Authoritative practice with child neglect: Integrating family support and child protection

Brigid M. Daniel

School of Applied Social Science, University of Stirling, Stirling, United Kingdom.

Correspondence should be addressed to: Dr. Brigid M. Daniel, Professor of Social Work, School of Applied Social Science, Colin Bell Building, University of Stirling, Stirling, FK9 4LA, United Kingdom. E-mail address: b.m.daniel@stir.ac.uk.

Abstract

Child neglect accounts for the highest proportion of substantiated cases of maltreatment in high income countries. It is associated with profound effects on children's wellbeing and development in the short and long term. Practitioners from all disciplines struggle to find effective responses to neglected children, especially in the context of systems that are built around a forensic-investigative core. Based on a body of research undertaken in the UK and informed by an international literature review, this paper proposes that a model of authoritative practice is required when working with neglect. Practitioners working in all settings need to combine empathic support for parents with a sharp focus on the needs of children for care and protection.

Keywords: child, neglect, support, protection, authoritative

Introduction

Neglect

> Children need parents to take care of them, give them cuddles and enough food; I was always hungry – I never knew what a chocolate biscuit was until I went into foster care (Burgess et al., 2014, p.16).

Child neglect accounts for the highest proportion of substantiated cases in a number of high income countries (Gilbert et al., 2009). Certainly across the jurisdictions of the UK child neglect has become the most common reason for child protection referrals and operational categories of 'neglect' represent the majority of registrations and reason for child protection plans in all UK jurisdictions (Burgess et al., 2014). In the UK and more widely it has been recognised that this represents only a small proportion of the numbers of children who are experiencing a distressing and damaging level of unmet need (Cawson, 2002; Daniel, Burgess, Scott, Mulley, & Dobbin, 2013; Radford et al., 2011). Drawing on self-report studies Gilbert et al. (2009) estimate a cumulative prevalence rate of 6-11.8%. It has long been recognised that the kind of incident-driven, forensically oriented child protection systems that characterise the UK and other countries with similar jurisdictions are not necessarily suited to providing the best service to neglected children and their families (Buckley, 2005; Daniel, 1998; Stevenson, 2007). There appears to be a systematic failure to really get to the heart of the problem of neglect despite many reviews of the system and attempts to develop different configurations of services, including variants of 'differential response' (Children's Improvement Board, 2012; Munro, 2011; Waldfogel, 1998). This paper will explore the suggestion that this failure springs, in part, from the difficulty organisations, systems and individual practitioners have with integrating family

support with protective responses, in short, with providing authoritative responses. It draws on a body of research on neglect undertaken in the UK and a review of international evidence.

Research base

A systematic review of the literature on noticing and helping the neglected child (Daniel, Taylor, & Scott, 2009a, 2009b; Daniel, Taylor, & Scott, 2010) was carried out according to systematic review guidelines (Centre for Reviews and Dissemination, 2007). It asked three questions:

1. What is known about the ways in which children and families directly and indirectly signal their need for help?
2. To what extent are practitioners equipped to recognise and respond to the indications that a child's needs are likely to be, or are being neglected, whatever the cause?
3. Does the evidence suggest that professional response could be swifter?

Sixty-three international papers published in English between 1995 and 2005 and reporting on empirical studies were included (Daniel et al., 2009a, 2009b). Few studies set out to study professional recognition of and response to neglect as their primary aim. The review identified that there was more research on indirect rather that direct signs that a child or parent may need help, such as indicators of compromised development or indications of the impact of substance misuse on parenting. Research on recognition of neglect appeared to be hampered by the lack of a common definition of neglect and the frequent conflation of child abuse and neglect as 'maltreatment', making it difficult to disentangle neglect as a distinct concept. At the same time, evidence suggested that professionals in universal services were well aware of children who were missing out on various forms of nurture and care. Research on response focused more on the operation of the system, such as factors associated with substantiation, rather than the kind of

help offered to children. There was some evidence that professional responses could be swifter. Because we found that research was preoccupied with the workings of formal systems we deliberately re-characterised 'recognition and response' as 'noticing and helping' in a bid to focus attention on the intended outcome rather than the process.

