Achieving a Child Focus?
A Study of Child Protection Conferences in Cases of Neglect

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Abstract

The child protection conference is a key part of the child protection process in England and other UK countries. This study sought to explore how child focused these meetings are in cases of child neglect and the factors which affect child focused information sharing, assessment and decision making.

The study used an interpretivist approach and mix of qualitative methods. Data were gathered from two areas in three stages: audio recordings of 14 child protection conferences, documentary analysis of the reports from these meetings, interviews with 26 staff who chair or minute conferences and six focus groups with practitioners from a range of agencies.

The thesis proposes a model of child focused practice which considers the individual child's experience of child neglect, draws on knowledge of their daily life, promotes the active engagement of children and young people in child protection processes and decisions; and is orientated towards promoting child welfare outcomes which directly relate to the individual child's experiences and circumstances. This concept is examined through consideration of the stages of the conference. It details how the work of practitioners prior to the conference, in their assessments with families and production of reports, can shape the child focus of the meeting. The influence of child and family participation in conferences is assessed and the meeting itself is explored through analysis of the conference discussion and the decision making and planning which takes place. The study found that practitioners can find it difficult to be explicit about child neglect in conferences. The thesis argues that factors such as the family's participation, the role of the chair and the competence of practitioners can influence the degree to which the conference is child focused. The extent to which a child protection conference can be considered child focused and the implications of this for theory and practice are explored.

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Chapter 1: Introduction

This study aimed to explore how child focused child protection conferences are in cases of child neglect. Child protection conferences are key meetings within the child protection process in England and the UK. Such meetings bring together professionals and family members in a statutory meeting which must consider how the child can be protected from experiencing harm as a result of maltreatment (in this case, child neglect) in future. The research sought to examine the factors which affect child focused information sharing and decision making in these events. An interpretive, qualitative approach was used which combined audio recordings, documentary analysis and interviews to explore the conference and practitioners' perspectives on the process. The analysis draws on a concept of child focused practice in child protection which was developed in the thesis.

Background to the study

There has been concern for some years that an inadequate consideration of the child's needs, circumstances and perspective has been associated with child protection failures. Serious Case Reviews (SCRs) (Brandon et al. 2014a; Ofsted 2011) and government - inquiries (Butler-Sloss 1988; Laming 2003; Laming 2009) have drawn attention to the lack of a child focus and inattention to the 'voice of the child' in child protection processes. For example, in 2009 following the inquiry into the death of Victoria Climbié Lord Laming stated that:

> ...professionals can find it very difficult to take the time to assess the family environment through the eyes of a child or young person. (Laming 2009 p22)

A 'child-centred turn' in the UK child protection systems has been observed, which has emerged from these critiques of child protection work and the growing recognition of the rights of children (Parton 2014). For example, the Munro review of child protection in England (Munro 2011a; 2011b) emphasised the need for safeguarding work to be a 'child centred system' and some of these recommendations were incorporated into government guidance on child protection (HM Government 2013). Children's rights to have their views heard are enshrined in UK Law (such as The Children Act 1989, 2004) and the United Nations Convention on the Rights of the Child UNCRC (The United Nations 1989). Yet arguably in some cases these civil rights can be in tension with their welfare rights – that is, to be protected from harm. Within the English child protection system these conflicting

conceptualisations of the child as a 'becoming' in need of protection and a 'being' with autonomy and rights can be observed (Archard 2009; Jenkins 1995; Lee 1999).

The child protection conference is a key part of the child protection process in England and other UK countries. It is a statutory multi-agency meeting which must decide if a child has experienced significant harm as a result of child abuse or neglect; and if so what statutory actions should be taken to safeguard and promote child welfare. Research has shown that these meetings can be challenging for parents and practitioners (Bell 1999b; Farmer and Owen 1995; Ghaffar et al. 2011; Hallett 1995). However the majority of these research studies were completed in the 1990s and there has been limited research on the function of child protection conferences in recent years. Despite the government guidance of *Working Together* (HM Government 2010) which specifies that children should participate in child protection conferences, research has shown that this does not always take place (Bell 1999a; Sanders and Mace 2006) and more recent research has found that when children do participate in conferences this is not often a positive or useful experience for them (Cossar et al. 2011; Cossar et al. 2014).

Child neglect is the most common type of child maltreatment in the UK in both prevalence studies (Burgess et al. 2014) and child protection statistics (Department for Education 2015). There is a considerable literature that demonstrates the negative impact that it can have on children, from the early years through to adolescence, and on well-being in adult life (Farmer and Lutman 2012; Horwath 2007a; Stein et al. 2009; Stevenson 2007). Neglect is associated with parental failure to meet the physical and/or emotional needs of the child, and thus the focus in investigating and dealing with such cases should be on the impact of the parent's behaviour on the child. However, there is evidence that identifying and working with neglect is difficult for child protection professionals (Bell 1999b) due to its complex and multi-faceted nature (Stone 1998). Horwath (Horwath 2007a; Horwath 2013; Horwath and Tarr 2015) has argued that child-centred practice in cases of neglect must consider the impact of the neglect on the individual child and that outcomes should be specified in terms of how their life will be changed for the better. Horwath recommends considering a focus on the child's daily routine and their daily lived experience to improve child protection assessments in cases of child neglect. Furthermore, longitudinal research and SCRs reviews have emphasised the importance of effective planning and case management in the child protection process in cases of child neglect (Farmer and Lutman 2012; Ofsted 2008; Ofsted 2014).

The United Nations Convention on the Rights of the Child, and the 1989 Children Act both enshrine the rights of children to participation and protection. Such ideals can be in tension within the child protection system, which must also consider parent's

responsibilities to protect the child (Archard and Skivenes 2009a; Littlechild 2000; Sanders and Mace 2006). It is argued that a child-centred approach in child protection work is a way to reconcile these tensions, by focusing on the views and needs of the child and considering the '*individual child's needs in a present and future perspective*' (Gilbert et al. 2011 p255). This research study sought to explore child focused practice in cases of neglect within the setting of the child protection conference.

Methodology and Research Questions

The research was developed as a collaborative research studentship in partnership with two Local Safeguarding Children Boards (LSCBs). It was funded through the Economic and Social Research Council (ESRC)'s CASE studentship scheme. The original proposal was developed in response to recognition by the LSCBs of the need for greater understanding in relation to the operation of child protection conferences in cases of child neglect.

The specific research questions of this study were:

1) In what ways and to what extent are child protection conferences 'child-focused' in cases of child neglect?
2) What factors affect child focused information sharing, assessments and decision making in child protection conferences in cases of neglect?

Child Focused Practice

To examine the research questions detailed above, a concept of 'child focused practice' was developed in this thesis. This is defined using four aspects:

- The individual child's experience of maltreatment (in this case, neglect) is considered. Furthermore, the impact of factors associated with the parenting of the child, their family circumstances and environment are explored in terms of how this affects the child, their well-being and their development.
- Assessment is informed by the child's daily lived experience. An understanding of the child's day to day life is gained through considering the views of the child themselves and also their family members and the practitioners who work with them.
- The approach is participative. Children have the opportunity to make their views known and to contribute to the assessment and meeting process. Their

participation is encouraged by staff and their voices are heard and taken seriously in decision making.

- Outcome measures used for interventions and actions to address the identified problems reflect the impact of the maltreatment on the individual child and the experiences of the individual child (thereby using the other three elements of child focused practice). The focus is on both the child's welfare and their rights in the present, and the implications for them in the long term. Decisions and actions are monitored, reviewed and instigated towards improving child welfare outcomes for the individual child, based on this detailed understanding of their circumstances.

The study used an interpretivist approach and mix of qualitative methods to answer the research questions. Three stages and methods of data collection were used: audio recording of child protection conferences and documentary analysis of reports relating to this meeting; interviews with conference chairs and minute takers; and focus groups with practitioners who attend conferences. Through the use of these methods the study aimed to explore the extent to which child protection conferences in cases of neglect are child focused. This included consideration of: the type of information shared and discussed in the meeting and reports; how children's experiences, wishes and feelings are discussed; what informs the creation of the child protection plan; and the practitioners' perspectives on what promoted or inhibited a child focus in conference work.

Thesis Structure

This thesis comprises ten chapters. The following chapter (Chapter Two) examines child neglect, examining how it is conceptualised and defined, and why it is a problem which requires intervention. It considers the potential detrimental impacts for children of child neglect and the role of parental behaviour. Child welfare and child protection policy and practice are reviewed in the following chapter, which provides a broader policy and practice context for the current operation of child protection conferences. Children's rights and child centred approaches to child welfare are also considered. The third literature review chapter reviews the national and local guidance for conducting child protection conference and considers research about safeguarding and child protection practice highlighting several challenges to conceptualising and responding to neglect cases in the context of child protection conferences and the English child protection system.

The study's methodology is detailed in Chapter Five. This chapter sets out the aims and objectives of the research, the methodological position of the study and the overall

research design. The approach to data collection and analysis is described and the ethical considerations of the research are discussed.

There are four data chapters which present the findings from the study and analysis, broadly following the chronology of the conference process. The first data chapter examines how the pre-conference work of practitioners, such as assessments and producing reports, can shape the child focus of the meeting. Chapter Seven examines parents' and children's participation in the conferences and explores how this can affect the child focus of the meeting, through the attendance of parents and children and the representation of children's views. The conference meeting itself is considered in two data chapters: Chapter Eight looks at the information shared during the child protection conferences and how the discussion of parenting capacity and the child's family and environmental context are discussed and analysed in a child focused way. Chapter Nine considers the decision making and planning within the conference and examines how conferences in the sample displayed child focused practice in this critical part of the meeting, as well as exploring practitioners' views on this aspect of conference work.

In the concluding chapter, Chapter Ten, the analysis presented in the four data chapters is synthesised to answer the research questions. The analysis considers to what extent the four elements of child focused practice are evident within child protection conferences in cases of neglect, and key factors associated with child focused sharing are presented. The chapter also makes recommendations for practice, considers the limitations of the study and suggests areas for further research.

A note on terminology used in the thesis

The term 'parent/s' is used in a broad sense to refer to primary care-givers in children's lives which may be a biological parent or not. For brevity, "child/ren" is used to refer to those aged under the age of 18, and therefore eligible for consideration at a child protection conference.
A glossary of abbreviations and a guide to notation are also provided in Appendix One.

Chapter 2: Understanding and Addressing Child Neglect

Introduction

As indicated in the introduction to this thesis, child neglect reflects serious concerns about children's welfare, development and rights. It can be very harmful and, at its most extreme fatal, for children and young people as it incorporates the failure to meet children's basic needs for physical health, development and survival as well as their social, emotional and psychological needs for health, welfare and development in a substantive and relative sense (Daniel 2005; Dubowitz et al. 1993; Horwath 2007a; Stevenson 2007). From a children's rights perspective, therefore, there is a pressing imperative for families, state authorities and the whole of society to address and minimise the prevalence, causes and consequences of child neglect (The United Nations 1989). However, official child protection data and independent social research both indicate that child neglect remains a significant social problem in the UK. Moreover, child neglect is also a complex, multi-faceted problem influenced by social and economic factors and, in many ways, socially constructed, incorporating, for example, cultural influences and changing social attitudes and perspectives about childhood, childcare and family-community-state roles and responsibilities in these respects (Allnock 2016). In addition, there are several debates, issues and gaps in research when it comes to examining prevalence, 'causes' and 'interventions' in relation to child neglect.

