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Noticing and Helping Neglected Children: Messages from Action on Neglect

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Abstract

This paper sets out the messages from ‘Action on Neglect’, an Economic and Social Research Council (ESRC) Follow on Fund sponsored project which ran from April 2011 to the end of March 2012 in England. Undertaken by a small team of researchers and practitioners from the Universities of Stirling and Dundee and the national charity Action for Children, it was a follow-up to a literature review produced as part of the Safeguarding Children Across Services Research Initiative (SCRI).

The project team met with multidisciplinary groups of practitioners and managers from all key professions working with children in three areas of England on four occasions. The messages from the study were used to consider the extent to which current practice equates with evidence from the research. Through a process of co-production the project explored the ways in which neglected children are currently helped and considered what could be done to improve recognition and early response.

The final product was a pack - Action on Neglect that outlines a series of detailed worked examples setting out improved pathways to help for neglected children and their families.

KEY PRACTITIONER MESSAGES:

- Practitioners can work together effectively to identify blocks to effective intervention and generate solutions.
- The views of children and young people show that practitioners need to be aware of, and sensitive to young people's feelings.
- Practitioners need to become better at discerning which parents can use help on a voluntary basis and which cannot.

- Children want to feel loved, but this love needs to be practically as well as emotionally expressed.

KEY WORDS:

Neglect; Qualitative study; Multidisciplinary working

A review of studies into the ways in which neglected children's need for help is spotted and acted upon by those in a position to help suggested that the systems as developed in England can get in the way of neglected children getting help promptly i.e. 'systems.... can get in the way of neglected children getting help promptly' and have lost sight of the child (Daniel *et al.* 2009). The study findings were augmented and developed into a book which introduced a child-centred framework for work with neglected children (Daniel *et al.* 2010 and 2011).

Barlow, with Scott (2010) suggest that:

‘...some of the problems caused by broader managerial and proceduralist tendencies – perhaps the most important being the serious incursions that have occurred into relationship-based and reflective social work practice – need to be remedied...’ (p. 12).

Similarly, Munro (2011) identified the need to reduce bureaucracy, develop better working relationships with children and their families and find more creative and effective ways to support children. The *Social Work Reclaimed* project represents one attempt to instigate a whole-system approach to the problem (Goodman and Trowler. 2011).

Action on Neglect was a knowledge exchange project that built on the review. Funded by the Economic and Social Research Council (ESRC) Follow On Fund, it was undertaken from April 2011 to the end of March 2012 in England by a team of researchers and practitioners from the Universities of Stirling and Dundee and Action for Children. The aim was that: *practitioners will be better equipped to ensure that neglected children receive the help they need when they need it.*

Action on Neglect

Action on Neglect used a process of co-production with the project team, people who use services and practitioners to explore the ways in which neglected children are currently helped and to consider what can be done to improve recognition and early response.

Young people and parents

Three meetings were held over the year of the project with two groups of service users, one comprised four young people aged 15 – 18 years who were contacted through a Local Authority Children's Participation Project, all of whom had experienced neglect and were now in foster care. The other comprised nine parents attending an Action for Children Family Intervention Project, all of whom had current or recent involvement with Children's Social Care services and some of whose children had Child Protection Plans.

These groups explored definitions and understandings of neglect, and ways in which services could best respond to the need for help. Participants were not asked to recount their own experiences directly but to draw on them to make suggestions for practice by all disciplines. Emergent recommendations from practitioners were also explored and refined by their perspectives. Notes were taken throughout and the facilitators used the material to craft letters to practitioners from each group which encapsulated their collective views.

Practitioners

In three areas of England multidisciplinary groups of practitioners from all key professions working with children were established and members of the research team held four meetings with each group. The groups included managers and practitioners from across services including: children's social care; education; health, for example midwives, health visitors and school nurses; targeted family support services and early years services including children's centres. A local safeguarding children board training co-ordinator, a housing officer and parenting support staff also attended. The average number at each of the 12 meetings was nine. Meetings were recorded.