This focus on intended outcomes also informed a series of three UK-wide reviews of neglect and responses to neglect and a more in-depth review of the situation in Scotland (which has a rather different approach to child wellbeing and protection than England) (Burgess et al., 2012, 2014; Daniel, Burgess, & Scott, 2012; Daniel et al., 2013). The reviews asked very similar questions to the systematic literature review:

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

The reviews used mixed methods. We collated UK statistics about children already 'officially' neglected and affected by parental substance misuse, mental health issues and domestic abuse and analysed policy documents from the four nations. Across the four reviews we collected a total of 99 local authority (boards in Northern Ireland) responses to surveys about incidence, prevalence and available services. A total of 5,879 professionals from social work, police, health and education responded to online surveys that asked their views about causes of neglect and their roles and responsibilities in helping children, and 324 took part in in-depth focus groups. A total of 7,295 adults in the general population and 1,582 children took part in online surveys seeking their views on seeking help for self or others. Thirty eight parents and forty children with experience of receiving services as result of concerns about parenting took part in in-depth focus groups.

The harm caused by child neglect to childhood development was identified by all professions in all reviews, and, importantly, we identified a widespread concern by the general public about the significance of neglect for children growing up in the UK today. A full discussion of findings and their implications are described in the final reports of each review (Burgess et al., 2012, 2014; Daniel et al., 2012, 2013) but there are some key findings of relevance to the discussion in this paper.

The first review illustrated the scale of the problem of unmet need amongst children in the UK and, importantly, it confirmed the indications from the systematic literature review that professionals in health and education services know perfectly well who these children are and are worried about them but are not sure how best to help them (Burgess et al., 2012). There is a discourse that neglected children 'slip through the net' and remain unnoticed, but we concluded that rather they are noticed but then end up 'stuck in the net' and often fail to get the prompt help they need.

The second and Scottish reviews highlighted the complexities of the interface between the professionals in universal services (and to an extent in the third or 'voluntary' sector) and the targeted statutory 'child protection' systems.

The final review focused primarily on the views of parents and children and illuminated just how hard it is for people who are struggling to ask for help from professionals (Burgess et al., 2014). In particular, there were clear messages from children that they needed professionals to be proactive in reaching out to them if they noticed signs that they were neglected, as one young person said:

> I think it's the adults who need to approach children if they think something's not right, it's not up to the children to approach them. It can be a big burden for a child to ask for help (Burgess et al., 2014, p. 23).

Finally, *Action on Neglect* was a specific project that encouraged practitioners to develop solutions to the barriers that stop them providing help to neglected children and their families (Burgess, Daniel, Whitfield, Derbyshire, & Taylor, 2013; Daniel, Burgess, Whitfield, Derbyshire, & Taylor, 2014). It established a year-long knowledge exchange project with three groups of practitioners and managers working with children in England. Special emphasis was placed on the views and experiences of children themselves bearing out that children have their own definitions of what constitutes child neglect. There was a strong focus on encouraging practitioners to avoid the use of system and process language and to focus on what assists or hinders a child's journey to help. Practitioners described many examples of effective help being provided to neglected children, in a range of statutory and voluntary settings, but again, navigating the interface between various parts of the helping system caused them problems.

The practitioners' dilemma

It was clear from this body of work, and in particular the annual reviews and *Action on Neglect*, that practitioners are offered mixed messages about how best to help neglected children and their parents. Currently there are two rather different, and potentially incompatible, discourses about child neglect that do not necessarily provide a very coherent framework for practice. One discourse is driven by the recognition that parents whose children are neglected are amongst some of the most materially and emotionally deprived; are likely to have experienced neglect or abuse in childhood; are affected by mental health problems, learning disabilities, substance

misuse and domestic abuse; are the hardest hit by policies that exacerbate inequalities in society and, therefore, require empathic and supportive responses (Cleaver, Unell, & Aldgate, 2011; Featherstone, White, & Morris, 2014). The other discourse is driven by the recognition that neglect is highly damaging to children in the short and long term; is associated with risk of significant harm or death; is not necessarily caused by poverty; can be very intractable and is, therefore, a serious child protection issue (Narey, 2014). It is not surprising that practitioners struggle with finding the right balance in the face of these different perspectives.

