

Accepted for publication by Child Abuse Review on 27<sup>th</sup> October 2018

**Full title:** Focus groups exploring primary school teachers and family support workers' professional experiences of identifying and responding to child neglect

**Running headline:** Experiences of identifying and responding to child neglect

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### **Acknowledgement**

We thank Katie Turner, final year Trainee Forensic Psychologist, for independently coding the data as a third coder.

**Focus groups exploring primary school teachers' and family support workers' professional experiences of identifying and responding to child neglect**

**Abstract**

This study aimed to explore primary school teachers' and family support workers' experiences of working with families and children with suspected or confirmed child neglect. Two in-depth, semi-structured focus groups with four primary school teachers and six Family Support Workers explored the experiences of the two separate professions. Two hypothetical vignettes describing emotional and physical neglect were used to aid discussion. A qualitative, inductive thematic analysis was used to analyse the focus group data. Despite professionals wanting to act when neglect is first identified (early intervention) this was often not common practice. Professionals highlighted that child neglect, in particular emotional neglect, was often not deemed 'serious enough' to report, and would not be reported until a bigger 'jigsaw puzzle' of evidence had been collated. Professionals struggled with policies and funding that impact on their ability to respond in every case of child neglect, as well as multi-agency working difficulties, including perceived confidence in their roles and how other professionals view their work and professional opinions. Child neglect, especially emotional neglect, must be rated as equally serious and necessary for intervention, and professionals must be given support and funding to achieve this.

## Introduction

In the United Kingdom, child neglect is defined in the 'Working Together' guidelines (2015) 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. (pp. 07)*

Child neglect has consistently been the most common initial registration category for a Child Protection Plan (Department of Education, 2016). Statistics from the National Society for the Prevention of Cruelty to Children (Radford et al., 2011) show that up to 10% of children in the UK may experience neglect. Research has emphasised the detrimental and long-lasting effects of neglect on a child, including cognitive, socio-emotional, early attachment, and behavioural development (Hildyard and Wolfe, 2002; Naughton et al., 2013).

Despite the prevalence and serious consequences of child neglect practitioners remain slow to respond when neglect is apparent (Office of Standards in Education, Children Services and Skills (Ofsted), 2014). The professionals include those with a professional duty of care for children or a professional but not legal responsibility to report or take some form of action to help keep a child safe (Children's Act, 2004; Working Together to Safeguard Children, 2015) such as healthcare staff, teachers, social workers etc.

Internationally studies have revealed the difficulties professionals face when identifying and reporting child maltreatment. However, evidence on professionals' ability to identify neglect remains inconclusive. Healthcare staff felt able to identify the signs of child maltreatment (Paavilainen and Tarkka, 2003; Paavilainen et al., 2002). However, these findings are not always supported (e.g. Al-Moosa, Al-Shajji, Al-Fadhli, Al-Bayed, &

Adib, 2003). Paavilainen and Flink (2017) acknowledged more research is needed to fully understand how maltreatment with less clear signs (e.g. psychological abuse and neglect) are identified and defined by professionals.

Nevertheless, the finding that professionals do not always act on suspicions of child neglect remains relatively consistent.

Child neglect remains under-reported within the UK (Ofsted, 2008). Even when reported, it is not prioritised (Wilding & Thoburn, 1997). This may be due to neglect not being seen as being as serious as other forms of maltreatment (e.g. Shor, 1998). Research, mainly from Serious Case Reviews (SCRs), has identified other barriers that may impact on professionals reporting their concerns. These include fears of being viewed as judgemental, or that neglect is not their area of expertise (Brandon et al., 2009). Farmer & Lutman (2014) identified a parent-focused attitude to intervention, instead of focusing on the child and their development and well-being.