The first three meetings with the practitioners focused on the broad headings of identification, response to and help for children and their families, with particular emphasis on the pathways of real children and the factors that help or hinder an effective response. On the basis of these discussions the research team developed draft materials for the final pack for discussion and agreement at the final meeting.

The groups traced children's pathways through the system and the aim was to map what actually happens, rather than what is prescribed by standard local guidance and to explore what blocks effective responses. The research team encouraged the use of non-jargonised language in order to stay as child-focused as possible.

The output

The final product was an *Action on Neglect* pack (Burgess *et al.* 2013; available at <http://stir.ac.uk/9b> and <http://www.actionforchildren.org.uk/our-services/for-professionals/resources>) that wove the practitioner and user views together with research and theoretical material to provide, as far as possible, non-jargonised

blueprints for responsive and authoritative practice. Following an initial overview of neglect and a summary of the findings from the original study the pack comprises four sections:

- A. 'The Views of Young People and Parents' includes the letters from parents and children and an overview of the research about how people seek help and why the system struggles with formulating an effective response.
- B. 'How Can We Help?' includes eight composite family case studies that describe the direct experiences and thoughts of the children involved who are experiencing a range of forms of neglect and suggested pathways to help for children. There follows an extensive exploration of the barriers to offering help with suggested, realistic solutions.
- C. A 'Wider context' includes theoretical and research material.
- D. The 'Appendix' includes links to training and practice materials, a glossary of terms and views from participants about the process of taking part in the project.

The views of young people and parents

Young people

The existing evidence about the help-seeking behaviour of children and young people indicates that they are more likely to exhibit indirect signs of needing help than to ask directly for help, especially from professionals (Gorin 2004). Obstacles to telling someone include the fear of not being believed and a concern that telling someone about what was happening might make things worse at home (Jobe and Gorin, 2013). If they do speak directly about their concerns it is likely to be to parents, friends or confidential helplines (Broadhurst, 2003; Hallett *et al.* 2003; Jobe and Gorin, 2013).

In fact it is often on the advice or with the support of peers that the young person would then approach a family member, carer or professional (Jobe and Gorin 2013). The experience of neglect is especially likely to erode the capacity to recognise the need for help and seek it externally.

The young people in the group offered descriptions of neglect that included phrases such as, 'not enough love'; 'parents and step-parents having no interest in me'; 'having to look after brothers and sisters – you end up doing your parents' job, the responsibility is passed to you' and 'parents neglect themselves.' They also gave powerful descriptions of what it feels like to be neglected. A key insight, not so evident in previous studies, is the message that: 'love is a doing word' and: 'It's one thing to say they [parents] love you but they have to do things to show it'. This indicates that assertions of love are not sufficient to ameliorate the lack of practical acts of care.

The letter from young people describes the human qualities that make a professional more likely to be effective and talks of the need to really listen. It describes the way in which formal procedures can feel intrusive and unhelpful at times. The letter includes messages for social workers, teachers and mental health services. The following extract gives a flavour of their views:

Some parents can change and others can't. Some are given too many chances and we are left too long at home. But when we do have to be moved you need to give us clear explanations about why or we will blame the care service. In some cases parents are just overwhelmed with their problems and we're not sure if anything could have really helped them to look after us better.

Although some do not get enough chance to change – it depends on the individual circumstances (p.17).

Parents

Parents who are struggling to care for their children similarly find it difficult to ask for help directly and are more likely to show indirect signs of needing help (Tunstall and Aldgate 2000). Asking for help is better conceptualised as a complex process rather than an event, influenced by several factors which contribute to how parents think about their own situation, the services they may contact and the likelihood of receiving the response they feel they need (Girio-Herrera *et al.* 2012; Platt 2012; Shanley *et al.* 2008).