The focal research, literature and guidance about policy and practice in relation to child protection concerns and child protection conferences are considered in the following chapter. This chapter examines research and perspectives in order to highlight several issues when seeking to understand and address child neglect. The chapter sets out the conceptual and theoretical influences that informed the study and examination of child neglect and child protection cases detailed in this thesis, particularly in terms of: child welfare and development studies and theories; 'good enough parenting' theories; interpretivism; children's rights; ecological child development theories; and public health approaches to understanding and addressing child neglect. It begins to develop the arguments that child-centred approaches to understanding and addressing child neglect are informed by comprehensive understandings of the significant, pervasive and complex nature of child neglect; and should be orientated towards wide-ranging and well-resourced ecological and evidence-informed social policy and social work strategies that

encompass commitments to promoting children's rights to 'prevention, participation and provision' (The United Nations 1989).

Conceptualising Child Neglect: Issues and perspectives

This section examines the challenges in defining and conceptualising child neglect. On the one hand, child neglect has long been established as a form of serious child maltreatment alongside physical, sexual and emotional abuse affecting children and young people. On the other hand, social and statutory notions of child neglect change over time and vary. In the last ten years, government guidance in England has expanded its definition of child neglect. In 1999 the *Working Together* statutory guidance defined child neglect as:

> Neglect is 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (Department of Health et al. 1999 p14)

This definition highlights the 'persistent failure to meet children's basic needs' on the part of a parent failing to provide adequate care, medical treatment and protection for children's health, development and safety as well as emphasising the significance of the problem of emotional neglect and children's emotional needs. The current *Working Together* guidance continues to emphasise these features of the statutory definition of child neglect but also includes additional dimensions – child neglect prior to birth during pregnancy and parental failure to provide 'adequate supervision':

> ...the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
>
> - provide adequate food, clothing and shelter (including exclusion from home or abandonment);
> - protect a child from physical and emotional harm or danger;
> - ensure adequate supervision (including the use of inadequate care-givers); or
> - ensure access to appropriate medical care or treatment.
> It may also include neglect of, or unresponsiveness to, a child's basic emotional needs
>
> (HM Government 2015 p93)

This illustrates how the English definition has broadened in scope in the last ten years as well as how official definitions change overtime related to wide-ranging social, scientific and political changes and developments (Horwath 2013). There are also significant differences between the UK countries and countries internationally in terms of how they specifically define child neglect in major legislation and statutory guidance. For example, the Welsh definition has been amended recently and no longer refers to 'persistent' neglect (Allnock 2016) while several American states refer to 'failure to educate' on the part of parents within official definitions, which does not figure in the English *Working Together* guidance, although English laws stipulate children have rights to universal primary and secondary education; and parents have responsibilities to ensure their children attend the compulsory school years (Horwath 2013). These definitions also provide useful starting points from which to discuss several issues and approaches to defining and conceptualising child neglect. For example, the definitions of child neglect in these statutory guidance documents have been developed for child welfare practitioners to refer to when making judgements about child welfare and child protection interventions in families. When considering these issues, practitioners face the challenging task of establishing what constitutes child neglect, for example in terms of 'inadequate' supervision and 'persistent' failure to meet 'basic needs' (Allnock 2016). Other debates regarding definitions of neglect have considered: how 'broad' or 'narrow' definitions should be; issues of poverty and deprivation; and whether to focus on emotional or physical factors. I will now briefly consider these in turn.

In some senses, the current statutory definition above is also a 'narrow' or highly specified one which details specific types of child neglect in terms of parental omissions to meet specific need domains or types of parental behaviour and parenting inadequacies (Daniel et al. 2011). Daniel (2015) argues for a broader simplified over-arching policy and practice conceptualisation of child neglect that foregrounds failures to meet children's needs as this is the central problem and issue for children and their welfare:

> From the perspective of the child, neglect is quite simply, the experience of needs not being met, and for some children this simple fact can lead directly or indirectly to their deaths (Daniel 2015 p8)

Daniel (2015) argues this definition assists policy makers and practitioners to maintain a central focus on safeguarding and promoting child welfare as opposed to a narrow focus on parental behaviour and culpability. Daniel (2005) earlier considered how these two foci - children's unmet needs vs parental behaviour - have figured highly in debates about conceptualising and addressing child neglect. Allnock (2016) further examines how child neglect within the UK child welfare systems is understood both in terms of neglectful caregiving and the harm experienced by the child. Child neglect, for example, is often

described as 'an act of omission' in terms of parents providing severely poor levels of care and supervision (Horwath 2007b) – definitions which focus on parental behaviour and sub-standard care. However, this approach has been criticised as too narrow and a broader definition which incorporates an assessment of children's needs, the impact of sub-standard care and care environments on children and their experiences and perspectives of parenting and care has been suggested (Dubowitz et al. 1993; Dubowitz et al. 2005). These arguments emphasised that 'child welfare is paramount' to counter both the potential marginalisation of children's needs and outcomes as well as an excessively punitive focus on parents, parental responsibilities, parenting and families (Dubowitz et al. 1993). This latter perspective could also lead to narrow responses to child neglect – with support, interventions and services targeted at parents more extensively than children and young people. However, as Daniel (2015) argues, parental culpability, behaviour and responsibilities remain critical issues particularly in recognition of the degree to which child neglect is correlated with other forms of child maltreatment.

Connected to some of these issues are debates about the need to distinguish between 'material deprivation' and 'child neglect' in terms of recognising the wider factors that influence parental capacities and parenting. Minty and Pattinson (1994), for example, maintain that an inability to complete basic parenting tasks, such as providing food and clothing for a child or a clean environment, should form part of a definition of neglect. Their definition, though, also tries to consider the 'economic ability' of a parent and to distinguish between material deprivation and child neglect. Horwath (2007a) alternatively proposes a definition which considers child neglect in relation to the following needs domains: medical, nutritional, emotional, educational, physical and supervision and guidance. While meeting these needs can be a matter of life and death for children, a relative and contextual understanding of children's needs and parental care is also required as social standards and factors influence understandings, capacities and practices in these areas and children's needs are relative - for example the level of supervision required by a teenager differs to that of a pre-school child, and carries different risks. Parental sensitivity to children's specific and evolving needs and interests, therefore, becomes a key feature of 'good parenting' (Quinton 2004). These concerns also inform practitioner concerns and assessments in relation to parenting capacity, parenting, child welfare and children's needs (ibid.). Beyond the focus on parental care, however, Horwath (2013) argues that child neglect can in addition reflect and encompass professional, organisational or societal neglect of children's needs and welfare. Horwath (2013) goes on to consider the roles and responsibilities of professionals and authorities; and examples of professional and state failures to meet children's needs. These issues are returned to in the

following chapter and, alongside issues of child welfare, parental support and parenting – form central concerns of this thesis and research.

A further prominent issue in understanding and responding to child neglect has been the degree to which definitions and practice encompass both physical and psychological dimensions. Historically and internationally, there has at times been a dominant focus on the problems of physical neglect, poor basic care and lack of supervision (Horwath 2007a; Zuravin 1991). This led to concerns about the neglect of emotional deprivation and neglect for children and young people; particularly as theories about children's emotional and psychological development gained ground, such as attachment theory (Howe et al. 1999). In turn though, there remain debates about what constitutes emotional deprivation and how it is distinct from emotional abuse. Glaser (2002) combines emotional abuse and neglect in a definition which includes emotional unavailability, psychological neglect, developmentally inappropriate interactions with the child and not recognising their individual, psychological and social needs. This is a useful approach which conceptualises various types of emotional neglect and abuse. However, for others notions of parental intent and distinctions between 'parental omissions or commissions' can be used to differentiate between emotional abuse and emotional neglect. For example, Minty and Pattinson (1994) and others (Gardner 2008; Iwaniec 1995; 2006) define emotional abuse as intentional parental behaviour causing emotional harm whereas emotional neglect for them refers to an act of omission by the parent – failing to understand, recognise or meet children's emotional needs. O'Hagan (2006a) then argues that emotional abuse and psychological abuse must be separately defined and understood. Furthermore, O'Hagan highlights the difficulty in distinguishing between emotional abuse and emotional neglect, stating that the latter is an integral part of any type of child abuse or maltreatment. This position is to some extent evident in the current statutory definition of child neglect above as it states '...*some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone*' (HM Government 2015 p85). The guidance then defines emotional abuse as distinct from this broader notion of emotional neglect. The overlap between categories of emotional abuse and neglect has been shown in research studies: Minty and Pattinson (1994) studied referrals to a child protection team in the UK and found that all cases in their sample which were experiencing physical neglect had also experienced emotional neglect and a large quantitative study of 415 cases in the USA by Scannapiecco and Connell-Carrick (2005) in the USA also had similar results.

An additional challenge in defining and addressing child neglect is its chronic and cumulative nature. Child neglect can encompass one-off incidents of poor supervision and/or care which cause severe injury or death – such as an young child drowning due to

inadequate parental supervision (Horwath 2007a). However, it is commonly the case that child neglect constitutes progressive and persistent poor care overtime which has a cumulatively harmful effect on children and their welfare and development (ibid.).

As alluded to above, notions of child neglect are influenced by social contexts and factors. Notions of nutritional or medical neglect today, for example, would differ to those of 60 years ago. Furthermore, there is much evidence that children, young people, parents, professionals and state authorities can understand child neglect in multiple, varied and differentiated ways. Recent research with teenagers, about their concept of child neglect, found that a lack of emotional availability from parents and a lack of equality in treatment within families were key features in their definition (Raws 2015, Farmer and Lutman 2012). Further, adolescents who have experienced child neglect as classified by practitioners may not perceive the maltreatment as 'child neglect' (Farmer and Lutman 2012, Rees et al. 2011). Children's needs and the problem of child neglect, therefore, are understood in varied ways. This underscores the relevance of interpretivist orientations to child neglect research, the examination of how the problem is constructed in policy and practice, and the significance of who is involved in these processes. This thesis in particular examines the involvement of children, young people and parents/families in these processes; and attentiveness to children's daily experiences of parenting and childcare in the broadest sense of these terms.