More systemic factors include difficulties in demanding case-loads and multi-agency working (Haynes, 2015). Multi-agency working is crucial to ensure that children are successfully identified as in need and effectively responded to (McKeown, 2012; Wills et al., 2008). It allows for a holistic and comprehensive picture of the child, their family, and different aspects of their life that one professional may not be witness to. Despite the necessity for multi-agency working challenges often arise, including the varying definitions professionals use to identify child maltreatment, different knowledge frameworks used, and varying priorities and interventions (Peckover and Golding, 2015; Glisson and Hemmelgarn, 1998; Rose, 2011). Child maltreatment often overlaps with other issues within the family, including domestic violence, substance misuse and mental health (Hartley, 2002; Ammerman et al., 1999; Brown et al., 1998). Various professionals are therefore likely to be involved with different focuses and priorities, making it difficult to develop a shared goal to safeguard a child (Peckover and Golding, 2017). Most research

on the difficulties professionals face when reporting child neglect has tended not to distinguish between abuse and child neglect. Research has also tended to rely on SCRs, which provide an insight into how professionals respond in serious cases but do not provide an insight into the day-to-day work of professionals. Brandon et al., (2009) highlight that more needs to be known about routine child protection work and its effectiveness.

Understanding the difficulties professionals face when working with child neglect is important. However, there is a lack of research within the UK into the role of schools in tackling child neglect (Daniel et al., 2011). Primary school teachers (PSTs) see their pupils most days and by the nature of their role develop relationships with the children and parents. They are in a position to identify changes in behaviour or any apparent lack of care or support from parents.

Family support workers (FSWs) within Children Centres provide individual or group support to parents/guardians of children, currently aged 0-5. FSWs are a part of universal services set up to target early help, addressing behavioural difficulties, parenting skills, sleep problems and domestic violence. Parents/guardians voluntarily accept or seek support from the FSWs, or support may be recommended as part of a Child Protection Plan.

These two professional groups have little research dedicated to the specific barriers they face when working with child neglect. Using focus groups and online questionnaires, Haynes (2015) has previously identified difficulties these professionals face. Their research did not use hypothetical vignettes nor explore specific types of child neglect (i.e. physical neglect compared to emotional neglect). Different forms of neglect may have different responses and barriers associated with them and thus a better understanding of them is beneficial.

## **Aims**

This study aimed to identify

- Specific difficulties reported by PSTs and FSWs respectively in how they respond to child neglect, in particular, the barriers they face in responding as soon as neglect has been identified or is suspected.
- Explore how different forms of neglect may impact on decision-making and the attitudes and responses of the professionals.

## **Method**

### ***Participants***

The participants were predominantly female. FSWs were from two districts. A manager emailed all FSWs in those districts inviting voluntary participation. Those districts had 7 Centres and 22 FSWs. PSTs were recruited from an online questionnaire on the identification and reporting of child neglect. At the end of the questionnaire participants had been asked to provide an email address if they would like to participate in a focus group on the professional experience of working with child neglect. Two PSTs from the same school expressed an interest in participating in the focus group, they then asked colleagues if they would like to be involved and after gaining approval from the school four PSTs agreed to participate. It is important to note that all participants were recruited from 3 districts within Nottinghamshire and so these findings may not be generalizable for the entire United Kingdom. Nevertheless the findings are useful and add understanding of the issue both in the UK and internationally.

Participants received no remuneration but were provided with refreshments.

Table 1 summarises the participant characteristics.

### ***Procedure***

This study was given favourable opinions by the Nottinghamshire NHS local R&D and the University of Nottingham School of Medicine Ethics Committee, reference number:

195644. Both focus groups took place at the participants' place of work. Participants sat around a table, were provided with the participant information and study documents to read, invited to ask any questions before the tape recorder was turned on, and asked to sign and complete the consent form. Only one facilitator was in the room (LB) who explained the study. The FSWs' focus group took 57 minutes to complete, the PSTs group took 49 minutes. Two separate focus groups were conducted to identify if there were any differences between the two professionals in terms of ability to intervene when neglect was identified, and to minimise potential influences of different professional groups. In addition, in having two smaller groups it was hoped that there would be more opportunity for each individual within the group to speak and contribute.