The parents in the group gave definitions that were, interestingly, less focused on love than those of the children, and included phrases such as ‘it’s when children are underweight and dirty’; ‘it’s when they hear a lot of bad language in the house or there’s a violent and abusive man’ and ‘it can be because of parents using drugs and drinking too much’. They described how difficult it is to admit to be struggling and ask for help and how easy it is to feel judged and patronised. They offered practical suggestions for improvements in processes and described the kind of support that is the most helpful and likely to be effective:

It’s hard for us to know where to go for help when things start to get difficult. Sometimes we ask for help for ourselves so we can look after our children better but this is sometimes taken the wrong way and people think that we are putting ourselves first....(p.20)

The best kind of help is what some family projects are able to do for us - that is, understand our problems and talk over the important things we can do for our children. And also help us with practical things like housing and sorting out our bills. Some courses they lay on can also be good, like the Parenting Courses, when you meet other people in the same situation as yourself and learn how to have routines and be a less uptight parent. It would be better to get this sort of help without Children's Social Care having to organise it – it shouldn't have to get to the point where it's that bad (p.21).

Some parents did say that they only realised that they had to change when Children's Social Care said they were considering removing the children.

How can we help?

Case examples

One of the issues that emerged from discussions with practitioners was the sheer range of issues and wide spectrum of concern that can potentially be considered under the umbrella term of 'neglect'. Practitioners from all disciplines and working in universal, targeted and statutory services are increasingly aware of the need to respond to early signs that parents may be struggling. They are well aware of the messages from the research about the developmental damage that results from allowing neglect to become entrenched. For example, one of 'ten top tips' for practitioners is they should understand how neglect impacts on children (Beesley 2011). They are also aware of the need to consider the potential for significant harm in the future; but there was an aura of them feeling overwhelmed by the vastness of the spectrum from the needs of a first-time young parent in need of a little advice

about nutrition to the needs of a pregnant woman whose previous children are looked after elsewhere. They were concerned that, in areas of high need, they could not respond to the needs of some families without responding to many others in similar circumstances with the danger of overwhelming services. Thus, practitioner aspirations for practice were congruent with the research, but their capacity to respond effectively was constrained.

Discussions also confirmed that the systems can get in the way of responding effectively. The need to fit children and parents into specific categories and to complete the right forms and to work out which policy, legislation and guidance to apply was at times described as rather paralyzing. The limitations of organising service delivery around categories of ‘administrative convenience’ were identified years ago (Vickery 1973). The project took this issue head on by continuing to focus tenaciously on the needs of children and supporting practitioners to concentrate on children rather than official categorisations and to consider what the simplest route to help might be.

Discussions with the practitioners, informed by the user views, were shaped into eight exemplar case studies illustrating children experiencing different levels of neglect and including realistic suggestions for intervention by different professions. The case studies first set out the children’s experience then include case information and possible responses in descriptive rather than system-oriented language. The exemplars do not provide anything unusual or especially surprising – rather they illustrate, in child-centred terms, ways in which prompt response can be helpful and are informed by the actual practice experience of the participants. For example, three year old

Jake's perspective is: 'No-one talks to me at nursery and they don't want to play with me – they say I'm smelly.' (p.26) And his two year old sister, Kelly, feels: 'I'm sore, uncomfortable and frightened when mum and dad argue.' (p.26) School nursery staff notice Jake's distress and, following initial brief consultation with Children's Social Care, liaise with the health visitor to organise for Kelly to attend a Children's Centre and for additional support for their parents, which also entails working to defuse some resistance from the father.

Fifteen year old Diane feels: 'I hate it at home – no-one cares about me...I could be dead and they wouldn't notice.' (p.40) Police officers spot her sitting on a park bench in the early hours and tune in to her plight. They take her home, but also link with Children's Social Care who link with the school. Diane's teacher listens to Diane's concerns, takes them seriously and liaises with Children's Social Care. Following initial hostility from parents the eventual outcome is that Diane moves to live with foster carers who specialise in looking after teenagers; she continues to receive support from her school.