The research detailed in this thesis recognises that child neglect is a significant yet complex, multifaceted child welfare issue and social problem. Drawing on the perspectives and literature above, the conceptual influences are those that foreground the central importance of, and collective responsibilities to, meeting children's welfare and developmental needs while recognising the significance of parental responsibilities and quality of childcare issues alongside recognition of multiple perspectives and experiences. In many ways, these standpoints have been informed by and resonate with those that underpin what are often described as the 'child-centred' policy and practice changes within the child welfare and protection system such as developments towards child-centred comprehensive needs assessments; and children's and young people's involvement in child protection decision making processes. Further, fundamentally this thesis foregrounds concerns of safeguarding and promoting children's welfare and children's rights to protection, participation and provision as central to child-centred policy and practice orientations (Gilbert et al. 2011). The next chapter will illustrate how children's rights orientations, however, have in several ways been marginal to governmental notions of child-centred policy and practice developments in England.

Understanding and Addressing Child Neglect: An ecological and public health perspective

Two useful and influential theoretical and policy/practice perspectives in UK child welfare and child maltreatment studies are ecological theories of child development and the public health approach to researching, preventing and reducing child neglect. This section introduces these two perspectives before turning to the next section of this chapter which examines in more detail several of the key research messages about the 'types', 'causes' and 'consequences' of child neglect drawing on more specific areas of child welfare, child development and 'good enough' parenting studies within the comprehensive frameworks for understanding and addressing the problem offered by the ecological model and public health approach.

Social ecology theories of child welfare and development emphasise the multiple influences on child welfare and a variety of 'micro and macro' level of social systems, settings, institutions and relationships that children, young people, families and communities inhabit in their daily lives (Bronfenbrenner 1979; Bronfenbrenner 1994; Jack 2000). Many child welfare researchers including Daniel (2015), Brandon and Belderson (2016) and Dubowitz et al. (1993) argue that a broad, ecological perspective is extremely useful for child welfare and child neglect research, theory, policy and practice. Bronfenbrenner's (1979) social ecology theory of human development is attributed to establishing the ecological model, which set out:

> [a] conceptual scheme for describing and interrelating structures and processes in both the immediate and more remote environment as it shapes the course of human development throughout the lifespan (Bronfenbrenner 1979 p11)

Drawing on Bronfenbrenner's (1979) social systems concepts and theories, child development theories within psychology have emphasised child welfare and development are influenced by the interaction between individual biological and psychological characteristics; and social interactions, systems and contexts. The 'microsystem' refers to the individual child's immediate relationships, environments and settings which are prominent in their everyday lives, such as their parents and families. Bronfenbrenner (1979) asserted that several microsystems co-exist in the mesosystem, for example, the family, a child's peers and school. The exosystem was a term used to describe various social factors such as cultural norms, social policies and legislation which influence children's immediate everyday relationships and settings but which have a more 'distal' role in children's lives. Houston (2002) uses the example of how a parent's workplace as a distal environment in children's lives as children don't tend to participate directly in this

workplace but it nevertheless can strongly influence parenting, parental behaviour, family finances and family life. In addition, Bronfenbrenner (1979) also highlights the significance of time which is termed the 'chronosystem'.

This ecological framework has been employed in child welfare and child neglect research to examine individual, family/parental, community/neighbourhood and socio-economic factors and influences important in understanding the problem of child neglect; and children's and young people's risk of suffering child neglect. Recent work by Brandon et al. (2014b) employed the ecological framework to examine the following factors related to child neglect: family and environmental factors, parental factors, parent-child interactions and 'the child's functioning'. Critically these researchers emphasised the ways in which these factors inter-relate and influence each other (such as children and parents in parent-child interactions). They also recognised that individual parents and children respond to common 'risk factors' in varied ways. It has also become influential as a policy and practice framework – as the next chapter will illustrate. According to Jack (2000) the theory encourages greater appreciation and examination of '*the balance of stresses and support within the family environment and the interactions between them*' (ibid. p704). Jack (2000) further argues, as do others, that ecological perspectives are well placed to examine how issues of poverty and inequality affect children's development. The framework, however, is not without critique or limitations. Churchill and Clarke (2010) criticised the limited way ecological theories tended to inform child welfare studies and practice in terms of a narrow focus on individual, home, school and neighbourhood/community factors. Houston (2002) argued that the ecological framework is a useful general theoretical framework for social work practice because it encourages a multi-causal, multi-dimensional and multi-contextual understanding and approach to child and family welfare issues. However, he argued that the theory was limited in its consideration of the macro system, arguing that its notion of the state is too simplistic and does not consider the influence that political factors and power, such as ideology and hegemony, and how they can shape cultural and social attitudes. This thesis recognises these limitations to the ecological framework while also valuing the ways in which ecological orientations to research, policy and practice can promote a wide-ranging approach to understanding, recognising and addressing child neglect. It endorses the need to attend to multiple forms of child neglect; multiple risk factors and multiple at risk groups, addressing a wide range of factors and issues operating at the individual, family and social levels.

Public health approaches to research, policy and practice are also useful and significant in child welfare and child neglect research, policy and practice. Informed by medical model approaches to disease prevention, health promotion and medical treatments, the public

health approach, according to Churchill and Sen (2016 p254) is 'problem-focused and evidence-based'. In relation to child maltreatment research, policy and practice they summarise how the public health approach has grown in influence. The public health approach is defined by MacMillan et al. (2009) as one which seeks to:

> Define and measure the problem; identify causal, risk, and protective factors; develop and determine effectiveness of interventions; and implement interventions with ongoing monitoring. (MacMillan et al.2009 p250)

The analysis of 'risk factors and protection factors' and 'at risk groups' are important to the public health approach to researching, preventing and addressing child maltreatment and child neglect (MacMillan et al. 2009). Statham and Smith (2010) define risk factors associated with child abuse and neglect as:

> ...risks can be based on material or structural variables such as poverty, living in a poor environment; or family type or status; or based on functioning of either the family or child, for example, poor parenting, family violence, parental mental health problems or child behaviour. (Statham and Smith 2010 p24)

Further notions of 'proximal' and 'distal' risk factors and variables are significant (Statham and Smith 2010). A proximal variable, is that one that more directly affects a child such as everyday interaction with adults and children, or the quality of parenting and childcare in their everyday lives. A distal variable is influential but more distant and convoluted in its effects on children. It operates '*further down the causal chain, including structural and material factors such as poverty'* (ibid. p25).

A public health approach to neglect has been advocated by Daniel and colleagues (2011). They use the 'river of neglect' analogy, and argue to explain how services must try to prevent neglect occurring in the first place (falling into the river) but if children do experience neglect (fall in) they can be 'caught' at different points down stream (ibid. 154) These different levels of prevention policies and practices, that is 'primary, secondary and tertiary' are considered by Churchill and Sen (2016 p254). Primary prevention measures seek to prevent child neglect and promote child welfare universal policies, programmes and interventions for all children, families and communities informed by notions of 'risk and protection factors' operating at the micro and macro levels. Secondary prevention measures are orientated towards 'early intervention' and target children, young people, parents, families and communities 'at risk' due to the presence of a variety of 'risk factors' and 'individual and social characteristics' highly correlated with the likelihood of experiencing moderate to severe child neglect and child welfare problems. Tertiary prevention can then incorporate 'statutory, clinical, specialist, remedial, therapeutic and/or protective interventions', according to Churchill and Sen (2016, p254) and are '*targeted at children, youth and families where child maltreatment has occurred*' seeking to

offer therapeutic and behavioural interventions and programmes to safeguard and promote child welfare, safety, rights and developments within families and communities; incorporating the use of alternative statutory child care where deemed in children's best interest. This study detailed in this thesis primarily examined the role of tertiary interventions in the form of child protection measures and conferences. However, as later chapters explain, the roles and relationships between primary, secondary and tertiary prevention and intervention levels are critical issues in addressing child neglect and enhancing the effectiveness of child protection measures. Furthermore, as Churchill and Sen (2016, p 254) argue '*the public health approach requires consideration of many ethical, conceptual, resources, ideological and practical issues*' – many of which are highlighted in this chapter such as the complex and contested nature of child neglect as a problem; gaps in and limitations to official data and independent research; the need for extensive funding at all levels of prevention and intervention; and the need to incorporate comprehensive community, policy and practice consultation including among children and young people themselves' (ibid.).

Having introduced these overarching frameworks as well as recognised some of the critical issues and perspectives related to them, the next section seeks to summarise many of the key messages from research about the risk and protection factors correlated with child neglect and some of the more focal theories about child development processes, parenting/family factors and socio-economic factors involved. The subsequent chapter examines further the role of UK social policies and child welfare/child protection systems.

Child Neglect as a Significant Child Welfare and Child Maltreatment Issue

According to official child protection data and self-report surveys, child neglect appears to be the most common type of child maltreatment in the UK. A recent prevalence study which involved interviews with young people (Radford et al. 2011) found that it was the most frequent type of within-family abuse, with 13% of 11 to 17 year olds stating that they had experienced it at some point in their life, rising to 16% for the 18 to 24 year olds surveyed. Respondents were also asked about their experiences of 'severe neglect' and given a definition similar to that used in child protection practice at the time. With reference to this definition, 3.7% of respondents stated that when they were aged 10 and younger they experienced severe neglect. This rose to 9.8% of respondents when data is examined for when the respondents were aged 11-17 years. However, when comparing this to other data on neglect it should be noted that this data is based on retrospective

accounts that the young people gave. Burgess et al. (2014) asked children about the prevalence of child neglect among their peers and found that 73% of respondents aged 8 to 16 suspected their peers were suffering from child neglect – indicating children and young people have lower thresholds for child welfare concerns compared to child protection services and they have high levels of concerns for child welfare. Furthermore, 30% of respondents said they were worried about a child not being properly cared for (Burgess et al. 2014). These figures may reflect the broader definitions and conceptualisations of neglect used by children and young people, as noted above.

Child protection figures indicate a significant and increasing problem of child neglect. It is the most common initial category of a child protection plan in England at 46% in 2016 (Department for Education 2016a). This rate has increased over time from 39% in 2002 (Department of Health 2002). The numbers of children subject of child protection plan for neglect have also increased, for example there were 11,800 children with neglect as the main category for a child protection plan at 31 March 2005, and this figure had risen to 23,150 in March 2016 (Department for Education 2016a; Department for Education and Skills 2006). This pattern is seen across the other countries in the UK, albeit using slightly different definitions (Allnock 2016; Burgess et al. 2014; Jutte et al. 2015). However, this rise has been questioned by some who argue that it may suggest a change in reporting practice rather than prevalence: it is argued that the category might be used as a 'catch all' term (House of Commons Education Committee 2012) which stems from a lack of definition (O'Hagan 2006b), issues which are discussed within this chapter. Yet others argue that the problem of child neglect is underestimated, as the child protection system employs high thresholds for child protection cases and higher thresholds than children and young people's own understandings (Parton 2014).

The UK tends to have tends to have higher official trends than many other European countries although many have increasing rates of child neglect since the 1990s (Gilbert et al. 2011), yet there are major problems in comparing official data across countries due to varied measures and comparability issues. Overall, though, as noted by Allnock (2016) there are limitations to our official data in this respect and a dearth of research and data that provides an in-depth understanding of the prevalence of child neglect.