### ***Materials***

Two vignettes used in the discussion involved a hypothetical description of emotional neglect and one on physical neglect, both with domestic violence as a background factor (see supplementary materials). Each included both the neglectful behaviours of the carer and the impact on the child. The vignettes were developed using the definitions outlined by Brandon et al., (2014) and guided by previous research (Zellman et al., 1990; Crenshaw, Crenshaw & Lichtenberg, 1995). Hypothetical situations were meant to help minimise defensive answering. A child of four was described because both professionals would have contact and responsibility of a child aged four.

The vignettes had been piloted by two lay people to ensure they understood the wording as well as the general manager of Nottinghamshire Children Centres and a PST to ensure that the wording and description was relevant and applicable to the day-to-day experiences of those professionals.

### ***Analysis***

LB transcribed the recordings. Responses were analysed using inductive thematic

analysis (Braun and Clarke, 2006). First LB read the data to identify meaningful codes. Once codes had been developed these were compared with those generated by MS. Units or codes with similar issues were then grouped together in analytical categories and given an overarching title. Once the two researchers had agreed on the distinct themes LB developed a code book with a definition and description of each theme, and an example of each sub-theme within that theme, with a definition, description, example of code and an incorrect example. This was then corroborated with MS. Amendments were made to ensure the themes were distinct from one another. The analysis resulted in 15 sub-themes which were grouped into five distinct themes.

The coherence and replicability of the themes were supported by a third independent researcher who re-coded a section of data from both focus groups using the code book.

Further details of data collection and analytical methods can be found in the supplementary materials.

## **Results**

These themes were developed to identify separate issues surrounding the difficulties identified working with child neglect (see Table 2). Although they can be seen as distinct categories, they are still related to one another in terms of consequences or cause and effect. A code of T (for PST) and F (for FSW) is used to distinguish which theme and subtheme each profession discussed.

### ***1. Locating the threshold for action***

A pre-requisite for this theme is the understanding from professionals that they do not always report or take action when they begin to have suspicions of child neglect within a family. Professionals state that they take some form of action only after they feel a 'threshold' has been crossed. This theme represents the professional decision-making



that takes place when working with cases of child neglect and what factors influence their decision as to what is 'serious enough' to report.

#### *1a. Professionals' previous experiences working with child neglect*

Previous experience of working with child neglect was identified as a factor in whether professionals will report/take actions with their concerns. Participants proposed the idea that repeated experiences, potentially with a lack of positive progress, means that professionals are less likely to intervene as the neglect observed does not appear 'serious enough'.

FSW 3: "I think social care can become desensitised, and your scale moves down on what is important."

One FSW summed up the difficulties of neglect in comparison with other more 'serious' situations:

FSW 4: "They aren't as bad as all the others I have on my caseload... you can't do a good job on every case."

#### *1b. Waiting for the full picture*

Participants expressed that they would need multiple examples of neglectful behaviour within the home, as well as evidence of actual harm to the child. They would attempt to collate evidence from multiple sources (i.e. social workers, GPs etc.) as well as look for other potential indicators of ill-treatment that may put the child at risk (e.g. domestic violence, parental drug misuse), thus adding to the 'whole picture'.

This comes from the understanding that for neglect to be taken seriously and for social services to intervene there need to be additional indicators of harm, or substantial physical evidence to ensure that the situation meets the threshold or is deemed 'serious enough' to report, this includes the need for children to be seen as at 'immediate risk'.

Understandably, the development of a “jigsaw puzzle” takes time, and therefore participants stated that immediate action when child neglect is identified is not always or even commonly the norm in their practice.

PST 8: “It’s more obvious, I am not saying I’d feel any more confident to report it... but this is the sort of thing that when you look at the logs are quite common.”

PST 9: “As a teacher, there is little there that you could actually report. Not that you’d be reluctant to report something like emotional neglect, you’d still do it, but there isn’t much of a case there, if it doesn’t come along with other things.”