When scenarios like this are devised for training sessions practitioners can react quite negatively by stating that there are no resources, not enough staff, that everyone is overloaded and that in real life such apparently seamless responses are impeded by parental resistance and system delay. Teachers will say that Children's Social Care will not listen, who in turn state that teachers and health visitors are unrealistic about what is possible. Trainers can be accused of being unrealistic and remote from the practice challenges. However, *Action on Neglect* showed that when multidisciplinary groups of practitioners together compare notes about what is possible and are

encouraged to describe actual practice they can identify what has been achieved on behalf of many children and the ways in which they do frequently work with, and overcome, high levels of parental suspicion and resistance. We heard about work with families that was congruent with the messages from research about the need to take account of parents' willingness and capacity to change and the need to consider the effects of intervention on the day-to-day experience of children (Horwath 2013). On the other hand, we heard about resource and energy being devoted to blocking the provision of support rather than getting on and providing the often quite straightforward and practical responses that are needed.

The project did not naïvely avoid discussion about the high levels of risk of harm faced by many children and the serious threats and aggression from parents encountered by many practitioners. The many barriers that frustrate them were also identified and potential solutions explored in detail.

Barriers and solutions

This part of the pack reflects on how families experience the involvement of helping services, the constraints that practitioners feel they work under and the ways in which these might be overcome. It includes a series of anonymised practice examples that describe promising examples of creative responses to neglect.

How do we know that families need help?

This sub-section explores the barriers parents face and potential solutions, for example:

As parents it's hard to know where to go for help when we know we're not coping with looking after our children. Sometimes we go to our GP, although we usually say that it's our child's behaviour that's the problem or that we can't sleep and we're depressed. What happens next depends on whether our GP can pick up that we're struggling, what help there is locally and how easy it is to get it. (p.42)

Several positive practice examples were given, for example, in one of the participating areas there is a health service child safeguarding system which includes all general practitioner GP practices. In addition to all GP practices or health centres having a safeguarding lead, each has a named health visitor who liaises with other services. There is a structure which focuses on training and linking primary care service staff into the Common Assessment Framework (CAF) process.

Another barrier is that:

It's not easy to admit we need help and advice about looking after our children. It's shameful and we think we should be able to manage. We don't know what teachers or health visitors can do for us— they might say our problems aren't bad enough and they can't do anything or they might tell social services and then it can get taken out of our hands. You need to make it easier for us to ask for help or pick up more quickly when we show you indirectly that we can't cope. (p.43)

In some areas a 28 week pre-natal check takes place at home which gives midwives and health visitors the chance to talk with parents about the emotional and practical

aspects of having children. Mothers are increasingly able to talk about post-natal depression for example.

How do we respond to or approach families who need help?

Many barriers were identified here, for example, it was noted that there had been a gradual reduction in opportunities for practitioners to see young children in their homes, especially during the early years. At the same time there is an emphasis on the need for midwives and health visitors to identify families likely to need extra help. There are developments in Early Years provision such as Family Nurse Partnership projects in some areas (Olds 2006); there are also enhanced health visitor services in some areas and increased and effective outreach from children's centres, once families are identified. Many areas have developed pathways to ease the ways in which health service staff can respond to families. In one project area there is a vulnerable children's team, which has a direct link from health services (community and hospital nurses and midwives and health visitors) to children's social care services for health service staff to ask advice about individual families and how best to respond to them. The common message from these kinds of initiatives is that, whilst many practitioners may be in a position to recognise that a child needs help, effective response is facilitated when local arrangements are deliberately facilitated to improve collaborative responses.

Practitioners, especially teachers, say that they can often feel instinctively that a child is showing signs of neglect. To facilitate a helpful response such feelings need to be analysed and recorded in a way that is helpful to other services. Practitioners may need help with developing the skills to do this. In the groups schools were described

as important hubs for responding to and helping both children and parents. A study of disclosures of abuse and neglect suggested that, after informal recipients of disclosures, teachers were the most likely professional to be turned to. But the study also stressed that professionals had to be proactive.

The research has emphasised the need for professionals to ask young people about abuse in a direct and developmentally appropriate manner, while ensuring they are safely able to disclose (Allnock and Miller 2013, p. 7).

