needs to be given to how this change is maintained, how long services are continued, and what robust stepping down processes are required. Longer term involvement must be balanced against the potential for longer term dependence and drift. A word of caution is required here; whilst research indicates that thought through, intensive intervention packages can address entrenched difficulties, intervention in chronic neglect may not always be successful. Parents may make initial gains, then relapse into long established patterns of maladaptive parenting. Every effort should be made to support parents with maintenance, however for some families, change will not be forthcoming in a timeframe conducive to the child's needs. In such cases, authoritative action is required to instigate plans for permanence outside of the family home. I will explore this theme further in the final section of this chapter.

8.3 The Voices of Professionals:

Chapter Seven completed the triad of perspectives in relation to neglect, by exploring the influences on professional narrative construction. Participants provided a further layer of perspective, to help us to understand neglect in the round. Yet, just as the voices of children and mothers have been silenced and marginalised at various junctures throughout history, I suggested the voice of the Social Worker has also been muted. This is of particular concern within the court arena, where the validity of their assessments, observations and evidence are contested. Social Worker practitioners

indicated that they had lost confidence in their narrative of neglect, amidst challenge and calls for further evidence from other professionals.

Social Workers told me that the relationship between themselves and legal staff, could be an uneasy one. They highlighted a manifest lack of trust, which prevented timely decision making. Practitioners talked about the careful construction of court reports, which often took weeks to craft, and their fear that their assessment of risk and prediction of future harm, would not be shared by the other parties in proceedings. Serious Case Reviews have documented the perils when communication breaks down between agencies. Over a decade of joint training, facilitated by Local Children's Safeguarding Boards has sought to bring different professions closer together and illuminate their respective roles, although as yet this has not extended to colleagues within legal services. Consequently, joint training for Social Workers and legal staff (solicitors and barristers) in terms of evidencing neglect, by drawing on the latest research, may be of benefit. Potentially, this could commence prequalification, this is a key recommendation for Higher Education Institutions. Investment is required to encourage more positive working relationships between legal staff and social work practitioners. Joint training, which utilises problem-based learning may be advantageous, to open up a dialogue about the thresholds for neglect.

In terms of case management, social work practitioners and support staff effused about the tools available to support them when assessing and managing risk. The Signs of Safety Approach was confirmed as a model of good practice, having merit in assisting practitioners to undertake direct work with children, and openly discuss concerns with parents. Yet, notably, some Social Workers felt constrained by the approach, or suggested that they could not evidence impact specific to neglect. This is important knowledge, as it brings into question the operationalising of standardised processes which are meant to support preventative action, not stifle it. Evidence based tools should be used to augment and enhance professional judgement, not replace it. The Signs of Safety approach is being rolled out to numerous Local Authorities within the United Kingdom. Training of staff in practice must specifically address this issue to ensure the approach remains a constructive tool. Further training may well be required to support Social Workers and support workers to evidence the impact of neglect, or potential future risk, where there are complicating factors in existence. These

messages can also be introduced pre-qualification, with students, as teaching around Signs of Safety is becoming increasingly common place on social work programmes.

One particular social work practitioner, Emile, shared an example of how he had utilised the SOS approach in an individualised, person-centred way. This illustrated that practitioners can be inspired by standardised approaches to assessing risk and create bespoke ways of delivering them to children and families. This is an example of a creative approach to good practice which can be disseminated more widely.

We know that ‘resource constraints influence professional behaviour’ (Brandon et al., 2014:13), and that the rise of child protection activity has occurred in parallel to funding cuts. In Chapter Seven, we heard from several social work practitioners that ‘time’ continues to be at a premium. In effect, practitioners do not always have time to listen to children. Professionals are in a paradoxical position, whereby the importance of gaining the voice of the child is consistently underlined by legislation, secondary legislation, guidance and research, yet organisational contexts undermine their ability to do so. As a consequence, professionals may construct narratives of neglect which are incomplete and partial.

Within this context, explicit consideration needs to be given to the fourth domain of assessment (see Appendix 10) within the supervisory context, in practice. Resource issues, time, training, staff vacancies and the quality of support and guidance will impact on the process of assessment and therefore, their construction of a narrative of neglect. Just as practitioners document information relating to the three existing domains (Child’s Developmental Needs, Parenting Capacity and the Family and Environmental Factors), time should be given over to exploring how the fourth domain of assessment impacts on information gathering. Supervision should be utilised as a reflective tool to explore whether the worker had the necessary conditions to enable them to engage fully with the process of assessment.

Featherstone et al. (2014) call for a reframing of child protection, for workers to be seen as agent of *hope* and support, rather than as individuals who intervene in a manner which is unwarranted, seeing the child as a sole entity, to be rescued from their malfunctioning and abusive family. Yet this work is complex, and practitioners often lose hope themselves, feeling unable to enact change. Practitioners require support to engage with the emotional impact of their work, to foster empathy whilst avoiding

burnout. To prevent practitioners from replicating the contagious dynamics which abound in cases of neglect, or failing to act, they require effective supervision to encourage self-reflection, self-care, continued professional development and engagement with research. Although, as the author has argued elsewhere, it must be acknowledged that the quality of supervision is also dependent on the organisational context of contemporary social work practice (Revell and Burton, 2016).

It is significant that practitioners acknowledged they had missed some of the signs and symptoms of neglect, and only became fully aware of the extent to which neglect impacted on children, once they had been removed from parents' care. At this stage they were able to observe quantum leaps in the functioning and ability of children. On reflection, they could identify that the key indicators were there, yet they failed to make the necessary connections. Closer attention must be given to the child's embodiment of neglect. The importance of this can and should be reinforced by guidance and policy documents, such as future iterations of Working Together to Safeguarding Children. Practitioners must be cognisant of children and young people's 'silent ways of telling'. Social Workers must be turned on to the disconnect between what is being told and what is being observed.

Over the last decade, researchers have developed a range of embodied techniques for gathering data, such as photographs, walkabouts and structured activities (Lange and Mierendorff, 2009). Practitioners must be supported to dedicate spending time with children and young people, and 'step back' into the social work task. With more capacity to undertaken direct work, they can be encouraged to explore similar approaches. Social Workers need to be as skilled at evidencing the existence of relationship led abuse as they are at evidencing incident led harm to children, in order to achieve criminal conviction. The call for this to happen is not new. Munro (2010, 2011a, 2011b) urged such a sea change in her respective reports, yet depressingly, this research provides evidence that we are far from reaching that goal.