Thus it can be seen that child neglect is a significant child welfare issue. Whilst there is difference between prevalence rates when comparing child protection statistics and children's reports of the problem, this thesis argues that child-centred practice in relation to child neglect should be attentive to the child's own individual experience of neglect, recognising that it affects adolescents and young people as well as younger children. In providing an appropriate child welfare response, decisions should be based on how the

neglect is affecting the child in their daily life, and the impact of parenting, family and environmental factors on this, which the next section will discuss.

Understanding Child Neglect: An ecological assessment of parenting/family and socio-economic factors

As parents, families and communities are deemed to have 'primary roles and responsibilities for childcare and child-rearing' (UNCRC 1989) and as children and young people predominantly grow up in family households and are embedded in kinship and relationship networks of extended families and significant adult and peer relationships – theories of 'good enough parenting' and family childcare and childrearing orientations have been central to understanding and addressing child welfare issues and child neglect. The concepts of parenting styles, 'good enough parenting', children's needs and 'parenting capacity' are particularly relevant to UK policy and practice.

The concept of 'parenting styles' has been used in developmental psychology to understand the different types of caregiving relationships between parent and child and to explore the way these may impact upon a child's wellbeing and developmental outcomes. Four styles were proposed by Baumrind (1967; 1991) based on different notions of parental responsiveness or 'warmth', such as showing love and lack of conflict, and parental 'demandingness or 'control' of the child, such as boundary setting and discipline. A neglectful or disengaged parenting style is one where the parents exhibit low warmth and low control. Research using these styles has shown that children of authoritative parents (high warmth, positive control) were more likely to have 'better outcomes' in a range of ways including their cognitive, social and emotional development (Baumrind 1991; Maccoby 1992). Many UK government reports and policies have therefore sought to promote authoritative parenting approaches (Department of Health 1995). Although Baumrind's research was about the 'normative range' of parenting (Churchill 2011) and families where child welfare professionals had child welfare and child neglect concerns were not included in the US family samples for this research, child neglect can be characterised by severely low responsiveness to children's needs both in terms of care and emotional needs; and protections and 'boundary setting' in Baumrind's terms. There are problems with generalising from Baumrind's outdated and US research, however, as Heath (2005) argues raising critical points about the cultural context of parenting and the need to better understand social class and ethnic similarities and differences in conceptualising 'authoritarian, authoritative and lax' parenting in Baumrind's terms.

'Good enough parenting' is an additional key concept. Winnicott (1953) developed this phrase to refer to the level of care giving (assumed to be provided by the mother) to meet the child's needs. Hoghughi and Speight (1998) argued 'good enough parenting' comprises of love and care, boundary setting and behavioural control/socialisation, and facilitation of children's intellectual, social and psychological development. Whilst the term is often used in regard to parenting and childcare, the concept has been contested as being too vague and difficult to define – particularly given the significance of social and cultural contexts, and social change. For example, Taylor et al. (2009) in a response to Hoghughi and Speight (1998) critique this concept for being too individualist - in that it fails to consider socio-economic status, poverty and other matters of context on parenting usually being defined in terms of parental behaviours and attitudes. Choate and Engstrom (2014) argue that because there is insufficient literature or guidance on what 'good enough parenting' actually constitutes in a general and specific sense, much emphasis becomes placed on professional judgements child protection cases to establish what is good enough parenting – which raises concerns about professional assumptions and stereotypes. Later work by Hoghughi (2014) notes that 'good enough parenting' has the following pre-requisites: knowledge and understanding, motivation, economic and social resources and opportunity, or time (Hoghughi, 2004 p10). In addition, the Framework for the Assessment of Children in Need and Their Families (the 'Assessment Framework') (Department of Health et al. 2000) indicates how these notions of 'good enough parenting' and children's needs are linked to the idea of having childcare and parenting/parental skills and capabilities to meet children's needs. The Assessment Framework details how seven aspects of the child's developmental needs relating to their health, education, identity and emotional development are influenced by 'parenting capacity' and 'family and environmental factors' (Department of Health et al. 2000; Rose 2001). Parenting capacity is defined in the Assessment Framework as:

> the ability of parents or caregivers to ensure that the child's developmental needs
> are being appropriately and adequately responded to, and to adapt to his or her
> changing needs over time. (Department of Health et al. 2000 p20)

This document details tasks which relate to this capacity – such as providing basic care, protecting the child from harm, providing guidance and emotional warmth.

A number of factors my influence parent's capacity to meet their child's needs and respond appropriately to them, and these have been examined in international research studies. Scannapieco and Connell-Carrick (2005) investigated limited parenting capacity in their sample of substantiated neglect cases, and also found that in the majority of these families their 'care giver capacity' or parenting skills were categorised at the most extreme risk level due to concerns about mental health, suicide and/or substance misuse of the

parents. A systematic review by Connell-Carrick (2003) explored the correlates of neglect, and found that parenting skills and maternal education were associated factors. However, some studies, such as those exploring maternal education used measures of low educational attainment, which is an example of a distal risk factor, that is, it is only significant when other more proximate factors co-occur such as a lack of employment opportunities. Furthermore, they note that whilst some parental characteristics serve as correlates of neglect, this is an under-researched area. Parents' childhood experiences can also shape their parenting style and skills. For example, a large number of the children whose cases were part of serious case reviews, that is they had either been seriously injured or died as result of neglect, had mothers who had experienced a number of difficulties when growing up, including physical and emotional neglect (Brandon et al. 2009).

Parents' depression, in particular that of mothers (as there has been limited research about depression among fathers and effects on fathering and children), has been found to be associated with neglect when it is defined as a lack of supervision (Coohey 1998) and/or physical neglect (Carter and Myers 2007; Connell-Carrick 2003). Low self-esteem in mothers has also been found to be a risk factor for neglect but not physical abuse (Christensen et al. 1994).

An association between domestic abuse or violence in the family and child neglect has been found in the literature. The UK government defines domestic violence and abuse as:

> any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members (Home Office 2013 p2)

Mothers are often accused in child protection cases of a 'failure to protect' children from the emotional impact of witnessing domestic abuse (Humphreys 1999). Children who experience domestic violence occurring in the home have been shown to suffer a range of detrimental effects (Bedi and Goddard 2007; Holt et al. 2008; Stanley 2010). Research has demonstrated that the risk of harm continues for mothers and children post-separation of the couple (Stanley 2010; Stanley et al. 2011). Some large scale studies from the USA have considered the interaction of domestic violence and neglect, for example McGuigan and Pratt (2001) found that domestic violence in the first six months of a child's life was a significant predictor of neglect in the following five years. Antle et al. (2007) examined child protection cases in a USA state and found that domestic violence was present in 29% of their sample. The study also indicated that in such cases, supervisory and emotional neglect was most common and that families often lacked social support. Similarly, in Farmer and Lutman's (2010) longitudinal study of neglect cases in the UK, three quarters

of neglected children in their sample lived with domestic violence. The work of Cleaver et al. (2007; 2011) has shown a co-morbidity, or co-occurrence, between parental mental health problems, parental substance misuse and domestic violence. Cash and Wilke (2003) also found that the severity of substance use in mothers was associated with neglect, and Dube et al. (2001) found levels of neglect to increase when both parents had an alcohol problem. As Stevenson (2007) argues, addiction can increase the risk that parents are inattentive to their child's needs, as well as, in the case of drug using parents, exposing them to dangers inherent in drug dealing and drug using.

Single motherhood has been shown to be a strong correlate of neglect – but this is mainly due to the relationship between single motherhood, young motherhood, poverty and multiple socio-economic risk factors demonstrated by UK and US studies (Connell-Carrick 2003; Thyen et al. 1995). Further, many of the studies suggest that parenting is a gendered task, as men are often excluded from the research samples (Turney 2000). Yet it is argued that it is vital to consider the role of fathers and men in neglectful families (Daniel and Taylor 2005). Dubowitz et al. (2000) found that in a sample of high-risk families, where fathers felt they had 'parenting efficacy' there was less incidence of neglect. Lacharite et al. (1996) studied parenting styles in cases of neglect and identified different styles of father involvement in the families in their sample. They found that mothers often perceived their partners to be less supportive and more violent. Horwath (2013) comments that there is a range of involvement of fathers in neglectful families, and that consideration must be given to a mother's partner and the role they have within the household or family.

Stith et al.'s (2009) meta-analysis of risk factors for child abuse found that in cases of neglect, there was a link between the quality of relationship between parent and child and related factors such as the parent seeing the child as a problem, the parent's stress levels and self-esteem. Crittenden (1999) identified three different types of parenting style observed in parents who neglect their child. Her typology used attachment theory and notions of cognition and affect to categorise the way that parents who neglect their child respond and behave. The three types identified were: disorganised, depressed and emotional neglect. Disorganised neglect parenting styles would be characterised by inconsistent parenting and 'chaotic' households, depressed neglect with the poor physical and basic care of children and emotional neglect with not meeting their emotional needs and providing emotional warmth.

A systematic review by Connell-Carrick (2003) explored the correlates of neglect based on 24 USA studies. Whilst the age of a child was a significant risk factor, with younger children more likely to experience fatal neglect, their analysis pointed to the significance of several inter-related parental, family and environmental factors which heightened risk

of child neglect and harm. For example, they found that child neglect was highly associated with family poverty, parental unemployment, large family household size and some maternal characteristics, such as maternal age and single parent status. An analysis of three longitudinal studies carried out in the USA using child protection and child neglect data carried out by Slack et al. (2011) also found strong correlations between child neglect cases and economic and parental well-being factors such as family poverty and maternal depression.

It is worth considering further the prominent 'environmental' factors associated with child neglect. Studies have found that risk of experiencing child neglect or becoming involved in the child protection system due to child neglect is exacerbated within families living in poor housing and deprived communities (Connell-Carrick and Scannapieco 2006; Rose and Barnes 2008). A number of studies correlate low income and socio-economic status with child neglect (Connell-Carrick 2003; Thoburn et al. 2000). Whilst it is far from the case that poverty predicts neglect, severe poverty may contribute in several distal and proximate ways to family stressors and poor parenting (Lee et al. 2009; Minty and Pattinson 1994). Poverty has implications for the physical well-being of children, such as in relation to parents' ability to meet their physical needs, such as for food and clothing. It can also impact on the 'stressors' in families' lives due to the stressors of coping with limited financial resources, low employment, low earnings and poor housing conditions. Gupta (2015) argues that the role of poverty in contributing to problems of child neglect has often been sidelined within UK policy and practice debates and developments which are more orientated towards a more individualist approach to families' difficulties. She argues that work with children and parents who are experiencing neglect and poverty must consider the relationship between the two issues, combined capabilities, using a holistic assessment that considers issues of power, resources and their wider family and environmental context. These would also be key features of a child-centred approach reflecting a comprehensive commitment to safeguarding and promoting child welfare and children's rights.