The message from *Action for Neglect* was that it is perfectly possible, within current structures, to create a culture within schools where neglect is recognised by teachers who combine concern with the capacity to reach out to children and their parents. A further message was that this approach is effective if seen as part of broad safeguarding duties as well as being integral to ensuring that children can learn better.

One of the most frequently discussed barriers was the CAF form, which ironically was developed as a way to smooth integrated multidisciplinary responses to children (Department for Education 2013). For practitioners in universal services the issue revolved around the need to obtain signed consent from parents and children for progression of an assessment. Their frequent dilemma of whether there needed to be a 'formal referral' to children's social care revolved around anxiety about this element of the process and whether to 'escalate' the concerns. During such discussions the concept of 'thresholds' was often invoked, usually accompanied by a wistful call for common agreed thresholds. Stevenson (1998) suggested that trying to establish clear agreed thresholds is as vain as the search for one settled definition. More recently, based on an examination of the research on decision-making in child protection, Platt

and Turney (2013) suggest that the concept of threshold is limiting and propose a more nuanced model that takes account of the individual, organisational and structural influences upon whether formal child protection proceedings are invoked. It has also been suggested that the concept can be muddled by failing to distinguish between crossing a threshold of levels of severity and crossing a threshold of failing to achieve change via the provision of support on a voluntary basis (Daniel 2013).

Despite these reservations, with prompting the practitioners engaged in *Action on Neglect* were able to identify many actual and potential solutions to this sticking point. A number of areas have developed models to encourage a more consistent approach to completion and use of the CAF form. In some there are now CAF champions and social care staff whose role is to model the most effective ways of encouraging parents to take part in completing them, writing them up in a way that is acceptable to families and useful for all services involved with the family and ensuring that they are only completed when necessary. In some areas there are multi-agency groups that review CAF forms to see if they are really needed, for example when one service can offer support without others being involved.

What can we do to help children and their families?

As described above, schools are often seen as hubs for help, but for some families there are barriers to accessing help via schools because of their own negative experiences of schools. In some areas staff have been employed in schools to reach out to parents and provide additional support to children and families. In one primary school, for example, there was a home-link worker who worked proactively with parents and children needing additional help. There were no specific funds for this

initiative; rather the senior team decided that the allocation of a portion of resource to this was worth it because of the return on investment in relation to children's better engagement with learning. Recent research commissioned by the Children's Commissioner in England identified many pockets of excellent safeguarding practice in schools. Good practice depended both on the culture of support for children within schools as well as the fostering of good relationships with other agencies to smooth swift responses to identified needs (Mortimer *et al.* 2012). Numerous other examples of practical and support provided in, and via, schools to children and their parents were given. There were also discussions about the less concrete aspects, for example, Head Teachers note that school staff who have a nurturing ethos have to do more than 'do it by the book' – rather, they have to take part in and challenge the professional debate about how best to provide help for families. School staff often do well when they think 'outside the box' and when they work with families individually and creatively. They can focus on the needs of their own school community and neighbourhood. It was also noted that the inspection focus on attainment hindered attempts to provide nurturing support to neglected children. The message from *Action on Neglect* is that practitioners do recognise the need to take authoritative action to support neglected children and appreciate working in an organisational environment that facilitates and supports such action,

Effective intervention on behalf of neglected children depends on attaining the right balance between care and control (Farmer and Lutman 2012). Although many examples were given of support provided on a voluntary or 'semi-voluntary' basis, there were also many descriptions of authoritative practice which combine warmth with the use of statutory measures. There are many models of intensive family

support, based in Family Centres and Family Intervention Projects but parents who are resistant to help sometimes do not make themselves available for support from these projects. Staff can be authoritative as well as caring but it sometimes needs the legal ‘authority’ of statutory services to make parents ‘sit up and take notice’, and even then many do not. Where parents refuse to make use of such support on a voluntary basis and the children are at risk of suffering significant harm statutory measures will be required; and the parents in this project recognised this. Practitioners could describe examples where invoking statutory measures was essential to improve the lives of neglected children.