Practitioners' accounts were replete with examples where they failed to take authoritative action in cases of neglect, in the absence of a specific incident. The longer children remain exposed to neglect, in situations where parents lack the capacity for change, the greater the impact. Research tells us that this impact can be serious and irreversible (Brown and Ward, 2013), perpetuating the cycle of abuse. Early help not

only protects children in the here and now, it shields future generations to come. The research is clear, children who are exposed to neglect, are at risk of physical harm, which can result in fatality. Neglect, therefore, ‘should be treated with as much urgency as any other category of maltreatment’ (Sidebotham, 2016:240). This viewpoint must be embedded within practice.

Finally, reference to the research base regarding neglect in practitioners’ narratives, was conspicuous by its absence. Practitioners must engage with research and evidence-based practice, if they are to confidently and coherently articulate a narrative of neglect, which evidences future risk and harm. For too long, intervention with chronic neglect has been ‘atheoretical and ‘intuitive’’ (Tanner and Turney, 2003:26). Practitioners report that they lack time to engage with children; this same lack of time is likely to impede their ability to engage with the research base and attend training for continued professional development. The neoliberal context of contemporary social work practice inhibits our attempts to tackle child neglect and emotional harm, more so than for other form of abuse.

8.4 The Voice of the Researcher:

The debilitating, all-consuming nature of neglect is paralysing for children, young people, parents and for the workers who seek to support these families. The complexity of neglect also raises distinct challenges for researchers and policy makers tasked with providing explanatory frameworks and working towards best practice interventions. As a researcher, I faced challenges when securing a sample of children to speak with. I faced barriers when attempting to gain access to family homes, and when trying to conduct interviews within these chaotic households. I found that fathers absented themselves from my research, refusing to take part, and offer their perspective, which chimes with the difficulties identified by other researchers (Ferguson, 2016). These issues mirror many of the difficulties faced by practitioners on the front line. Despite these challenges, I am able to outline the contribution this research has made to our knowledge base.

This research endeavour has taken me on a journey, from initially seeking to foreground the voice of the child, to recognising the importance of capturing the voice of the child and setting it alongside the voices of other parties. Whilst there have been important strides forward in recognising the need to capture the views of children and

young people outside of the broader family structure (Lange and Mierendorff, 2009), I have demonstrated the worth in locating viewpoints alongside one another, to add context and to document the complex interplay between parent and child, and the backdrop in which practitioners gather such information. As outlined by Seymour and McNamee (2012:103) it is time to ‘bring children back into the families’. This is not to negate the agency that children have, but to acknowledge that the ways children choose to display or demonstrate agency is dependent on a number of factors. For example, children may make an active choice not to disclose the details of the neglectful care to which they are exposed, until they deem it is the right time; or children may see the choice not to disclose as their only form of power (Mason and Falloon cited in James, 2009). Research endeavours must take account of the context in which children and young people share their voice, and be cognisant of the way in which voice and narrative are constructed, and for what purpose.

It is clear that when speaking to children and young people about neglect, whether in the context of service provision, or as a researcher, that we must acknowledge their agency and voice, whilst remaining conscious of the fact that their ability to demonstrate agency may be affected or influenced by their caregivers. As identified by Lange and Mierendorff (2009:94)

‘In gathering detailed information about the physical environment, activities, social partners and roles that are available to children, combined with information about key adults and peers, processes of social construction, children’s agency and children perspectives become visible’

This is key to contextualising, understanding and tackling neglect. Within this research I was able to speak to three children under the age of adolescence, contributing to a research base within which these voices are scarcely represented, in relation to neglect.

Moreover, whilst OFSTED (2011) called for practitioners to employ child observation with babies and young children exposed to neglect, my research has highlighted the need to utilise observation and other embodied techniques, to explore the disconnect between what older children say, and how they are presenting or behaving. When seeking the voice of the child through whatever medium we adopt, practitioners must be mindful of potential family narratives, and prevailing narratives of the family.

This research has strengthened the knowledge base in relation to working with mothers who have neglected their children, by exploring their narratives. It has highlighted that narrative approaches to direct work with mothers can have a transformative affect, despite the fact that many workers are not cognisant of the fact that they are employing narrative techniques. There is scope therefore, to strengthen and refine their approaches with further training.

Research and evaluation into the use of signs of safety within the UK is in its relative infancy. The approach has been widely commended for supporting practitioners to assess and manage risk; yet this research has highlighted that some practitioners found it stifled professional judgment, rather than enhanced it. One practitioner described resourceful use of the approach to optimise its impact, when working directly with a parent. There is much to learn from such a creative approach, and much to celebrate. Further research is required to explore the challenges of utilising the Signs of Safety approach in cases of neglect.

Finally, difficulties in the relationships between Social Workers and legal staff have the potential to delay timely responses to neglect. Practitioners spoke about their fears of not having enough evidence to meet the threshold for compulsory intervention and being challenged by other stakeholders in legal proceedings. Relationships between social work and their legal representatives are not consistently symbiotic, supportive or validating.

These factors, in isolation and combined, may in part account for the fact that we are not making the universal headway in tackling neglect that is required.

8.5 Future Directions:

Having considered the findings from this research endeavour, I will now turn my attention to future directions for research:

- Whilst I was privileged to hear the voices of a diverse range of children, young people and mothers, I am mindful that the voice of fathers and those from minority groups are absent from this research. Further work is therefore required to engage children with disabilities, ethnic minorities and fathers, where neglect is a feature of their lives. This list is not exhaustive; future

research endeavours should seek to secure the involvement of a diverse population within its sample.

- Undertaking longitudinal research with children exposed to neglect may assist researchers to further examine the degree to which a family narrative shapes the voices of children and young people. Conducting multiple interviews with children throughout their childhood would enable researchers to document how their narratives change over time.
- I have made clear recommendations within this thesis concerning the need to coordinate input to children and their mothers, by configuring services over a longer period of time, and utilising the skills and knowledge of two workers (one for the child and one for the parent). Should such an approach be adopted, evaluative research would be beneficial to determine the benefits, gains, and limitations. Undertaking a quantitative cost analysis may provide the evidence required to support the roll out of such approaches in terms of funding
- I had hoped to speak to Local Authority legal representatives in the course of this research to gain their views regarding cases of neglect, which reach the court arena. As this was not possible, further attempts should be made to do so, to provide a juxtaposition to observations of social work practitioners.
- Finally, I hope to work with the host Local Authority to disseminate some of these key messages to front line staff and managers, in considering how they respond to, and work with neglect.