FSWs had the same opinion. Firstly, they were confident in their ability to identify neglect:

FSW 3: “It’s evidencing it, it’s not recognising it, it’s evidencing it.”

However, they struggled with their belief that neglect was far more difficult to evidence:

FSW 6: “... you need to have evidence and that’s the thing...I had a huge amount of neglect cases which were child in need which tipped on the edge of being child protection...and actually I saw that these children stayed in these situations because professionals were saying there isn’t enough evidence, there is some good parenting in place”.

FSWs in particular believed that the emotional neglect described in the vignette would not meet the ‘threshold’:

FSW 1: “But I actually don’t think it would make the threshold for a social care referral...I would be concerned... but actually I know that Social Care wouldn’t touch that, but we know services which may be able to.”

FSW 3: “That child’s not significantly at risk now... over time possibly?”

Participants indicated the problematic nature of 'risk'. One could argue that a child may never be in 'immediate risk' due to the chronicity of neglect and the fact that the damage caused is in part due to the on-going treatment by the parents.

In relation to thresholds, information sharing between agencies was deemed as crucial in building the full picture. They also highlighted the importance of transparent and honest feedback to agencies and families alike:

FSW 6: "That all agencies are making sure that they are communicating the information that they have. And it's like you know like in meetings...and then telling something else when they walk out of the door. Actually that's not putting the jigsaw together, and that's not supporting the child."

FSW 4: "I think there are some groups of professionals who don't share information, or go into a family with horse blinkers on."

PSTs felt that using a log-book of incidents was helpful in sharing information and were more confident in their belief that they would take some form of action in suspected child neglect:

PST 8: "Even if it's the tiniest thing... I'd just log."

PST 10: "The other good thing is that everyone can see it."

Professionals emphasised the need for multi-agency working, that sharing information was vital due to the importance of building the jigsaw puzzle in order for professionals to help children of child neglect.

## ***2. Hands tied with red tape (systems and processes)***

A consistent theme that was identified across the professional groups was the policies, laws, and procedures that can impact on the outcome of intervention.

### *2a. Targets need to be met*

Professionals identified governmental or service lead targets, including policies and/or funding, that impact on the professionals' ability to help those children that they have identified as 'in need' of support. Participants identified times when they would not make a referral due to the pressures of meeting specific targets and making what may be perceived as too many referrals by those who manage them:

FSW 1: "So no matter what we think is significant or not, if there is no money you can't do anything... we are targeted on the number of referrals to social care and if you know you are going to make a referral which affects our payment by results contract and your jobs..."

FSW 1: "It's all about targets and budgets, social care can't be taking on all these children... there's not enough money to do that."

This was however met with some disagreement with some professionals stating they would take some form of action or report in such cases:

FSW 3: "It's your duty."

FSW 4: "I'd sleep better at night, and I'd take the consequences of managers telling me I think you are wasting money putting in referrals... do you know what I mean...? I've done what I think is right to safeguard the interest of that child."

### *2b. Eligibility criteria need to be met*

Professionals also identified policies which determine whom they are able to help, regardless of whether others are in need of support. FSWs were only able to directly help those families that fit specified criteria (in this case children only ages 0-5). If families did not fit this category the professionals were not able to provide the support themselves.

FSW 6: "It was really, really good in the respect that we were doing all the intervention work with the over 5's, now we don't or shouldn't be, and there's nothing for

those children in terms of early intervention, other than what the schools are providing now.”

### ***3. Personal and interpersonal dynamics among professionals***

This theme identified personal and interpersonal aspects of the professionals’ work that can impact on how successfully they can, or feel they can, intervene or take action when neglect is identified.

#### ***3a. Can I, and do I, confidently fulfil my job role?***

Professionals discussed feeling unsure about their own professional opinions, especially when working with other agencies and professionals. This uncertainty increased when working with other professionals who may not know or understand the extent of work they do in relation to the families involved.