Organisations struggle to create optimal systems for responding to the full range of support and protection needs in situations of neglect and this parallel discourse is, to an extent, mirrored in the organisational structures. The common response has been to establish systems that require children with unmet needs to be categorised as either 'children in need' or as 'children at risk' who are then offered a different type of service, usually differentiated in the UK as 'family support' or 'child protection'. Professionals taking part in *Action on Neglect* discussions, for example, frequently used the shorthand 'section 17' or 'section 47' to articulate a conceptual distinction that they made between the needs of different children, referring to the duty in relation to children in need as set out in the Children Act 1989 (Section 17 and sub-sections) and to make enquiries in relation to a child suffering, or likely to suffer, significant harm (Section 47 and sub-sections).

These arrangements are driven by the legislative instruments in the UK that set up the conditions for bifurcating pathways because they are built around a forensic – investigative core. International comparative analyses show that many other European countries are oriented towards a family welfare and support approach (Hill, Stafford, & Green Lister, 2002). It is easy to see why such arrangements have developed as a way of managing high levels of children who

are identified by nurses, doctors, police and teachers as needing some kind of professional intervention. This type of approach is akin, in some ways, to forms of 'differential response' developed in the US, Canada and Australia (Lonne, Brown, Wagner, & Gillespie, 2015; Merkel-Holguin et al., 2014; Pelton, 2015), although it is unwise to draw too strong a comparison because they are not formally constructed as such, the context is very different and the kinds of services available and offered are not so distinct.

Although the legislation and associated child protection arrangements do appear to be relatively effective in reducing child deaths and improving outcomes for children subject to child protection plans (Devaney, 2004; Devaney, Bunting, Hayes, & Lazenbatt, 2013; Sidebotham, Atkins, & Hutton, 2012), they are not optimally helpful when it comes to providing the kind of rounded responses needed for child neglect where there are normally highly complex patterns of factors at play. As Cameron and Freymond (2015) noted in relation to the differential response model in the US:

> It is difficult to construct a credible basis for dividing child welfare clientele into investigatory and assessment cohorts, based upon information gleaned from limited contact with children and parents (p. 33).

Scotland is interesting, because the overarching framework for all children's services, *Getting it right for every child* (*Girfec*) is conceptually different in that it aims to incorporate the more formal investigatory aspects within a wider offering of support rather than on a parallel track (Scottish Executive, 2005). The aim is for 'seamless services' whereby support is offered as much as possible by the universal services, especially health and education, at an early stage on a voluntary basis and the statutory instruments are reserved for where there is need for some form of compulsion. The model is elegant and the assessment framework that considers a range of

domains of need is highly suitable for assessing the needs of neglected children (Rose, 2012; Rose & Rowlands, 2010; Stradling & Alexander, 2012). The evaluation of its wholesale introduction in a pathfinder local authority found indications of improved outcomes for children and reduced use of statutory instruments (Stradling, MacNeil, & Berry, 2009). We found in the Scottish review (Daniel et al., 2012) that in local authorities in Scotland where this model had been incorporated as a whole systems approach practitioners from all disciplines had a common language for talking about neglect. However, in some local authorities *Girfec* was been conceptualised more as a parallel track to the 'child protection' system. Since our review *Girfec* has been enshrined in legislation with the aim of driving comprehensive reform. Interestingly, despite the aim for an integrated system different policy documents use a very different tone and encapsulate the different discourses described above. For example, in the parenting strategy there is a message of openness and support:

> …we want to create a culture in which it is not seen as a sign of failure for parents to ask for help and support…we want to ensure that the information and practical support parents want and need is easier to access, amidst a culture where asking for help is not seen as a sign of failure but as a positive action' (Scottish Government, 2012a, pp. 5 & 13).