8.6 Final thoughts:

Whilst legal, policy and practice directives have called for practitioners to capture the voice of the child in cases of neglect and understand their lived experience, this cannot be achieved in isolation. If we are to intervene successfully in cases of neglect, and reduce incidence for future generations, we must recognise the importance of the triad of perspectives: Children and young people, parents and professional helpers. We must seek to understand the lived experience of family members and the experiences

of social work practitioners, which will highlight the familial, societal and organisational context within which neglect is allowed to flourish.

Having completed this research endeavour, it is clear that it is the voices of mothers as well as those of professionals which illuminate the voice of the child and the meaning behind the narratives children choose to share. It is only when these perspectives sit alongside one another that we gain a privileged view into the lived experience of children and young people. This research has advanced our knowledge of how a child's narrative is constructed and for what purpose. It has documented the processes and exchanges that take place, which contribute to the formulation of narrative. This research has clearly directed that we must take account of the *sum of all parts* to truly appreciate the affect and impact that neglect can have.

Voice and narrative are not one of the same, although narrative can tell us something about what the voice of the child may be. Collectively they shine a light on child's lived experience and help us to make sense of the child's unique set of circumstances. Practitioners must scrutinise the space between parent and child to determine the relationship between the child's narrative and their *authentic voice*; furthermore, they must scrutinise the way in which their own organisational contexts inform what they observe, and what children and young people have the opportunity to share.

We have been reminded that at various times in history, the voice of the child, the parent *and* the worker has been muted, or indeed privileged. Critical reflection is the next step to enabling all three perspectives to be appraised, synthesised and understood together.

I have drawn on the voices and narratives of others to create my narrative of neglect. As with any research endeavour attempting to examine the human condition, my account is also situated, partial and contingent upon a myriad of influencing factors. This thesis therefore does not offer an unequivocal narrative of neglect, but one version of it.

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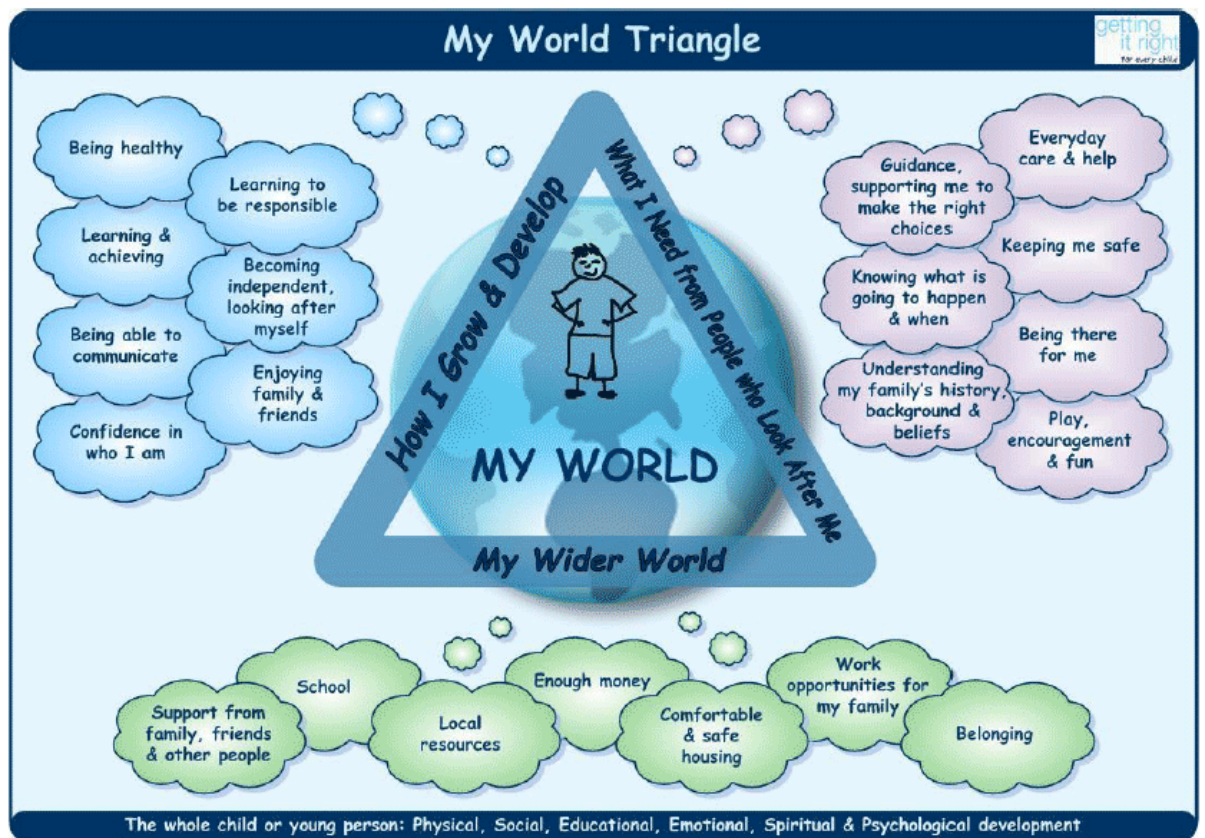
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Appendices:

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Appendix 1:

My World Triangle:



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Appendices 2:

Listening to Children – Information for Parents and Carers

You are being invited to take part in a research study, looking at children's experiences of family life. Before you decide whether you would like to take part, it is important that you have an understanding of what the research project will involve. Please take some time to read through the following information carefully. If there is anything contained within this form, which is not clear, or if you would like further information, please do not hesitate to contact me.

What is this study about?

In the UK, the category of child neglect, accounts for the greatest number of children subject to a child protection plan. As a social worker turned researcher, I am interested in exploring the experiences of children, young people, parents, and carers who have been involved with social workers due to concerns regarding child neglect. I am keen to understand your experiences of working with social workers and the impact that this has had on your individual set of circumstances. I am also keen to hear your views about family life and the demands of parenting.

Why have you been chosen?

You have been asked to take part in this research because you have prior or current involvement from Children's Social Care in relation to concerns regarding neglect. This is a small-scale study, involving approximately 15 families.

What would I be asked to do if I took part?