Some professionals identified a lack of confidence in their own voice as a professional and ability to challenge others who may have alternative views:

FSW 6: “Sometimes we think we can’t challenge professionals and like, you think well, Social Work has all the answers and actually your professional judgment is as important.”

FSW 2: “Because when you go to an RCPC [Review Child Protection Conference] at the end they go round every professional and ask if you think the child should stay on the plan or be taken off the plan... I think it takes conviction; it takes guts to do that, particularly when you’re the only person in the group that is raising that.”

There appeared to be reluctance in some cases to take ownership and responsibility for child neglect, especially for the PSTs, not in terms of caring for the child but the additional responsibility without the apparent training or knowledge to accompany this:

PST 10: “I wouldn’t feel confident saying that [neglect]... I would personally feel

uncomfortable making that judgment...someone else who has all the facts together would make that judgment... I would never say that it's neglect, I would say, well I'd write down what I saw and let them make the decision... Am I really qualified enough to say this child is being neglected?"

This may be associated with the idea of 'passing the buck' and result in children experiencing delays or in fact a lack of overall support. PSTs were aware that they were confident in their school to deal with concerns and that this may not be the case in other schools:

PST 7: "They definitely set a standard of what is you know, every training and inset day we have had say come and speak to someone and if we aren't doing enough, go and do something else."

### *3b. Using the 'N' (neglect) word*

Fear or misunderstanding around using the word neglect was apparent with some professionals. Professionals may have perceived connotations, understanding, and implications of using the word that impact on their likelihood of labelling a situation as neglect, and thus the child getting the appropriate support. As one professional describes:

PST 8: "Neglect comes with quite a heavy meaning and also consequence, and as far as I'm aware if a child is being neglected it can lead to being taken away from the home."

The PSTs in particular did not feel comfortable using the word neglect, despite identifying it within the focus group as neglect. When asked about this, they were clear that although they felt it was neglect, they would not give it such a label:

PST 10: "The strength in the system is that you can report that without feeling under pressure to label it... I wouldn't to be too strong; I may label it as uncaring."

#### **4. 'Why has nothing changed for the child?' (despite intervention)**

This theme reflects the frustration felt by professionals who work with families where neglect has been identified or suspected and despite professional intervention the support does not sufficiently target and/or address the neglect towards the children. The theme represents that the child is often not at the centre of concern with other factors taking greater priority, potentially masking the fact that neglect is still on-going, with little improvement to the child(ren)'s quality of care.

##### *4a. Mum's mental health*

The mental health of the mother was seen as a factor that can take priority as a focus of intervention without further work to address the mother's neglectful behaviour. Professionals often target the mental health of the mother as the cause of the neglectful parenting. Once the mental health of the mother improves, it is assumed that the neglectful parenting will stop. Often the parents need further support to help them develop positive and attentive parenting skills. When professionals focus on the parents, rather than the child, they focus on the progress the mother has made in her mental health and not on whether it has resulted in a better environment for the child.

FSW 4: "I think professionals can get so caught up in the parents' issues that they forgot to think where that child's at and the impact on that child and we talk about parental mental ill health, we talk about substance misuse...hold on we've not talked about the child and we are an hour into this meeting".

##### *4b. Relationship with the family*

Professionals also discussed that the parents can themselves cause barriers that stop the child receiving the support that they need. Professionals can become more focused on ensuring a continuing positive relationship with the parents, which can then

cloud or impact on their ability to identify on-going neglectful behaviours:

FSW 4: "Also we know that parents are, can be quite manipulative and they are, you know, oh but she is a lovely person, you know we can as professionals get quite sucked into that".

In addition, professionals may value the relationship they have built and fear challenging the parents may damage the relationship in terms of upsetting the parent:

FSW 1: "It could be again about not wanting to upset the parent".

There was also the fear that challenging would result in the parents' disengagement from the services (especially the case in voluntary participation from parents):

FSW 3: "How often do you get that, when you are working with the family, and you just think if I push too far and they disengage, nobody knows what's happening, rather than at least if somebody is involved that child is seen and that child is heard...You are playing a game".