In the guide for risk assessment the tone is rather different:

> Resistance…may present through the family's aggression, conditional compliance, refusal to co-operate, missed appointments and other forms of avoidance, or it may be masked by superficial engagement and co-operation…The common feature in all cases is resistance to change and an inability/unwillingness to acknowledge and/or address the risk/s to the child (Scottish Government, 2012b, p.11).

The combined findings of our research, though, have convinced us that an effective response to neglected children and their families has to combine both support and protection. Neglected children are both 'in need' and 'at risk' and the primary risks to children's development and safety flow from the extent to which their needs, including needs for protection, are unmet. For many children who are neglected, practitioners struggle to find sufficient evidence to justify forensic investigations whilst at the same time they are aware of the dangers posed by neglect. A lot of practitioner time and organisational resource can be devoted to trying to decide along which pathway a child should be sent, when in fact they would benefit from aspects of both pathways, again as Cameron and Freymond (2015) suggest:

> A broad spectrum of families may benefit from approaches that combine the use of mandated authority (including sometimes temporary out-of-home placements of children), constructive engagements with child welfare service providers, and accessing a range of services and supports…Front-line child welfare service providers can profitably combine both authority and support in their everyday work (pp. 33 & 39).

The integration of family support and child protection is the essence of authoritative practice and, drawing on the Scottish review (Daniel et al., 2012), we suggest that effective family support is protective and effective protection is supportive.

Authoritative practice

The concept of authoritative practice borrows heavily from Baumrind's (1972) model of four parenting styles:

- Authoritative parenting - that is warm but firm, sets standards for behaviour and uses rational sanctions with explanation.

- Authoritarian parenting - that establishes obedience and conformity by the use of punitive discipline without explanation or discussion.
- Indulgent parenting - that is accepting of most behaviour, characterized by passive discipline and few demands on behaviour.
- Indifferent parenting - that centres on parent rather than child needs, and in the extreme is neglectful.

Baumrind's research linked authoritative parenting with better child outcomes and the model of warmth with clear boundaries has become the accepted touchstone for parenting. It is dangerous to stretch the analogy too far because the state does not 'parent' parents, and indeed this could be a patronising approach. Nonetheless, social workers and other key professionals have statutory duties and are given legislative authority to intervene in family life. This intervention often entails an element of coercion, and as Platt (2012) points out, the way in which this authority is exercised can make a huge difference to the way in which parents engage with the process and to the outcome for children. As Platt suggests, practitioners need to show respect for parents and have some empathy with their perspectives. It could be argued that sensitivity to parents' perspectives is as important for authoritative practice as sensitivity to children's perspectives is in authoritative parenting. Therefore, by extending the application of the model to the practitioner / service user relationship authoritative practice can be seen to strike just the right balance between overly indulgent supportive intervention and overly authoritarian protective intervention (Daniel, 2015). Heron (2001) was one of the earlier writers to talk of authoritative practice in the context of counselling, although he describes it as encompassing prescriptive, informative and confronting practice. Ferguson's (2011) more recent description is more overt

about the empathic elements and the ways in which the powers that social workers have can be wielded in a respectful way.

Our research suggested that the different elements of authoritative practice were, to an extent, split across different parts of the system rather than being integrated. It was also clear that in relation to children whose needs were not being met practitioners were preoccupied with 'thresholds' for moving children from 'support' services to 'protection' services. Our observation, particularly informed by the Scottish review (Daniel et al., 2012), was that practitioners are looking for a threshold of 'significant harm' to the child which can be hard to evidence in neglect. Our view was that it could be more fruitful to consider also a threshold of parental capacity and willingness to change on the basis of support offered on a voluntary basis.

We suggested that the fulcrum at the centre of the support and protection balance is *parental capacity* and *willingness to change*. When working with neglect it is crucial to assess, and monitor on an ongoing basis, the precise level of professional authority that is required to ensure that the child's life improves and to avoid:

- long-term support that the parents like but which leads to no appreciable change in the child's life or;
- heavy-handed and overly intrusive state intervention which, at its extreme, entails unjustified removal of a child from home.