If you decide to take part in this study, you will be asked to do the following:

- Participate in a recorded interview lasting approximately one hour.
- Possibly participate in follow up interviews
- Consent to your child/ren's involvement in a research interview.

Risks and Benefits of Participation:

There may be no direct benefits to you as a participant taking part in this study. You will not be paid for your involvement, and the only cost to you, will be the cost of your time for participating. However, the information you provide may prove beneficial for helping us to understand how we can best support children and families who experience a similar set of circumstances yourself.

During the interview process, it is acknowledged that you may share some sensitive or emotive information. Any information you share will be treated with sensitivity and advice will be made available regarding sources of support.

The researcher has a clear, enhanced Criminal records check and is therefore suitable to work with children, young people and vulnerable adults.

How is confidentiality maintained?

The researcher will maintain confidentiality of participants as far as possible. Interviews will be conducted in a private setting and interview transcripts will be stored in a secure location. Reports originating from the research will not name or otherwise identify individuals. Tape recording of the interview will be stored securely for a five-year period before being destroyed.

If, during the course of the study, information is received which indicates that a child may be at risk of harm, this may need to be shared with Children’s Social Care.

Your Participation is Voluntary:

Taking part in this study is completely voluntary and you may choose not to take part at all. You may refuse to answer any questions asked of you, and you are entitled to withdraw your consent at any stage, ceasing your involvement. Not participating in the study, or choosing to leave the study will not result in any loss of services or benefits that you would otherwise receive.

Researcher’s Details:

Lisa Revell, Lecturer in Social Work

University of Hull, Room 238, Wilberforce Building, Cottingham Road, Hull, HU67RX

Tel. 01482 466096

Email: Lisa.Revell@hull.ac.uk

Consent for Parent / carer participation:

I have read this consent form. The study has been explained to me. I understand what I will be asked to do. I freely agree to take part in it. I will receive a copy of this consent form to keep.

Signature of Research Participant: _____

Print Name: _____

Consent for your child to be involved in the research Study:

Name of Child/ren:

Signature

Signature of Researcher:

Listening to Children – Information for Professionals

You are being invited to take part in a research study, looking at children's experiences of family life in relation to neglect. Before you decide whether you would like to take part, it is important that you have an understanding of what the research project will involve. Please take some time to read through the following information carefully. If there is anything contained within this form, which is not clear, or if you would like further information, please do not hesitate to contact me.

What is this study about?

In the UK, the category of child neglect, accounts for the greatest number of children subject to a child protection plan. As a social worker turned researcher, I am interested in exploring the experiences of children, young people, parents and carers who have been involved with social workers due to concerns regarding child neglect. I am keen to understand the experience of professionals who work with neglect in terms of assessment and intervention.

Why have you been chosen?

You have been asked to take part in this research because you current work in the area of child neglect.

What would I be asked to do if I took part?

If you decide to take part in this study, you will be asked to do the following:

- Participate in a recorded interview lasting approximately one hour.
- Possibly participate in follow up interviews
- Consent to anonymised comments being used in research publications.

Risks and Benefits of Participation:

There may be no direct benefits to you as a participant taking part in this study. You will not be paid for your involvement, and the only cost to you, will be the cost of your time for participating. However, the information you provide may prove beneficial for helping us to understand how we can best support children and families.

During the interview process, it is acknowledged that you may share some sensitive or emotive information. Any information you share will be treated with sensitivity and advice will be made available regarding sources of support.

How is confidentiality maintained?

The researcher will maintain confidentiality of participants as far as possible. Interviews will be conducted in a private setting and interview transcripts will be stored in a secure location. Reports originating from the research will not name or otherwise identify individuals. Tape recording of the interview will be stored securely for a five-year period before being destroyed.

If, during the course of the study, information is received which indicates that a child may be at risk of harm, this may need to be shared with Children's Social Care.

Your Participation is Voluntary:

Taking part in this study is completely voluntary and you may choose not to take part at all. You may refuse to answer any questions asked of you, and you are entitled to withdraw your consent at any stage, ceasing your involvement. Not participating in the study, or choosing to leave the study will not result in any loss of services or benefits that you would otherwise receive.

Researcher's Details:

Lisa Revell, Lecturer in Social Work

University of Hull, Room 238, Wilberforce Building, Cottingham Road, Hull, HU67RX

Tel. 01482 466096

Email: Lisa.Revell@hull.ac.uk

Consent for professional participation:

I have read this consent form. The study has been explained to me. I understand what I will be asked to do. I freely agree to take part in it. I will receive a copy of this consent form to keep.

Signature of Research Participant: _____

Print Name: _____

Signature of Researcher: _____

Listening to children and Young People...

Assent Form:

Please put a circle around each point you agree or disagree with:

☺ Has someone explained this project to you?

Yes / No

☺ Do you understand what this project is about?

Yes / No

☺ Have you had the chance to ask all the questions that you want?

Yes / No

☺ Do you understand that it is OK to stop talking at any time?

Yes / No

☺ Are you happy to be interviewed for the project?

Yes / No

If you do not want to take part in the project, or if you have answered 'No' to any of the questions above, DO NOT sign your name below!

If you are happy to take part, please sign your name below.

Your name _____

Date _____

The researcher who explained this project to me, also needs to sign their name:

Print name _____

Sign _____

Date _____

Appendix 3

Prompt questions – Child

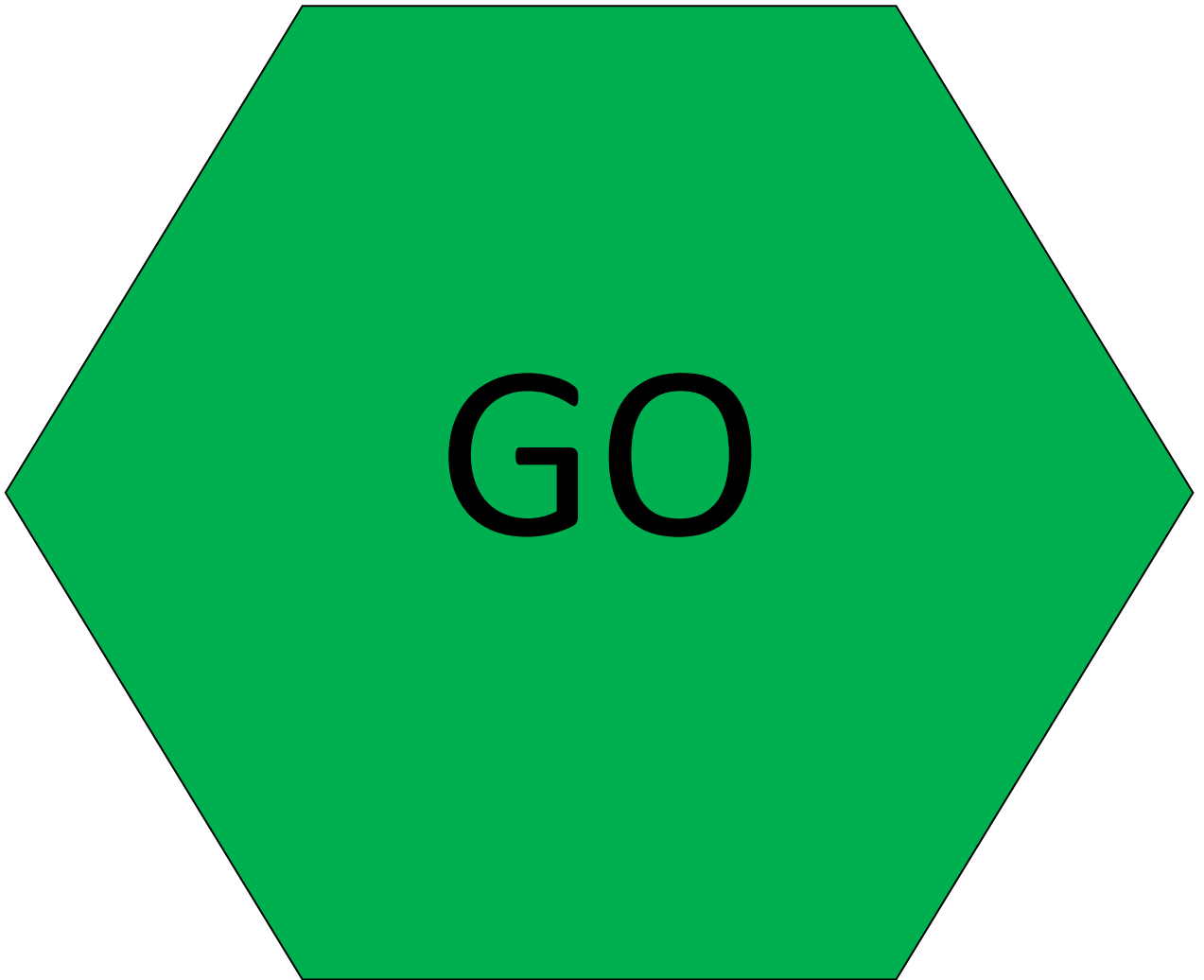
Introduce Research	<ul style="list-style-type: none">• Background• Purpose• Consent form
Rapport building: Family Structure, education, hobbies, interests	
Reason for CSC involvement?	
Meaning of neglect?	
Day in the life exercise	
Current / previous support made available	
Own view of support needs / siblings needs?	
Frequency of contact with social worker? Alone? With parents? Direct work?	

Prompt questions – Social worker

<p>Introduce Research</p>	<ul style="list-style-type: none"> • Background • Purpose • Consent
<p>How long have you been a social worker?</p>	
<p>How many of your cases contain issues of child neglect? What type of neglect do you work with? Which is most prevalent?</p>	
<p>What difficulties have you encountered when working with neglect</p>	
<p>What have you found helpful when working with neglect? Break through? Other agencies?</p>	
<p>How confident do you feel in working with neglect cases? What training have you undertaken (pre and post qualification?)</p>	
<p>What do you think would help some of the families you work with?</p>	
<p>What would help you as a professional? What is the role of supervision in managing neglect cases for you? Useful?</p>	
<p>Have you encountered any differences of opinion when working with neglect? Either between yourself and parents or other professionals?</p>	
<p>How do you ensure that you capture the voice of the child? Why is this important? Do you find that children and generally open and honest? Difficulties with ascertaining VOC?</p>	