Other prominent 'environment factors' examined in research are issues of social support and social isolation among families and communities. Coohey's (1995) US study compared mothers who had received support from Child Protection Services (CPS) due to concerns about child neglect with mothers not involved with CPS (categorised as 'non-neglectful' mothers in the study). The study found the CPS-involved mothers had less access to supportive relationships from extended family and partners compared to the non-CPS involved mothers. Another study using CPS data by Connell-Carrick and Scannapieco (2006) found that a low 'social climate' for families-- where families were isolated and had

poor support from extended family - was strongly associated with substantiated neglect. In addition, according to Llewellyn and McConnell (2002) the higher risk of concerns about child neglect among parents with learning difficulties is in part due to their heightened needs for and lack of support – from informal and formal sources. These parents may particularly need professional help and support to consider their child's needs and anticipate risks to children's safety (Booth and Booth 2005). However, informed by an ecological and critical approach, it is important to recognise the role of the 'macro-system' here as Booth (2000) argues that thresholds for intervention in cases of child neglect are lower for parents with intellectual disabilities – so systemic practices and processes heighten risk of involvement in child protection services here and in being categorised as suffering from child neglect.

Social isolation can also be an experience of some vulnerable, minority ethnic families and newly arrived migrant families. Barn et al. (2006), point to language barriers and knowledge of support services as critical barriers to accessing support and services. Thoburn et al. (2000) also found social isolation and lack of support were critical issues in their study of family support in cases neglect and emotional maltreatment. Furthermore, their research noted that in some cases cultural attitudes to parenting could account for the greater number of supervisory neglect referrals amongst ethnic minority children in their sample.

Thus it can be seen that parenting behaviour, parenting style and the context in which this parenting takes place are associated with the neglect of children's needs. This section has highlighted the associations of care giving style, parental mental health, domestic abuse, poverty and social isolation with child neglect. The way in which this can impact upon children and young people is discussed in the following section.

The 'Impacts' of Child Neglect for Children and Young People: Key messages from research

To appreciate the varied, wide-ranging and potentially harmful effects of child neglect for children and young people, this section reviews several key studies organised around child development stages and child/youth ages.

Neglect of a child can begin in-utero when the mother's alcohol or drug use and/or poor diet can lead to problems with low birth weight babies, a baby's physical dependency on drugs, or foetal alcohol syndrome. Connected to this, but also a problem in its own right, is that premature babies can be more difficult to care for, such as in regard to feeding, and

can be at higher risk of neglect (Watson and Taylor 2005). Also in young children, there is evidence that children that who are neglected and experience 'failure to thrive', or not growing at expected rates, have poor cognitive outcomes (Kerr et al. 2000; Mackner et al. 1997; Mackner et al. 2003). Birth problems, such as a baby requiring special care and/or a low birth weight were identified as a feature of younger child deaths and serious cases of harm reviewed by recent Serious Case Reviews (SCRs) (Brandon et al. 2009).

Some research studies have argued that child neglect and exposure to stress in the early stages of life can seriously impact on subsequent brain development. It is argued that the development of a baby's brain takes place over a series of critical periods (Heim et al. 2010; Twardosz and Lutzker 2010), establishing the 'scaffolding' for a child's future brain's development (Center on the Developing Child at Harvard University 2007). These studies have suggested there are optimal 'sensitive periods', such as for speech and optical development (Perry 2002; Twardosz and Lutzker 2010) and that prolonged child neglect in the pre-natal and infant years is highly damaging (Rutter 1998). It is argued that 'toxic stress', the prolonged exposure to negative environments, such as those found in cases of neglect, has a significant impact upon the brain development of children (Center on the Developing Child at Harvard University 2007). However, the scientific basis for some of these studies has been critiqued. For example, Wastell and White (2012) argue that Perry (2002) focuses on the more unusual 'global neglect' rather than the chaotic neglect typically experienced by children in countries such as the UK. They also argue that findings in this body of research which indicate the positive adaptability of the developing brain have been overlooked (ibid.).

The concept of child-parent attachment has been developed to explain the critical relationship between parent and child, and how this shapes the child's emotional and social development was outlined above (Howe et al. 1999). Crittenden (1999) used an attachment perspective to research how physical and emotional neglect impact upon children's behaviour. She conducted observational studies of maltreated children and proposed there were different 'attachment styles' and different ways in which physical and emotional neglect impact upon children's behaviour. She proposed that neglected children are more likely to display 'anxious/ambivalent' or 'anxious/avoidant' attachments (Crittenden 1992; Finzi et al. 2000; Howe 2003). The former is where a child displays difficult behaviour or crying in order to seek a response from their parent, the latter is when a child emotionally withdraws from their parent and may be more common in emotionally neglected children, as a longitudinal observational study by Egeland et al. (1983) found. Children may not easily fit this pattern and the term 'disorganised attachment' is used to define the behaviour of a child who experiences inconsistent care

from their parent and displays a combination of attachment styles in order to cope with behaviour of the parent. Connected to this is the 'controlling' or 'compulsively compliant' child who responds to inconsistent care from their parent by becoming more self-reliant and/or tries to control the situation with their behaviour (Howe 2010).

Whilst attachment is now a commonly used construct within child welfare work, its use has been criticised. The concept was developed through clinical observations of children who had experienced severely disaffected relationships with their parents, and these origins have been criticised as not offering a model for all relationships (O'Connor and Scott 2007). Others have argued that it is based in a culturally '*white, western conception of ideal family life'* which ignores other models of family care giving which may be present in other cultures (Edwards et al. 2015 p180). Furthermore, Ramaekers and Suissa (2011) contend that 'psychologisation' has normalised the use of terms such as 'attachment' and 'bonding' within discourses of family relationships, and that the assumptions of such terms are not questioned.

Whilst, as Horwath (2007a) notes, child neglect can impact upon children of all ages, some research suggests it may be more likely to have fatal consequences for infants (Margolin 1990). Neglect can impact upon the cognitive development and language development of young children (Sylvestre and Mérette 2010) and can cause difficulties with a child's ability to regulate their emotions and aggression (Hildyard and Wolfe 2002). In a longitudinal study of outcomes for neglected four year olds in the USA, English et al. (2005) found that a poor home environment, defined as an unclean and unstable place to live, was associated with poor communication, language and behavioural problems. Emotionally neglected preschool children in Egeland et al.'s (1983) longitudinal observational study displayed language delay, behaviour problems, low self-esteem and difficulty functioning in the tasks undertaken in the observations.

Within school age children, studies of child neglect have examined to the impact on their education, in terms of their cognitive abilities, language difficulties and attention span problems, as well as on their behaviour, levels of aggression and social skills (Hildyard and Wolfe 2002). A longitudinal study in the USA undertaken by Kotch et al. (2008) illustrates the cumulative impact of neglect on children - as it found a link between early neglect early childhood neglect, that is experienced under the age of two, children's aggression (using psychological standardised measures of care givers reports of aggression) in children aged four, six and eight compared to other types of maltreatment. As Horwath comments, children's appearance may be affected as a result of physical, nutritional or medical neglect, and the result of this can be that they are bullied or have

fewer friends, which could lead to social isolation or refusal to attend school (Horwath 2007a).

Dietary neglect is another area which can result in harm for children. If a child does not receive sufficient food, then they may be malnourished, which can affect cognitive function and physical development (Mackner et al. 1997). Yet an inadequate diet, inadequate nutrition and low parental awareness can lead to children becoming obese which can become a child protection issue (Knutson et al. 2010; Viner et al. 2010). Dental neglect is also associated with a poor diet and parental neglect, and can occur when parents do not take children to appointments, or encourage care in this area at home. This can lead to chronic pain, unnecessary extractions and can result in other problems such as poor nutrition from an inability to eat or disrupted learning due to tiredness, pain and absence from school for treatment (Bradbury-Jones et al. 2013; Harris 2012; Keene 2016; Keene et al. 2015).

Many of the difficulties associated with child neglect outlined above are likely to develop and continue as children develop into adolescence. However work by Stein et al. (2009) and Rees (2011) highlights the paucity of knowledge about adolescent neglect. They state that this could be signalled by: drug and alcohol use and other risky health behaviour; inappropriate relationships; running away; bullying; poor educational achievement; and antisocial behaviour. Such difficulties may stem from physical neglect, or young people's parents not being available to them, however these 'signs' are not necessarily noticed by practitioners or seen as the product of neglect. Drawing on focus groups conducted with young people aged 12 to 24, Stein and colleagues (Stein et al.2009) conclude that young people should be further supported to self-refer to services, and to be aware of the signs of neglect in their peers, both of which can be seen to recognise their individual 'agency'. However, as noted above, research with teenagers has shown that young people do not always share the same definitions of neglect as child welfare practitioners (Rees et al. 2011). Serious case review analyses have highlighted the high rate of self-harm and suicide and also the risk of sexual exploitation of neglected teenagers (Brandon et al. 2009; Brandon 2013; Brandon et al. 2008; Herrenkohl et al. 1998) found that a high proportion of teenage parents in their longitudinal study had experienced neglect at an early stage of their lives, and argued that this teenage parenthood can be detrimental for both the parents and their children. Some studies such as Howe (2003) have undertaken research on attachment and argue that attachment difficulties in early childhood, which can be associated with neglect, can lead to behavioural problems and aggression in teenagers.

This section has shown that neglect can impact on children in a number of ways, affecting both their current and future wellbeing. The type of neglect can vary, leading to different

effects on children and this also is experienced differently by children of different ages. Children within the same family can experience neglect in different ways and to different degrees (Dickens 2007; Horwath and Tarr 2015). Therefore, this thesis argues that the first and key component of a child focused approach is that it considers the impact of the neglect on the individual child, including their individual experience of their home experience and family relationships. Within child welfare practice consideration of such matters will typically be part of the assessment process, which precedes the intervention stage where work to address the neglect is implemented. Chapter Four explores the challenges of assessment and planning in relation to neglect. However, I will now briefly consider what help and interventions have been shown to be effective for children experiencing neglect.

Prevention and Interventions: Preventing and reducing the problem of child neglect and its detrimental effects

From the discussions above it is clear that a child-centred approach to understanding and addressing child neglect requires a comprehensive analysis of children's needs and their primary carers' capabilities, practices and contexts for parenting and child-rearing. It also involves appreciating the significance of children's and young people's perspectives and concerns about the problem; as well as appreciating and examining the potential range of harmful and pervasive effects of the problem for children and young people in the short and longer term. This final section of this chapter now turns to provide a summary of studies about prominent prevention and intervention strategies informed by the public health approach to primary, secondary and tertiary prevention as well as the children's rights standpoint about the importance of protection, prevention and participation (The United Nations 1989)

Parenting education and support services and interventions focusing on the parents' behaviour have been shown to be useful in providing support for parents who are at risk of maltreating their children and promoting 'positive, authoritative parenting styles and practices' (Barth 2009; Lutzker et al. 1998; Webster-Stratton and Reid 2010). The 'Triple P' parenting programme adopts a public health approach in its levels of service delivery for families (Prinz et al. 2009). The SafeCare programme has been trialled in the USA and evaluated in the UK, and includes modules to address different aspects of child neglect (Chaffin et al. 2012; Rostad et al. 2016) Similarly, intensive family support services, such as the Family Nurse Partnership (Barnes et al. 2011; Olds 2006) which provide high levels

of service delivery often based on multi-agency packages, have been shown to have positive impacts for families within the child protection system – particularly among longer-term services (Dixon et al. 2010).