Horwath and Morrison's model (2001) offers a very helpful framework for making sense of parental motivation and willingness to change and within a timeframe matched to the child's developmental trajectory, which is especially important in cases of child neglect. The model comprises two dimensions – one of levels of effort and one of levels of commitment which,

when combined, give four categories. These categories also offer insights into the level of compulsory authority that may be needed:

1. 'Genuine commitment' where parents make good efforts to change and show commitment to improving their parenting for the benefit of the children. Here there is unlikely to be a requirement for compulsory measures.
2. 'Tokenism' where parents express commitment to change, but for a range of possible reasons do not put in effort to change. Here there may be need for compulsory measures, although the parents may be able to accept that the care is not good enough.
3. 'Compliance imitation' or 'approval seeking' where there can be high effort to make changes (perhaps sporadically) but the commitment to sustained change is not demonstrated. There may be a requirement for compulsory measures to ensure sustained effort.
4. 'Dissent' or 'avoidance' where there is a combination of low effort and low commitment, and where compulsory measures are likely to be required.

Harnett (2007) has developed a procedure for dynamic assessment of capacity to change for use in child protection work that includes:

1) a cross-sectional assessment of the parents' current functioning;
2) specifying targets for change derived from an assessment of current strengths and deficits in the family;
3) implementation of an intervention with proven efficacy for this client group with a focus on achieving clearly specified targets for change; and
4) objective measurement of changes in parenting (Dawe & Harnett, 2013, p.12-13).

It is always important to gauge the extent of change for the better in the child's life, whether providing early intervention or crisis intervention and whether providing 'family support' or 'child protection'.

Ways in which elements of both protection and support can be incorporated in all parts of the helping system were implied by the findings from our body of research.

Protective support

Neglecting the structural

> Please don't judge my parents, just because they are struggling doesn't mean they are bad…(Burgess et al., 2014, p. 13).

There was a consistent message from our systematic literature review and empirical research that poverty and deprivation were vexing issues for practitioners working with neglect. The term 'neglect of neglect' has become common currency in discussions about child neglect (Wolock & Horowitz, 1984). However, it was the first part of the paper's title: 'Child maltreatment as a social problem' that is as relevant today as it was when written. The system has consistently failed:

1. to recognise the extent to which poverty and deprivation elevate the likelihood of neglect, and
2. to take account properly of the effects of poverty and deprivation when working with families.

It is all too easy to hide behind the glib statement - 'not all poor people neglect their children' - but poverty certainly does not help (Featherstone et al., 2014; Hooper, Gorin, Cabral,

& Dyson, 2007). This has become even more salient with the onset of 'austerity' measures and associated welfare changes that are impacting on families who 'will serve as the shock absorbers of society' (Family and Parenting Institute, 2012, p. 2). Austerity measures are impacting in such a way as to increase inequalities which are known to be significantly corrosive. Reforms of welfare and benefits systems are predicted to have greater impacts on areas where people with the greatest need live (Beatty & Fothergill, 2013).

Bywaters (2015) argues that there is the need for a far more detailed and robust consideration of the issue of inequalities in child wellbeing and protection. He argues for a body of research into child welfare inequalities akin to the burgeoning field of health inequalities. This argument appears to be supported by the fact that the financial loss in the areas most affected by welfare reform is twice the national average for a working adult but in areas least affected by welfare reform is about half the national average (Beatty & Fothergill, 2013).

There are also inequalities in access to the routes out of welfare dependency. Suggested solutions, such as moving into employment or moving area, can be seriously hampered by lack of supply of employment and low housing stocks in some areas and are especially blocked to parents of neglected children, who typically lack qualifications and are affected by a range of factors that impair their capacity to find and sustain paid employment.

The roll-out of Universal Credit in the UK will exacerbate problems because individuals will be expected to apply and manage their account online, and receive monthly payments, including housing costs, paid into a bank account. Parents who are already struggling to manage their finances will find this especially challenging. Households with children are also disproportionately affected by the benefit cap introduced in 2013, with more than 175,000 children caught by the cap (Action for Children, 2010).