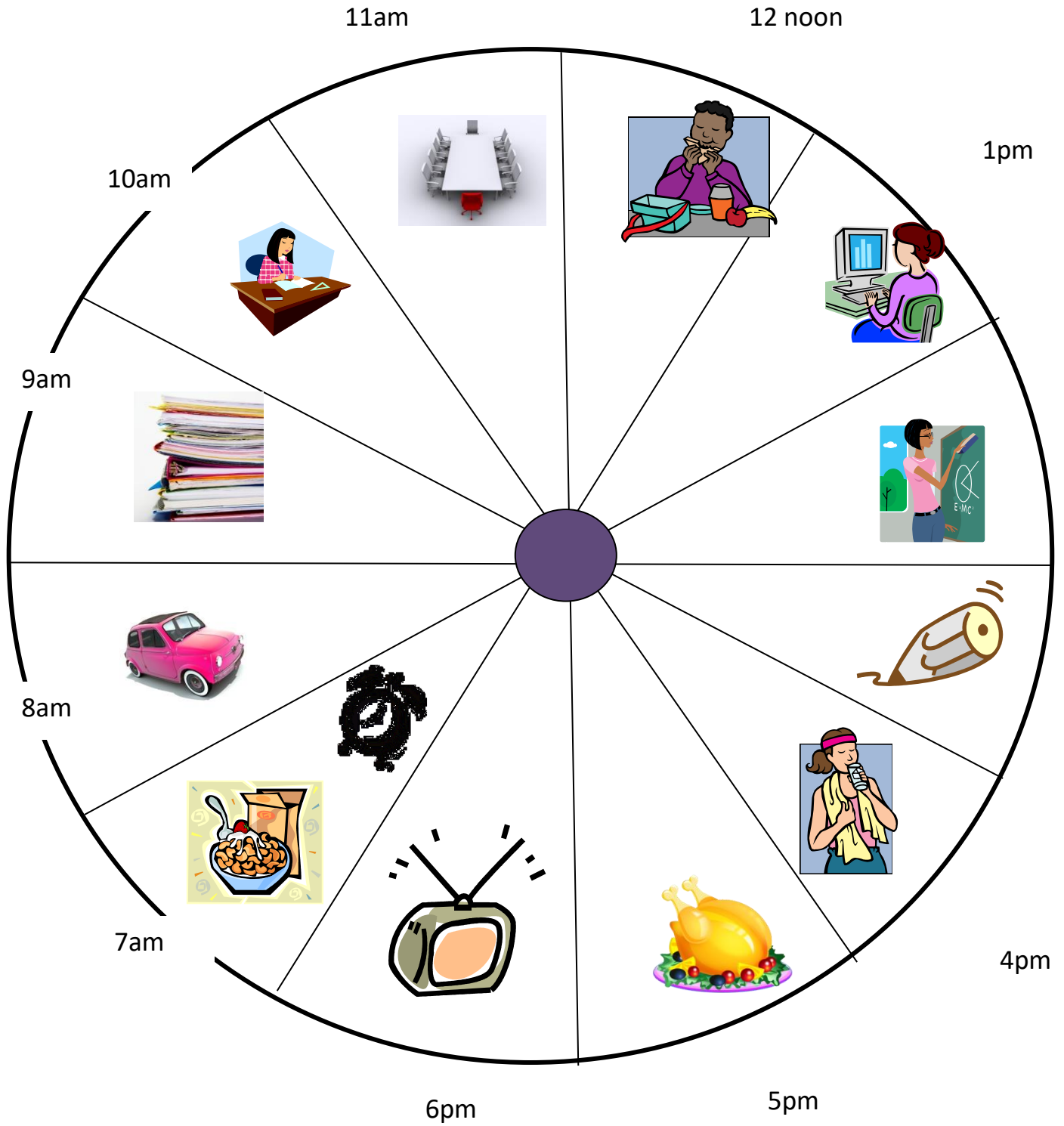
Prompt questions – Parent

<p>Introduce Research</p>	<ul style="list-style-type: none"> • Background • Purpose • Consent forms: parent and child
<p>First contact with CSC (referral)</p>	
<p>Case progression (when did status change if at all)</p>	
<p>What concerns do agencies have?</p> <p>Have agencies been open/honest?</p>	
<p>What concerns do parents have (is there a fit/acknowledgement)?</p>	
<p>What support has been made available?</p> <p>What has worked / not worked</p>	
<p>Improvements?</p> <p>Deterioration?</p>	
<p>What help do <u>you</u> feel you still need to make changes if appropriate?</p>	
<p>What help / support do you feel your child/ren needs?</p>	
<p>What does <i>neglect</i> mean to you?</p>	











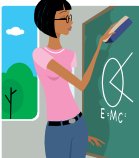


Appendix 5








Appendix 6

My Day Tool

6am	
7am	
8am	
9am	
10am	
11am	
12 Noon	
1pm	
2pm	

3pm	
4pm	
5pm	
6pm	
7pm	
8pm	
9pm	
10pm	
11pm	
12	

1am	 A cartoon illustration of a person with a large nose and closed eyes, lying in a bed with a blue blanket. Three 'Z' characters are floating above their head, indicating they are asleep.
2am	 A cartoon illustration of a person with a large nose and closed eyes, lying in a bed with a blue blanket. Three 'Z' characters are floating above their head, indicating they are asleep.
3am	 A cartoon illustration of a person with a large nose and closed eyes, lying in a bed with a blue blanket. Three 'Z' characters are floating above their head, indicating they are asleep.
4am	 A cartoon illustration of a person with a large nose and closed eyes, lying in a bed with a blue blanket. Three 'Z' characters are floating above their head, indicating they are asleep.
5am	 A cartoon illustration of a person with a large nose and closed eyes, lying in a bed with a blue blanket. Three 'Z' characters are floating above their head, indicating they are asleep.

Appendix 7: Overarching and Cross Cutting codes

	Children and Young people	Parents and Carers	Social workers and Support workers
Codes	Family Demographics	Family Demographics	
	Defining Neglect	Defining Neglect	Defining Neglect
	Factors impacting on Parenting Capacity	Factors impacting on Parenting Capacity	
	Revolving Door	Revolving Door	Revolving door, referrals, managed dependency
	Relationships with / Role of Social worker	Role / Perceptions of social workers	
	Evidence of Positive parenting / Resilience / Change	Evidence of Positive parenting / Resilience / Change	
	Evidence of harm/ Concerns raised	Evidence of harm / Concerns raised	
	Children's Voice	Children's Voice	Children's Voice
	Multi Agency Network	Multi Agency Network	Multi Agency Network
	Fathers	Fathers	Fathers
	Evidence of family Narrative	Evidence of family Narrative	
	What helps when working with neglect		
	Evidence of Impact		

	Loyalty to Parent		
	Self-blame		
	Child's Behavioural Issues		
	Child as a carer for parent / sibling		
	Contact with absent parent		
		Relationship based practice / worker qualities	Relationships based practice / worker qualities
		Generational neglect	Generational neglect
		Parental Motivation	
		Being a victim of services / egocentrism / denial	
		Role of Step mother	
			Training
			What helps when working with neglect
			Court / Legal / thresholds
			Signs of safety
			Supervision and Management

			Use of Time / Staffing / caseloads
			Miscellaneous: Teenagers Toxic trio Family Support Services Training

Appendix 8

Three Houses' Child Protection Risk Assessment Tool to use with Children and Young People