FSW 1: "We are told we don't challenge parents enough...if someone says I've done that and we say, well actually I don't think you have, we aren't used to doing that are we...it is quite uncomfortable."

#### *4c. Human Rights*

The FSWs expressed their uncertainty over the extent of their authority to intervene in family life without impacting on the rights of the family:

FSW 1: "Children and families have human rights and should we be probing into their lives and to always remember that actually who are we to have these suspicions about people and to be probing... this family has human rights and actually get your nose out its none of your business".



This theme was predominately discussed by FSWs, which is logical given their level of involvement with families. FSWs appeared frustrated that they could be involved with a family and still the child not remaining the centre of concern. They discussed the frustration of mental health and potential domestic violence needing to be addressed to help protect the child but that these factors seem to hold greater priority in intervention rather than the experiences felt by the child. Although the mother's mental health may improve, and the domestic violence may cease, this does not automatically ensure that the child's experiences of neglect will diminish.

### ***5. What helps when working with child neglect?***

Professionals were able to identify what works in terms of identifying and responding to child neglect and potentially what needs to be put in place to further support children and professionals

#### ***5a. Reflective practice***

Reflective practice was identified as important, this could be completed in supervision, individually or in groups but the importance of regularly discussing and exploring safeguarding issues was seen as important in terms of keeping the child as the centre of concern and also to keep in mind desensitisation or potential burn out:

FSW 6: "I think because we have, all FSWs have regular supervision and obviously all their cases are discussed and we have a mechanism in place, I suppose sometimes it concerns me that the early years practitioners... I sometimes wonder if their safeguarding is discussed enough in their supervision".

FSW 6: "It's a really, really tough job isn't it, in regards to safeguarding but then again if you are in any doubt, discussing it with someone else can be, you know, what you need to do just to make sure you actually aren't missing anything".

#### ***5b. Regular contact with the family***

Another aspect was the importance of consistent and regular contact with the parents/carers so that they can identify changes in behaviours, or identify that things have not consistently changed for the better. PSTs especially highlighted this concern:

PST 10: The parents can walk right into the classroom...it is easier to interact with them, whereas there is a school nearby where the parents wait behind the line, unless they have a meeting with the teacher, it's just not how you build a relationship in the community:

PST 7: It is very organic, we would very rarely say to a parent, you need to come in and have a meeting with us, one side of the desk to the other

#### *5c. Mandatory reporting*

Professionals also discussed the potential positive or negative impact of mandatory reporting of suspected child neglect. This discussion was not covered with the FSWs, however the PSTs appeared to believe that it would have little impact on their reporting or logging of incidents/suspensions:

PST 7: "I think there is very little, that we should report that we don't already report so actually if there was mandatory reporting there wouldn't be any difference".

They discussed feeling that it would be an added responsibility that they (currently) would not feel comfortable accepting:

PST 10: "Teachers have to do so many things... we live in a blame game, kind of society it would be very easy to put blame on the teacher ...If it did become mandatory I would expect a lot more [training and support]".

#### *5d. Develop more 'bottom up' or early interventions e.g. breakfast clubs*

Professionals stated the possible benefits of more 'Bottom-up' interventions activities/interventions that are not requiring child protection services but that may heavily

impact on a child's welfare. This could be in the shape of clubs, after school activities or education for children and parents:

PST 8: "At our school we have breakfast club so actually, a lot of those things, you'd still report it and you'd still go through the processes but a lot of those things we could address quite quickly".

## **Discussion**

The two professional groups appear to face similar difficulties when tackling child neglect. Professionals seem confident in their ability to identify child neglect but may find neglect, especially emotional neglect, difficult to address due to their perception of lack of evidence and the belief it is not serious enough to report on its own. Although literature indicates that professionals may underestimate the seriousness of neglect (Crenshaw et al., 1995) little research shows how professionals feel about different areas of child neglect and how they target those areas, especially emotional neglect.