Whilst it is true that not all parents living in poverty neglect their children, there is an undoubted association between poverty and neglect which can be attributed to a complex interaction of factors exacerbated by living in poverty (NSPCC, 2008; Spencer & Baldwin, 2005). To parent effectively in situations of poor housing, meagre income, lack of local resources and limited educational and employment prospects requires a high level of organisation and determination:

> …parents who…have very limited parenting skills are often attempting to meet the needs of their child in a context that even the most competent parents would find challenging (Horwath, 2007, p.38).

Parents' views

In the third UK-wide review parents with experience of receiving services gave many examples of the ways in which poverty had made things more difficult for them:

> It's really hard to manage on the money even if you're working. If you're a single parent with one child you are better off working, but if you have more than one child you're not (Burgess et al., 2014, p. 14).

Parents said that they had to be made homeless to get on the list for housing and that it took many months to move from a hostel to a private, then council let. There were many concerns about the impact of the spare room subsidy, known colloquially as the 'bedroom tax'. The neighbourhoods they lived in were described by some as 'scary' and often risky for children:

> If you're on benefits, even if you've always worked in the past, you're treated like scum…Our area is not one which you could let the kids play out by themselves. One park has a warden, which is fine, but others are strewn with needles and broken glass and

> teenagers often use the parks at night…The parks are often shut or have signs saying "no ball games" on the green bits – children have to play in the road (Burgess et al., 2014, p. 14).

Children did not comment so much on the impact of poverty, but they were aware of the impact on parents and as one young person commented:

> The Government needs to listen and sometimes even to angry people as there could be really good reasons underneath about why people are angry (Burgess et al., 2014, p. 14).

Professional views

Not only are cutbacks in public spending in the UK during a period of economic downturn directly affecting families, they are also systematically reducing the capacity of systems to respond effectively to parents whose problems tip them into the zone of requiring professional help. In particular, it is the family support approaches that are most likely to be eroded. Following year-on-year funding cuts the Local Government Association (LGA) for England expressed concerns about the significant pressures the funding gaps will put on children's social care (Local Government Association, 2013).

Practitioners (N=1,552) who responded to the online survey in the second UK-wide annual review of neglect clearly felt that cuts were eroding their capacity to help neglected children and their families and that the situation would only get worse (Daniel et al., 2013). 'Lack of resources' was noted as a key barrier to providing help. Thirty-five per cent thought spending cuts had made their situation more difficult (up from 29% in an earlier survey in 2012), while 43 per cent thought it will be more difficult in the future. Of those surveyed it was social workers who reported having been hit hardest by public spending cuts, with nearly two thirds

saying such cuts had made it more difficult to intervene. Seventy-three per cent said public spending cuts would make it more difficult to intervene in future. Over half of the police officers agreed with this, saying spending cuts would make it more difficult to intervene in cases of suspected child neglect.

Of the professionals from all key disciplines who responded to the online survey in the third UK review (N=243) 66 per cent gave 'greater poverty / deprivation in the area' as their top reason to account for increases in suspected child neglect (Burgess et al., 2014).

The interaction of poverty and neglect is complex and impacts on support and protection in a number of ways. Child welfare and protection systems need to find effective ways to deal with the large number of referrals of families affected by social changes. This can lead to tensions between the universal services of health, education, housing, income support and statutory services. It is difficult for practitioners to know how best to deal with entrenched poverty whilst still maintaining a focus on the needs of the children for love and care. Hooper et al. (2007) undertook a study to explore the relationships between the experience of poverty, effects of parenting and impact on child wellbeing. They interviewed 70 families from areas of both high and low deprivation, including families who were in receipt of family support services and social services. The study included exploration of the interaction between poverty and child neglect. They found that:

> Parents sometimes think that professionals see as neglect what is really just poverty. Professionals…were confident (and convincingly so) that they did not…. However, in making the distinction between poor families in which children are adequately cared for and those in which they are not, poverty itself often slipped out of sight in relation to the latter as they focused instead on 'the other things' that made the difference, often parents'

> priorities, values and attitudes as well as known risk factors (such as drug problems). …The conclusion that more money alone would not resolve all problems…helps to divert attention from the structural context of inequality and long-term lack of opportunity, which has impacts beyond the immediate availability of money (Hooper et al., 2007, p. 109).