Reflections on the process

Bringing a mix of disciplines together to discuss a common issue proved productive, especially as there appear to be few opportunities for cross-disciplinary discussions apart from meetings to discuss specific children. Practitioners found it helpful to discuss neglect with multi agency and disciplinary colleagues: ‘I have learnt that sharing positives and negatives with colleagues, gives us an opportunity to improve practice.’ (p.86)

The biggest challenge for the project team was to maintain the ‘non-jargon’ stance. It was all too easy for practitioners to fall into the language of systems and processes, often without realising it. This was where the recordings were helpful because they enabled reflection at a distance on the discussions. It was also helpful that some of the research team were not based in England and so were more aware of some of the jurisdiction-specific acronyms and ‘shorthand’ terms. The struggle groups had with developing an accessible narrative about neglect was illuminating. It suggests that the

language of the local procedures provides a more comfortable vocabulary and that practitioners may find it difficult to 'translate' their language into language that parents and children can relate to. Morris and Featherstone (2010) also suggest that parents can find it very difficult to understand the processes they are caught up in propose advocacy as one option to improve engagement.

The project was deeply enriched by the involvement of parents, children and young people. Their messages could be uncomfortable for practitioners to hear, but they hit home, as illustrated by practitioners' feedback that indicated that they had been reminded to think about how it may be for children experiencing neglect: 'I learnt to consider things from a child's perspective.' 'Interesting and thought provoking, the most notable thing was the different way that children and parents described neglect.'

(p.86)

Practitioners appreciated being given the research evidence about neglect: 'Really enjoyed the diversity and quality of information which has supported my reflective practice.' 'How important it is to consider the cumulative impact of neglect...a reminder that we can get bogged down in the parents' difficulties.' (p.86)

For the parents the project was challenging, many needed to use some of the time to rehearse their own experiences and the associated anger and distress felt. However, they commented that meeting in a group and hearing what the other parents had to say helped them feel supported and that they were pleased to be given the opportunity to feed back what it felt like to receive services.

Similarly the young people said that they found it helpful to be listened to by adults who had plenty of time to talk with them in a relaxed way. They liked the idea of writing the letter and addressing it directly to professionals and would like to be involved in national project like this one again if the chance came up.

Overall, the project evidenced the benefits of providing multidisciplinary groups of practitioners the opportunity to problem-solve together. The pack contains material that can be adapted for different areas because it is not tied to any specific local procedures. Although resource intensive, strategic planners could find it helpful to draw on aspects of the model of bringing groups of different professionals together to help inform local solutions.

Conclusion

The project demonstrated that it is helpful to keep a very sharp focus on the child's needs and ensure that, by working collectively, those needs are met. In many cases the provision of swift support and services in response to early signs of problems will enable struggling parents to provide the care their children need. Empathic initial responses from practitioners, coupled with concrete offers of practical and emotional help on a voluntary basis, can stave off many future disasters (Long *et al.* 2012). However, this will not always be the case. There are some parents who are not able to make use of this kind of voluntary support for all sorts of reasons. Some people find it difficult to articulate their need for help, some do not accept that there is a problem, some are very suspicious or frightened of any 'authority' figure and some just cannot change their parenting even though they want to. A small minority will deliberately evade all professionals and will passively or aggressively resist all attempts to provide

help on a voluntary basis (Tuck 2012). The children living in these families are at particular risk of suffering neglect for too long. A seamless service is one that does not rely on the slippery concept of ‘thresholds’ to trigger action, rather it ensures that practitioners within universal services have the knowledge and support required to identify intractable situations quickly and ensures that the children receive the help they need, via compulsory measures if required. Such a service is authoritative in that it couples empathic support for parents with an unwavering focus on improving children’ lives. A seamless service is facilitated by clear local arrangements and processes for practitioners in Universal services to seek support from those in targeted services for planning responses that are not reliant upon formal referrals. Many practitioners are providing exactly that service to children every day and there is much to be gained by learning from examples of effective practice. Above all, the messages from the children call for practice that recognises the importance of a child feeling loved and that reacts to their distress when the need for love is neglected.

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