There is also little further research to develop the finding that once other risk factors within the family home have been resolved (including mental health of the mother) no further work is undertaken or perceived to be needed to address the mother's neglectful behaviours. Although neglect can often improve after other issues have been addressed this should not be assumed. Neglectful behaviours must therefore still be assessed and monitored once other risk factors have been addressed.

A key theme is the need for evidence and the 'jigsaw puzzle'. This is supported by Buchanen et al., (2015). Our study also shows that professionals may be aware of child neglect occurring but feel the need to gather more evidence to support their beliefs before reporting. This clearly takes time and results in delays to children receiving the care they need. Thus these behaviours of professionals contribute to the on-going chronicity of child neglect that can be damaging to a child's development and health (Horwath and Tar, 2014). The difficulty appears to be in the term 'evidence'. While there may be clear descriptions

and therefore evidence of neglectful parental behaviour, there is doubt about the extent of actual harm to the child.

Related to this is professionals' frustration that despite the identification and willingness to target child neglect they are faced with increasing 'red-tape'. The restricted funding and policies appear to hamper their ability to help those identified as in need.

The lack of confidence to challenge the attitudes of those professionals that may have more authority is another concern. Multi-agency working can only be successful if professionals feel able to openly disagree and offer alternative views and evidence. Decisions made without appropriate consideration of all the evidence can result in children being left in situations that are still neglectful.

Some teachers identified feeling uncomfortable using the word 'neglect' to describe the scenarios and felt describing the situation was more helpful. In fact, describing (if done accurately) may provide other professionals with further detail and more meaning than using a label.

### ***Implications***

The results indicate that professionals want to provide support to families as soon as child neglect occurs and believe that acting in the early stages of identification (early intervention) of child neglect should be the norm. However, in reality, cases are left until a threshold of seriousness has been reached, often at considerable harm to the child. This is especially relevant for emotional neglect.

In working with cases of child neglect the importance of multi-agency working is clear. Working alongside a variety of professionals can help to develop 'the jigsaw puzzle' quickly without the need to wait for 'enough evidence' to intervene. Although multi-agency working can be challenging, Paavilainen and Flinck (2017) highlighted ways to address and overcome these difficulties. They recommend joint training on child maltreatment, focusing on identification (including the different and varied definitions professionals may

use) and the roles of various professionals. This may help with professionals' uncertainty within their roles but also develop confidence in their professional opinion and ability to effectively intervene.

Given there is only statutory guidance in place to report abuse in Great Britain, mandatory reporting may help by taking the responsibility of 'enough evidence' away from the professional. However, literature within countries with mandatory reporting laws describe similar non-reporting behaviours (Hawkins & McCallum, 2001; Melton, 2005). Perhaps time and resources given to professionals to respond to suspected child neglect, not the law itself, are the key. Similarly, when working with the family, descriptions constitute evidence and are more salient than the term 'neglect'. This is especially important if professionals are using different terminology and definitions in identifying neglect (Peckover and Golding, 2015).

Furthermore, training on how to confidentially and sensitively discuss with parents how to provide appropriate care for their children may help tackle the concerns of damaging professionals' relationships with the family. This is particularly useful for professionals with less experience. The importance of keeping child outcomes as the focus also needs to be emphasised. Professionals often shift their attention to working with the parent and assume the progress of the parent will naturally lead to improvement in the child's wellbeing which is not necessarily the case.

Given the suspicion and lack of trust some parents feel towards child protection services (Dumbrill, 2006), suggestions on helping address neglect through other means are worth considering. Breakfast and after school clubs allow PSTs time to develop a relationship with the children as well as identify and respond to early signs of child neglect.

Some parents who perceive professionals as using professional power to be imposed on them, will find universal, non-targeted, services more acceptable. In turn, universal services are then able to act sooner and collaboratively with parents when child neglect is identified.

Despite the small number of PSTs in the focus group, this study revealed some practice issues not covered in previous research. Support and resources for professionals to report or take action when they first identify child neglect is vital in reducing the extent and the harm of child neglect.

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