The climate within which professionals are trying to implement the policies of early intervention and prevention that are so important for reducing the numbers of children experiencing damaging neglect of their needs is, therefore, harsh.

Empathic support

Featherstone et al. (2014) make the compelling argument that child protection practice needs to take proper account of the wide-ranging effects of poverty, deprivation and inequality of opportunity. They suggest that the system has become so child-oriented that it has lost sight of the needs of parents. They call for empathic support, based on relationships, which places 'care' rather than 'risk' at the heart of intervention. They are clearly espousing a family support approach, whilst recognising that children do need protection.

We found that parents value the kind of emotional and practical help provided by family and parenting support workers often employed by third sector agencies:

> My family support worker just sat and listened and asked ‘how can I help?’ rather than telling me what I needed – or what they thought I needed...[being] shown how to parent not just telling us where we go wrong (Burgess et al., 2014, pp. 32 & 35).

They wanted practitioners to ‘show empathy about the causes of our difficulties’ (p. 37). Interventions that tend to be labelled as ‘family support’ are often delivered by the third sector and there can be a misperception that this is a separate activity from ‘child protection’. However, to be effective family support has to include attention to the child’s needs for protection. As Thompson (2015) has suggested, social support that does not challenge unhelpful parenting practices is not helpful. He also refers to the ‘dark side of social support’ that actively reinforces unhelpful practices. One example of protective support is Action for Children’s UK Neglect Project that was part of a five year Intensive Family Support (IFS) programme delivered from Action for Children projects in selected sites across the UK. IFS is a whole-family approach that includes comprehensive assessment, parenting programmes and intensive home-visiting. There is a focus on forming relationships with families, even those who have had difficult or hostile relationships with other service providers. An independent longitudinal evaluation of 85 cases showed that in 79 per cent there was prevention of neglect or improvement in the level of concern about neglect. In only 21 per cent was there no improvement. However, perhaps the most crucial finding was:

> The ability and willingness on the part of parents to engage with services was a crucial factor in deciding whether progress would be made or children removed for accommodation (Long et al., 2012, p. 6).

This evidences the need for support services to remain alert to whether the support they are providing is making a sufficient difference to the life of the neglected child or children in the family.

Supportive protection

> It's hard for social workers – they have to be suspicious because some parents are abusive, so they need to be vigilant. Some parents are very clever at covering things up and talk a good game. The social workers have to look at the child's welfare and ask the right questions (View of a parent with experience of services, Burgess et al., 2014, p.35).

It has been known for decades that chronic neglect can lead to some of poorest outcomes of all forms of maltreatment (Egeland, 1991; Egeland, Sroufe, & Erickson, 1983). More recently, a detailed analysis of serious case reviews in England through the lens of neglect demonstrated just how dangerous neglect can be for children. Neglect was found in 60% of 139 reviews from 2009 to 2011 and although uncommon as a the main cause of death, it was a factor in the majority of deaths related to maltreatment (Brandon, Bailey, Belderson, & Larsson, 2013). Children who experience neglect, therefore, need to be protected from the likely significant harm that can ensue.

In an earlier review of serious case reviews Brandon et al. (2009) identified what they called the 'start-again syndrome' in which repeated attempts to support families to parent successive children are tried and fail – thus suggesting a failure to fully assess capacity to change. Farmer and Lutman (2010) examined the outcomes for 138 neglected children who had been returned home after a period of being looked after away from home. Of these, 110 children had already been followed for two years; 20 more were added to the sample and all were

followed for a further three years. They showed that startlingly little attention is routinely paid to addressing the factors that affect parenting capacity and that precipitate children being removed from home in the first place. This means that children are returning home to the same or worse circumstances.