Home visiting programmes which involve health visitors or nurses regularly visiting and supporting families for the first two years of a child's life or for 9-12 months when children and young people are older, have also been shown by some research to be successful in reducing neglect (MacMillan et al. 2009). Therapeutic interventions such as family therapy (Doro and McGurdy, 1994 cited in Dufour and Chamberland 2004), child-parent psychotherapy (Barth 2009; MacMillan et al. 2009), video interaction guidance (Kennedy et al. 2016) and multi-systemic family therapy (De Panfilis 2005) have been shown in to have positive outcomes for neglectful families. Other suggested interventions at the family level include the provision of support and resources to offset the difficulties which may stem from poverty and poor housing, such as child care, transport to services or provision of furniture and household goods (Berry et al. 2003). The need to address deprivation through community-based early intervention approaches as well as to acknowledge the structural issues associated with child neglect has been emphasised by Action for Children (2010). Finally, the importance of the parent-practitioner relationship has been highlighted in working with families where there is child neglect (Turney and Tanner 2001) . A *'working alliance'* (Platt 2012 p141) is crucial when providing long term support to parents who are experiencing complex problems. Social workers often fulfil this role, however as Buckley (2005) notes, in some cases it may be more effective when a worker from a non-statutory service does this.

When addressing the impact on children, there is limited rigorous evidence as to what interventions work best for children who have been neglected: Allin et al. (2005) found few high-rated interventions for neglect in their systematic review. However, group interventions (Dufour and Chamberland 2004) and peer support may be effective (Fantuzzo et al. 2005; 1996). Approaches that foster the resilience and coping strategies of children are also advocated (Bifulco and Moran 1998; Dowling et al. 2006; Tanner and Turney 2005). Recent research has found a lack of targeted interventions and support for neglected teenagers (Stein et al. 2009) and support for their parents (Farmer and Lutman 2010). Serious case review analysis has also pointed to the comment on the 'agency neglect' of neglected teenagers who can be very 'hard to help' and present with complex problems (Brandon et al. 2008).

In some cases, out of home placement will be the best option for a neglected child, either on a short term or permanent basis. Research indicates that children who have experienced emotional abuse or neglect have more stability and have positive wellbeing

when they remain in care rather than being returned home (Wade et al. 2010). In other recent research, Farmer and Lutman's (2012) study of outcomes for neglected children returned to their families found that the age of the child was significant: older children were most likely to have frequent returns to care and have poorer wellbeing. Such cases were often those where there had been parental substance misuse and severe neglect.

Conclusion

This chapter has detailed how child neglect is a complex and multi-faceted form of maltreatment. Whilst there is debate about the definition and parameters of child neglect, there is increased recognition of the detrimental impact it can have on children of all ages. Key theories of child development and an ecological perspective are instrumental to understanding the problem. The empirical research also shows the influence of parenting capacity and the wider family and environmental context to the problem of child neglect. This thesis argues that, given the multiple factors associated with child neglect and the varied potential impacts on children, a child-centred approach to recognition and response is required. Such an approach would consider the way in which the individual child is experiencing neglect and use this information to devise a child welfare response.

Chapter 3: The English Child Protection System - Towards Child-Centred Policy and Practice?

Introduction

Having examined child neglect as a social problem and established the need for comprehensive social policies and child welfare strategies in this area in the UK, this chapter provides an overview of major developments in recent decades in English child protection policies and practice. In particular, it evaluates claims that the English child welfare and child protection system has become more 'child-centred' in its orientation and approach since the early 1990s. It also places the contemporary key features of child protection conferences in a broader historical, policy and practice context – providing much policy and contextual background for Chapter Four which focuses more specifically on the operation of, and a critical review of, child protection conferences.

Child Protection Reforms Since the Mid-1990s: Towards a new child-centred orientation?

In an international comparative study of nine welfare states and their child welfare systems, Gilbert (1997) and colleagues argued that two distinct and broad policy and professional orientations influenced how social policies and child welfare conceptualised and responded to child maltreatment concerns, including child neglect. The authors conceptualised these orientations as the 'child protection' or 'family service' orientation. The 'child protection' approach was found to be dominant in the Anglo-phone countries included in the study – England, the USA and Canada. This approach conceptualised child abuse and neglect as primarily a problem of 'parental harm and family dysfunction'. It tended to criminalise child maltreatment and respond to the problem within a legalistic framework using a 'forensic' investigative approach to the family and problem. The 'family service' orientation, in contrast, was found to be dominant among the Northern and Western European countries included in the study such as Denmark, Belgium, Germany and the Netherlands. Here child abuse and neglect is conceived as a social problem with socio-economic disadvantage and family 'stressors' contributing to the problem (ibid.). The social policy and professional response included social welfare and parenting

education measures – broadly conceptualised as a family support response. This response, in contrast to the child protection orientation, was characterised by more extensive cooperation, partnership, multi-agency working and social support for children and families also involving broader roles for social workers in respect of social support and casework; and more multi-agency and inter-professional services and support.

In their subsequent follow-up comparative study of the same welfare states and their child welfare and child protection system (in addition to including Norway as an extra national case), Gilbert et al. (2011) revised their conceptualisations and categorisations of child welfare systems in substantial ways. Resonating with the critical perspectives highlighted above in the child protection vs family support debate, Gilbert et al. (2011) found welfare states had introduced similar reforms expressing similar aims in the sense of seeking to both 'strengthen protection and support/prevention' (Parton 2006). Family support orientated systems, therefore, had broadened their legal and statutory definitions of child maltreatment and strengthened their child protection measures. Child protection orientated systems had alternatively sought to reduce the need for, the cost of and demands on, their child protection systems by investing more extensively in family support, social welfare measures and prevention programmes. They had also broadened their notions of child maltreatment – as illustrated in the discussion in the previous chapter about changing official definitions of child neglect. More fundamentally, though, Gilbert et al. (2011) argued that a new orientation had emerged across all of their national case studies which they referred to as a new 'child focused' orientation. This orientation was characterised by considering *'the individual child's needs in a present and future perspective'* (Gilbert et al. 2011 p255).

However, the new child focused orientation had two variants. Firstly, this orientation reflected, for Gilbert et al. (2011) the increasing significance of Third Way social investment state centre-left approaches to social policy and social prevention which emerged across welfare states in the late 1990s remaining popular until recent years. This orientation made a strong public policy case for 'investing in children and families' in order to reduce demands on the welfare state, reduce social problems and increase human capital, labour market participation and, therefore, economic productivity and activity (Churchill 2011; Parton 2006). It led to increasing interest among centre-left UK and European political parties to develop more public health orientated reforms – investing in 'early intervention and prevention' measures as well as 'tertiary prevention' (ibid.). For Gilbert et al. (2011), however, the social investment approach, as developed in the UK for example during the late 1990s and early 2000s under three consecutive Labour Governments, could have limitations when it -comes to effectively addressing child

maltreatment. These researchers argued a children's rights approach is also needed and is a critical albeit varied feature of the new child focused orientation in many countries. The development and recognition of children's rights will be discussed in the following section.

Children's Rights

The child focused orientation is necessarily informed by children's rights movement. This section will briefly consider how theories of child rights and participation are important to the child welfare setting and the formation of a child focused approach.

The 1989 United Nations Convention on the Rights of the Child (UNCRC) which was ratified by the UK Government in 1991, enshrined the human rights of children in 54 articles. The UNCRC has influenced the development of legislation in the UK, in particular the 1989 and 2004 Children Acts, which will be discussed further later in this chapter. James et al. (1998) note that the 1989 Children Act represented "*a significant conceptual shift in contemporary notions of childhood*" (James et al. 1998 p68) in its consideration of both the individual rights of a child and the notion of parents having responsibilities to protect the child rather than rights over them. Some of the articles relate to the rights of children to express their views and others focus on promoting the welfare and protection of the child (Jenkins 1995). For example, the need to protect children from harm is referred to in Article 3 which states "*the best interests of the child shall be a primary consideration*" and Article 19 emphasises the role of member states in protecting children from maltreatment, exploitation, abuse and neglect. Furthermore, children's rights to participate are encompassed in Article 12, which is considered key as it states that children who are capable of forming their own views have:

> the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child (The United Nations 1989 Article 12.1).

There is a tension evident between children's civil and welfare rights (Brighouse 2002). It is argued that these rights derive from different constructions of children: some from a passive notion of children requiring protection and others construct children as 'beings' with a right to be heard (Archard 2009; Jenkins 1995; Lee 1999). The construction of children as individual beings with agency was proposed within by the sociology of childhood (James et al. 1998; Jenks 1982; 1996) which, as Mayall (2015) notes, must be seen in conjunction with the development of the children's rights movement. Thus different concepts of children and childhood may be used in relation to children's and well-being. A tension exists between approaches which emphasise the development of the

child with respect to their future as an adult, or focus on their present experience (Fox Harding 1996; Qvortrup 1994; Uprichard 2008). Such tensions are evident in the child welfare setting, when recognising and upholding children's rights is particularly complex as the rights of the parents and family must also be upheld. A number of authors such as Baginsky (2000), Littlechild (2000) and Sanders and Mace (2006) note that neither the 'liberationist' child rights view or 'protectionist' child welfare perspective of upholding chlidren's rights to be protected from harm, suit the child protection context. In this setting, practitioners have a requirement to support parents in their role and to ensure that their views are taken into consideration, yet the rights of the child may conflict with this (Healy 1998; Healy and Darlington 2009). Recognising children as agents, as independent 'beings', may be at odds with others in the family. Furthermore, recognition of children's agency in the context of potentially risky situations is another tension in child protection work, perhaps more likely to be encountered when working with adolescents.

Archard and Skivenes (2009a; 2009b) consider ways in which children's right to be heard can be upheld whilst also considering what is in their best interests through efforts to listen to the child's 'authentic voice. Uprichard (2008) argues that perceiving children as '*beings and becomings'* (ibid. p311) recognises both their present and future agency. This perspective is of utility to child protection processes which aim to safeguard children who have experienced or who are likely to experience harm, and considers the damage which current neglect or abuse will have on their future development as well as present experience. Furthermore, safeguarding decision making must consider the potential long term harm or implications of these decisions.

Having detailed the development of the child focused orientation and the children's rights movement, the remaining sections of this chapter examines to what extent they have influenced the English child protection system. Do the reforms and developments since the early 1990s constitute the emergence of the new child focused orientation? And are developments and approaches in England equally reflective of the social investment state approach, public health orientations and children's rights standpoints? Finally, what are the implications for child protection conferences and their effectiveness within the child protection system? These critical issues will now be considered.