House of Worries



House of Good Things



House of Dreams



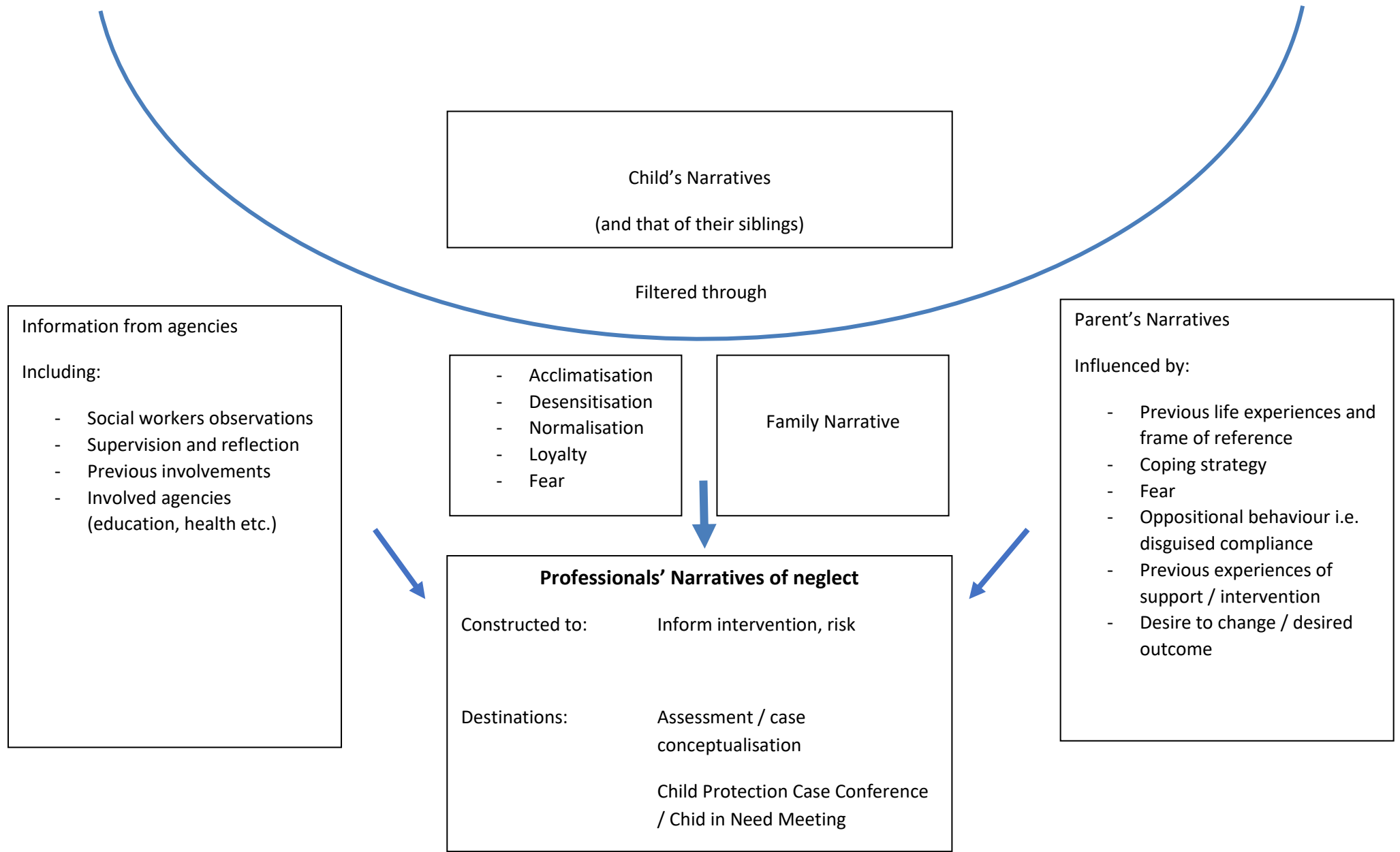


Things that are going well.

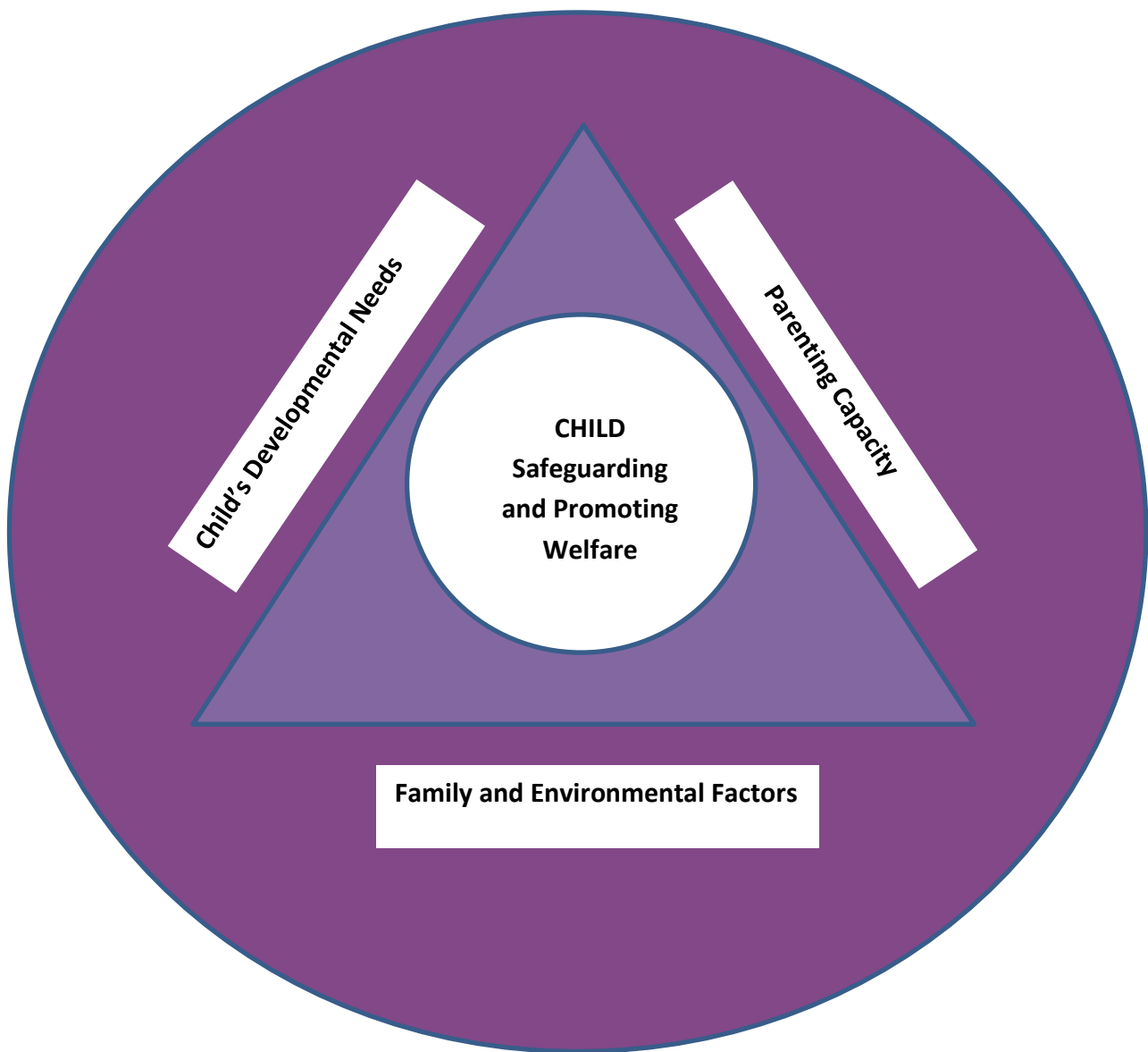
Things that help you 'escape' your worries