Although the parents who took part in *Action on Neglect* were appreciative of family support, they were also aware of the need for protective responses:

> But we'd like you to know that, even though it can be a pain at the time and we may really hate you when you're on our backs, some of us look back and think that the threat of Child Protection Plans and having our children taken away did make a difference to us and made us get our act together. And also having to go to Child Protection meetings meant that people did their jobs properly and did what they said they would (Extract from a letter from parents to practitioners, Burgess et al., 2013, p. 20).

Children can also be very perceptive about their own parents' capacity to change, as one young person observed in the third annual review, 'some parents you just can't help' (Burgess et al., 2014, p. 20). Children and young people can also identify the limitations of family support approaches that lack authority:

> Some of us had family support for years and years and it didn't really help us much. Please respect our views if we don't want to have this sort of help... Some parents can change and others can't. Some are given too many chances and we are left too long at home (Extract from a letter from young people to practitioners, Burgess et al., 2013, p. 17).

Family Drug and Alcohol Courts (FDAC) exemplify supportive protection to address situations of entrenched substance misuse where there is a risk of babies being accommodated away from

home. The intervention involves a multidisciplinary team, which adopts a problem-solving method. A tailored package of support is aimed at addressing the full range of problems affecting parenting, coupled with clarity about what has to change by when – all overseen by the same judge within the court process. An independent evaluation (Harwin et al., 2011) showed that 19 (48%) of the 41 mothers who had gone through FDAC stopped using substances, compared with 7 (39%) of 19 comparison mothers who went through standard court procedures. The children of 16 of 41 (39%) of FDAC mothers were living at home, compared with 4 of 19 (21%) of children of comparison mothers. Importantly, especially when considering the effects of neglect, swifter decisions about permanent placements were made for children whose parents were not able to respond to the intensive package of support.

Conclusion

> Being a social worker is not just a name, you have to have some heart (Daniel et al., 2013, p. 38).

Systems that aim to support and protect neglected children should not separate need from risk, but facilitate access to both protection and support. The analogy with authoritative parenting implies that clear boundaries need to be asserted within the context of sensitivity and warmth. Splitting different aspects of authority between different system structures is unhelpful if it means that family support avoids confronting the needs of children for protection and child protection avoids facing up to the needs of parents. An authoritative response to child neglect would offer both clarity about what needs to change and empathy about the factors that impede change.

Regardless of the chosen system structures, individual practitioners, whether primarily based in 'family support' or 'child protection' services are likely to be far more effective in their roles if they are supported to offer the combination of authority, compassion and empathy that leads to authoritative practice. At an individual level they also need support to assess whether the services they are offering are being engaged with and making any positive difference to children's lives. They either need the skills to directly assess parental capacity and willingness to change, or access to specialist input from those who do have such skills.

In the context of the destructive forces of poverty and deprivation and the unequal effects of austerity measures there is an even greater need for protection systems to be able to encompass empathy and sensitivity. In models of authoritative parenting the qualities of efficacy tend to be described as located within one person. However, in responses to child neglect it may be that aspects of support and protection can be distributed across the multi-disciplinary network. If this is the case there needs to be very clear planning and communication to ensure that the aims of all are congruent and that support and protection are offered parity of status. Whatever the multi-disciplinary configuration the important additional component to enable effective authoritative practice is *ongoing assessment* of the extent to which parents are engaging with the process of change and subsequent improvements in their children's lives. Across the literature and within our empirical work we found there to be insufficient attention to the issue of parental capacity and willingness to change, both in the context of services overtly seen as support services and in the context of services seen as primarily protective. Neglect is such a comprehensively damaging experience for children that it needs a comprehensive, integrated and holistic response from professionals.

Finally, one young person, when asked to describe what would help neglected children, provided an elegant blueprint for holistic services:

> A building with staff who people can go to for help. Help for everyone for everything, the lobby would be all nice and painted; they would be very nice and kind, ask what the problem is and then help to sort it out. So you don't have to go to all different places (Burgess et al., 2013, p. 29).

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