The 1989 Children Act and the Establishment of the Contemporary Child protection System

With debates about the effectiveness of the child protection system and increasing interest in family support and prevention measures developing in the 1970s and 1980s, a major development in the late 1980s was the introduction of the 1989 Children Act. This remains a central piece of child welfare and child protection legislation in governing local authority policies and procedures. The Act introduced major reforms with its distinction between local authority duties to investigate when a child was at risk of 'significant harm' (s.47) and to provide assessments, support and services for children in need (s.17). In this regard, it has been described as seeking to re-balance child protection and family support approaches in the English context (with a greater focus on family support and social welfare/social care measures for children in need; and an alternative approach to child maltreatment investigation and responses focused on significant harm among children and young people as opposed to 'grave concern' or types of maltreatment) as well as re-balancing the privacy of families versus state intervention for child welfare and child protection concerns (with its relatively high thresholds for child welfare and child protection interventions; and a new array of procedures to parental/family access to information, involvement and complaints procedures (Parton 1991; 2014, Churchill 2011). The Act and the subsequent reforms associated with the Act have been framed as reflecting a 'child-centred turn' due to its emphasis on putting the child's needs at the fore of child welfare practice and stressing that the welfare of the child was paramount. It also emphasised the responsibilities of parents to their children based on the perspective that statutory child welfare and protections measures come into play when there are severe deficits in childcare and parenting for children and young people (Churchill 2011 p72). The Act was further significant as it unified much prior legislation relating to public and private law for children (Allen 2005 p2).

Section 47 of the 1989 Children Act states that when there are concerns that a child has experienced, or is likely to experience, significant harm, a strategy discussion should be held between social workers and other key professionals – which may then lead to a 'child protection conference' being convened. This is a multi-agency meeting coordinated by an independent Chair, bringing together children's social workers and other key professionals to review children's welfare and if further statutory action is required to safeguard and promote child welfare such as child protection plan. If a plan is required, a key decision is made at the conference about the primary type of maltreatment the child has suffered or is at risk of experiencing: physical abuse, sexual abuse, neglect or emotional abuse, or mixed. These categories have been in place since the implementation

of the 1989 Children Act in 1991 replacing the category of 'grave concern' (Gibbons and Bell 1994). At this point, the legislation and guidance stated that the child's name should be placed on the 'child protection register', a record of all children considered at risk of significant harm, which was held by local authorities. A bi-annual review would take place to consider whether the plan and registration was still required.

The 1989 Children Act followed a period of concern that the child protection system was not operating effectively, and that when it did so the response was inappropriate. The system was in crisis in two ways. Firstly, a number of child abuse deaths in the 1970s and 1980s led to fears that the operation of the system was not effectively protecting children (Reder et al. 1993). Reviews of practice in these cases discussed the lack of interagency working and clarity of professional roles. Secondly, there was concern that harm was being caused to children and families through over zealous intervention: the investigation of sexual abuse in the Cleveland 'affair' in 1987, called into question how practitioners worked with families (Parton 2014). The inquiry into this (Butler-Sloss 1988) was concerned at the way medical investigation was used and parental rights were neglected. Furthermore, the inquiry report emphasised that children could become overlooked in child protection processes and that practitioners must remember that '*the child is a person and not an object of concern'* (Butler-Sloss 1988 p245)*. The inquiry precipitated change in regard to family involvement; recommendations regarding increased participation of parents, including being invited to case conferences, were incorporated into the first edition of *Working Together* guidance (Department of Health and Social Security and the Welsh Office 1988).

The *Working Together* guidance issued after the 1989 Children Act (Department of Health 1991) highlighted the role of the Initial Child Protection Conference (ICPC) within the child protection process and contained greater specification of the recommended timescales for the completion of assessments, convening of conferences and the contents of outline child protection plans (Bell 2007). It also emphasised the role of the core group, to ensure the plan was implemented (Hallett and Birchall 1995) and of family participation in conferences. The 1989 Children Act and the later 2004 Children Act placed a duty on local authorities to ascertain a child's wishes and feelings as part of these investigation, changes which reflected the influence of the UNCRC and further evidence of a more child-centred approach (Parton 2014).

The 1990s Critiques and Refocusing Debate

In the 1990s there were increasing concerns, however, about the degree to which local authorities were fully implementing the 1989 Children Act and were supported by Central Government to fully implement its key aims and objectives. Research by the Audit Commission (1994) drew attention to poor planning and spending on support services for families and the need for greater preventative spending. A series of empirical studies commissioned by the Government prior to and after the implementation of the 1989 Children Act (Department of Health 1995), provided a comprehensive analysis of the ways in which the child welfare and child protection system was functioning and changing. The findings of this programme of research indicated an increasing number of children and young people were being referred to LA social services departments, yet the majority were not subject to child protection measure or in receipt of child welfare services (Gibbons et al. 1995). There was concern that the system was incident-driven or 'forensic' rather than responding to the needs of families. Whilst enquiries may focus on incidents of physical abuse, research showed the long-term harm of a negative parenting style, as seen in cases of child neglect, yet the system was not adequately designed to recognise or address these (Gibbons et al. 1995). Thus practice was not managing to achieve the balance between the aims of the Children Act of combining child protection, family support and child welfare satisfactory (Department of Health 1995 p55). The effectiveness of child protection conferences was critiqued in several studies (Birchall and Hallett 1995; Farmer and Owen 1995; Gibbons et al. 1995; Hallett 1995) and the difficulty of enabling parents to participate in conferences was highlighted (Thoburn et al. 1995a). Furthermore research indicated that once children were on the child protection register the child protection plans were not always effective (Farmer and Owen 1996) and that there was a lack of multi-agency work (Hallett 1995). The Department of Health (1995) report also highlighted the ongoing tensions between child protection vs family support. Brandon et al. (1999), for example, went on to highlight how in cases of child neglect some children who required safeguarding were not in receipt of family support or child protection measures with the cumulative nature of harm to the child unrecognised and an investigatory emphasis on incidents of abuse. This body of research led to the 'refocusing debate' (Parton 2006) that sought to improve family support responses to reduce the levels of unnecessary child protection referrals and investigations.

Labour's Child-Centred Social Investment State Reforms

The Labour government which came into power in 1997 could be described as developing both a family service and child-centred social investment state orientation in Gilbert et al.'s (2011) terms with its emphasis on parenting support and early intervention. Featherstone et al. (2014) and Parton (2006) argue Labour's 'Third Way' ethos emphasised investment in children, as 'future active and productive adult-citizens'. They state that Labour tended to focus on investing in human and social capital to reduce social problems, reduce demands on the welfare system and promote economic growth. The New Labour approach to child welfare was signalled in the introduction of the *Framework for the Assessment of Children in Need and Their Families* (Department of Health et al. 2000) often summarised as the Assessment Framework. This guidance sought to re-balance risk of significant harm assessments with children's needs assessments and consideration of a range of family and environment factors influencing children's needs and parenting capacities to meet those needs. This guidance was more comprehensive and needs-based, compared to early approaches to risk and needs assessments. It reflected a departure from the narrow, incident-focused outlook of previous guidance according to many child welfare researchers (Horwath 2010a; Parton 2006). The Assessment Framework was introduced the same time as the 1999 edition of *Working Together* (Parton 2006). The Assessment Framework signified a change in approach to the assessment of children subject to abuse and neglect in that the focus of assessment broadened to incorporate an ecological theories of child development introduced in the previous chapter (1979; Bronfenbrenner 1994). This '*developmental ecological perspective'* (Rose 2001 p41) considered the child's development alongside the influence of factors in their family and community. Furthermore, in responding to the critiques of the child welfare system outlined above, the Assessment Framework sought to promote a common professional language and to facilitate the comprehensive assessment of children's needs (Department of Health et al. 2000, Rose 2001 p35). The Assessment Framework was set out as a triangle with the child at the centre, encouraging practitioners to consider three aspects: the child's developmental needs; factors which affected parent's capacity to care for them; and their family and environment. Each side of the triangle was broken down further into sub domains (see Figure 3.1 below).

Figure 3.1: The Assessment Framework (Department of Health et al. 2000)

The Assessment Framework has been critiqued as individualistic in its 'child-centric' (Hall et al. 2010) approach, however, as in practice the wider analysis of children's lives within families and communities tends to be marginal and under-developed in assessments and service plans. Furthermore, Garrett (2003) argued that whilst the framework and the associated questionnaires did try to take account of poverty and material factors of individuals, '*social and economic relationships are uncritically perceived*' (Garrett 2003 p445).

In addition to the introduction of the Assessment Framework and the revised 1999 *Working Together guidance*, Labour introduced other reforms early on its first term in office from 1997-2001 and introduced a new era of greater investment in social work services and professional development such as via the new social work degrees from 2002. The 2000 (Children Leaving Care) Act introduced specific planning review arrangements for young people leaving care based on research that they continued to have poor outcomes (Thomas 2011).

The 'Every Child Matters' reforms and the 2004 Children Act

In the second term of the New Labour government significant changes in the approach to child protection and family support were introduced. The Treasury Spending Review in 2002 set out the government's intent to focus funding on services to support 'children at risk' and to provide early intervention to address this (Parton 2006 p146-7). However, these plans were to some extent reframed as a response to the Laming Inquiry into Child Protection in the following year (Laming 2003). This inquiry was called following the death of Victoria Climbié, who died in 2002 after suffering extreme physical abuse, psychological abuse and child neglect. Laming (2003) concluded practitioners had failed to work effectively together to protect Victoria, share concerns, share information, appreciate the significant harm she was experiencing and develop an effective inter-agency response. A central finding of the inquiry was that practitioners did not engage with Victoria, consider her needs in a comprehensive way and consider the situation from her perspective. In his conclusion Lord Laming stated:

> It is a duty placed on social services to assemble and analyse information about children who may need to have their welfare safeguarded and promoted. This needs to be done in a rigorous way, viewed, as far as possible, through the eyes of the child. (Laming 2003, p69).

Laming (2003, p. 153) found that Victoria's carers diverted the focus away from her in a direct sense through obstructing access to her and, indirectly, ensuring their needs and perspectives dominated professional judgements, concerns and assessments. The language and cultural difficulties that practitioners can face when working with parents and families from different ethnic and religious communities and backgrounds, as well as in trying to engage and understand children in diverse circumstances were also critical issues (Laming 2003 p153).

The Laming (2003) Inquiry informed the programme of reform initially set out in the *Every Child Matters* green paper (HM Treasury 2003) which led to the 2004 Children Act. This had a focus on promoting positive outcomes for all children. Thus, as Parton (2014) notes, the Labour Government was shifting towards a more family service orientation and social investment child-centred orientation. The legislation created a Children's Commissioner for England tasked with the role of promoting children's and young people's interests and perspectives across all areas of social policy and children's services (Bell 2011). At a local level, it required local authorities to integrate education and social services departments to create local Children's Services departments and to establish Local Safeguarding Children Boards (LSCBs) to oversee the improvement of child welfare and child protection policies and practice, replacing the Area Child Protection Committees.