WORRIES
Things that need to change

YOUR WISHES
How things would look if your worries were gone

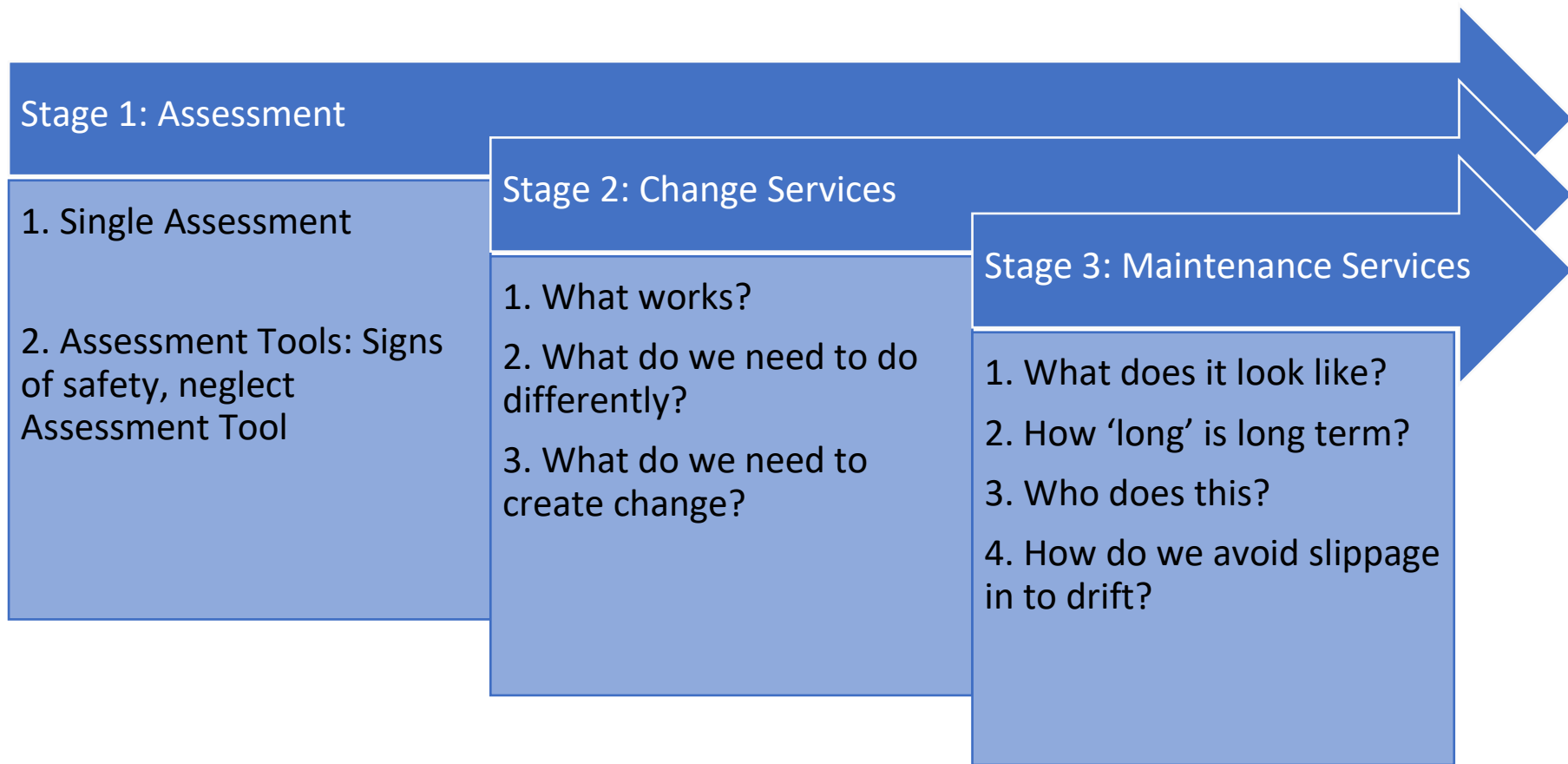


Appendix 10: The Fourth Domain of Assessment



Appendix 11:

A model for Children's Services - Assessment, Change and Maintenance services



What is this research about?

This research is about finding out about family life and whether children and parents are getting the right kind of help and support that they need.

Why have you been asked to take part?

You have been asked to take part in this research because you have a social worker, or because you have had a social worker in the past, and I would like to hear about your experiences.

What will happen if you decide to take part?

If you decide to take part, I will come and interview you. This means that I will ask you to tell me about your life at home. I will ask who ever looks after you at home some questions too.

You and your parents can decide where I meet you and when. It is important that it takes place at a time and place where you feel comfortable.

Our time together will last for about 1 hour. I will ask you to tell me about life at home and your experiences of having a social worker.

There are no right or wrong answers – I am interested in what you think and what you have to say. If you agree, I will tape record our conversation.

Do you have to take part?

You can choose whether you would like to take part or not. If you do, you can tell me you want to stop the interview at any time, or you can have a break.

You do not need to answer any questions you do not want to answer. If I say anything that you do not understand, tell me and I will explain.

If we talk about anything that upsets you, please tell me and we can stop the interview.

No one will be upset or cross at you do not want to take part, or if you chose to stop.

Will taking part in the research help me?

There may be no benefit to you from taking part in the research, but the information from all interviews may help other children, young people, parents and carers who receive support from social workers.

Who will know what you talked about?

Anything that you tell me will be kept private, unless I am worried that you are not safe, then I will need to tell someone.

Information that you share may be used in the research, but it will be anonymised, which means that I will not use your name.

Did anyone else check that the research is OK to do?

Before research can happen, it has to be checked by a group of people who make sure that the research is fair and that people will be treated well.

Contact Details:

Thank you for taking the time to read this leaflet. If you would like any more information, or if there is anything that you do not understand, please contact me. You can reach me on:

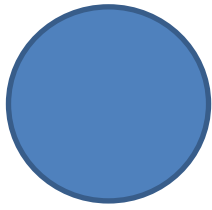
Lisa Revell

Telephone: 01482 466096

Email: Lisa.Revell@hull.ac.uk



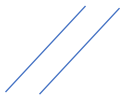
Appendix 13:



Female



Male



Divorced



Separated



Relationship,
not Married