This Act, and the 2002 Education Act, placed a statutory duty on agencies such as the police, health services, youth workers and criminal justice workers to work together in safeguarding children and promoting five key outcomes for children: 'be healthy', 'stay safe', 'enjoy and achieve', 'make a positive contribution' and 'achieve economic well-being'. (HM Treasury 2003). The role of LSCBs and in the creation of Children's Trusts, senior inter-agency strategic bodies, were two key examples of attempts to improve integrated children's services planning and delivery (Cheminais 2009). The 2004 Act removed the requirement to place children's names on the Child Protection Register. This served to emphasise that it was not the placing of the child on a register that protected them but rather pro-active state and service interventions specified in child protection plans (Laming 2003 p366). Yet the requirement to record details of children subject to a multi-agency plan remained, which some argued was equivalent to the use of a register (Stafford et al. 2003).

The *Every Child Matters* agenda introduced measures to encourage greater integration between services through the development of the Common Assessment Framework (CAF) referral form, the electronic Integrated Children's System (ICS) and the Contact Point database. These reforms were described as 'ambitious' (White 2009) and some elements, such as the multi-agency database were later withdrawn under the 2010-15 Coalition Government. The implementation of a new electronic system for information recording and sharing was challenging, and whilst the formats and recording systems necessitated greater focus on children as individuals (Cleaver et al. 2008) such formats were criticised as having several limitations – adding to the administrative demands on professionals while also being dependent on good practice locally in recording information – which research continued to find wanting (Hall et al. 2010). The CAF form created for multi-agency assessment was similarly criticised as being too individualistic and process driven, for example, in completing one form per child, further detailing the different 'needs', according to some researchers, was not conducive to considering the child's relationships with their family and community (Broadhurst et al. 2009; White et al. 2010) and producing an assessment which fragments the child's life into a series of separate needs without an overall narrative analysis (Parton 2009).

By the end of Labour's third term in office however, there were increasing criticisms of the growth of top-down detailed prescriptions for procedure and practice and concerns that frontline social work had become over-regulated and micro-managed by bureaucratic and administrative demands (White et al. 2010). Parton (2006) terms this increased bureaucracy and 'surveillance' of children combined with an emphasis on promoting the

wellbeing of all children *'the preventive state'* (ibid. p164). He warns that that increased monitoring and assessment of children does not equate to child-centred work:

> while children are being placed at the centre of the new services, there is a great danger that the services will not be child centred (ibid. p185).

Indeed, a study of social workers undertaking initial assessments between 2007 and 2009 (Broadhurst et al. 2010) found that their time taken up by administrative demands reduced the time available for direct engagement and direct work with children and families. This was also found by Horwath (2011) whose focus group research with 62 social workers and managers detailed how pressures of time and paperwork could compromise direct work and assessment of with children and families. Another aspect of the increased regulation of child protection work was in the greater dictation of timescales: the 2006 *Working Together* guidance (HM Government 2006) included more detail and prescriptions about the operation of conferences and child protection procedures.

The 'Baby P' Scandal and the New Child Protection Reform Agenda

The reforms of the 2004 Children Act were subject to intense scrutiny following another child protection scandal which broke in 2008/9. The death of Peter Connolly ('Baby P') in 2007, who was on a child protection plan at the time of his death, and lived in the same London borough where Victoria Climbié had died a few years earlier, generated significant media attention and scrutiny when the case went to court in 2008. This led to another major inquiry into child protection policy, procedure and practice, again undertaken by Lord Laming (2009). This report examined the changes in the child protection system since 2004 and highlighted enduring difficulties in multi-agency child protection work. Laming (ibid. p11) stated that agencies such as social workers, schools, police and health were not always working effectively together and emphasised the role of senior managers in addressing this. The report recognised the pressure on social workers, commenting on the recruitment and difficulties, and the challenge of high caseloads and low staff morale (ibid. p44). Recommendations relating to the training and development of staff were accepted by the government. Once again Laming (2009) raised concerns about limited progress towards more effective and child-centred practice. The report specifically emphasised how practitioners could fail to consider children's everyday lives and lived experience in a comprehensive way, and once more drew attention to considering the child's perspective:

> ...professionals can find it very difficult to take the time to assess the family environment through the eyes of a child or young person. (Laming 2009 p22)

Following a high-profile media campaign about failures in frontline child protection practice, there was an increase nationwide in the number of referrals to children's social care – demonstrated by the trends and official data examined in the previous chapter (Department for Children, School and Families 2009; Department for Education 2010; Department for Education 2011). Similarly, a survey of 105 local authorities conducted by the Association of Directors of Children's Services in 2010 found the number of ICPCs had increased by 20% in a two year period from 2007 to 2009 (Brooks and Brocklehurst 2010).

The *Working Together* guidance was revised once more taking on board Laming's (2009) recommendations, including greater detail on the involvement of children and families in the child protection process. '*The Child in Focus'* was a new section and key part of this 2010 edition (HM Government 2010). In addition to emphasising the legal duties of local authorities to ascertain children's wishes and feelings, this section provided actions which professionals could take to ensure a child focus including which highlighted the importance of a direct relationship with the child, of clear communication about their situation and stated that children should be asked for their opinions on the services and options available to them (HM Government 2010).

The Coalition's Child Protection Orientation and Austerity Measures

It has been argued (Parton 2011; Parton 2014; Stafford et al. 2010) that following the 'Baby P' scandal a return to a narrower 'child protection' orientation could be observed in English child welfare and protection reforms. While this could be seen to remain 'child-centred' in its focus on protecting children from harm; a wider programme of greater investment in family support, early help and social welfare measures was compromised by a new programme of austerity measures. This shift can be attributed to the change in government in 2010, when a Conservative and Liberal Coalition took power. This continued the move away from progressive universalism, and a family support orientation, to a narrower chid protection orientation. The shift was evident in the commissioning of the Munro Review of Child Protection (Munro 2010; Munro 2011a; Munro 2011b) in 2010. The Munro Review (2010, 2011a, 2011b) built on the findings of the Social Work Task Force (2009) and responded to the critique from within the social work profession and concern in public inquiries that an over-bureaucratisation of child

protection work was leading to practice which did not prioritise the needs of the child. It developed Munro's work on systems theory in relation to child protection work (Munro and Hubbard 2011), and drew attention to the 'defensive' child protection system which had become overly preoccupied with child removal to prevent child protection scandals at the same time as severely gatekeeping access to children's social care casework and support. It found that practice was target-driven and not concentrated on high quality direct casework with children, young people and families; or achieving significant improvements in children's welfare and outcomes in the longer term. The need to focus on the child and children's needs in the short and long term was emphasised in the three reports generated by the review: the first drew attention to the importance of staying child focused, the second was titled *A Child's Journey* (Munro 2011a) and the final report *A Child-Centred System* (Munro 2011b). The final report promoted the importance of children's participation in child protection processes and in communication with children, emphasising the importance of social workers' relationships with children. It suggested that practice could be improved through allowing social workers greater flexibility and creating a working environment with less procedural concerns. The final report also called for increased early intervention work with families (2011b).

Following the Munro Inquiry, the House of Commons Education Select Committee undertook a comprehensive review of child protection and child welfare systems and services (House of Commons Education Committee 2012). The Education Committee highlighted child neglect as a key theme and concern (ibid.). Furthermore, it considered the variation in local authorities' responses to child neglect, variance in thresholds for intervention and the challenges in meeting the needs of teenagers. The neglect of adolescents and its connection to child sexual exploitation cases were highlighted issues in this report and a report by the Office of the Children's Commissioner (Berelowitz et al. 2013). This Commission interviewed many children and young people and found their views and experiences were often not listened to and were invisible to services (ibid.). The Commission strongly called for a child rights based approach for working with exploited and vulnerable children and young people (Berelowitz et al. 2015).

There was further consideration of the state of social work by the Government, with the All Party Parliamentary Group for Social Work Inquiry (APPGSW) (All Party Parliamentary Group on Social Work 2013). This reported that social workers were struggling to work in a system restricted by procedural timescales and IT systems which were not fit for purpose. Furthermore, the APPGSW provided evidence of the impact of public sector funding cuts and increased referral rates to child protection services on the workforce's capacity to respond effectively to cases: specifically, increased caseloads, rushed

assessments and a lack of resources to provide appropriate and timely services to families (ibid. p15). This report drew on evidence including a survey by the British Association of Social Workers' (2012) which detailed how social workers found it difficult to practise effectively due to such pressures. In addition to the points made in the APPGSW report, it noted that there was an increased high administrative burden on staff following cuts and that problems with management had led to poor morale and a lack of supervision, which is likely to lead to difficulties in recruiting and retention social workers.

Findings from Serious Case Reviews (SCRs) during this period also contributed to a picture of child protection social work that was unable to be child focused (Burke 2010). A thematic review of SCRs in 2010 showed how children were not seen frequently, that parents prevented professionals from hearing the child's views or seeing the child and that agencies did not consider the evidence with regard to the impact of the situation on the child (Ofsted 2011). The lack of a child focus in child protection assessment and processes was also highlighted in the Ofsted thematic inspection on child neglect (Ofsted 2014). Three high profile SCRs into the deaths of Hamzah Khan (Bradford Safeguarding Children Board 2013), Daniel Pelka (Coventry Safeguarding Children Board 2013) and Keanu Williams (Birmingham Safeguarding Children Board 2013) also drew attention to the problem of children being 'invisible' (Ferguson 2016) in the child protection system as all three children died as a result of neglect or physical injury in their parents' care despite being known by children's social care (The Observer 2013).

Conclusion: Child Centred Practice?

This chapter has examined how the English child protection system, in which the child protection conference is situated, has developed over the last three decades. The system has attempted to respond to criticisms, emerging from research, SCRs and government inquiries, that it struggles to be 'child centred'. In many ways, the child welfare and protection system has then introduced important changes in these regards. However, a note of caution has been sounded by some authors in response to this promotion of a child-centred system, which I shall briefly consider. Firstly, some contend that, in the economic context and the present government's austerity measures, the system cannot effectively meet these aims to be child centred. Clifton (2012) makes this argument, stating that there have been cuts to local services and inadequate provision of early-help service for children and families. A report by the Children's Rights Alliance for England (CRAE) (2013) also claimed that austerity measures have had a detrimental impact on the

provision of child protection service. Parton has argued that the audit and performance-management organisational culture seen in many child protection systems, is '*anything but child centred*' (Parton 2009, p63). A second point of view is that social work with families has become too focused on children as individuals without sufficient consideration of their wider family and community environment. Featherstone et al. (2014) warn against turning children into '*sacred objects of concern*' (ibid. p152) and argue for greater consideration of the needs of parents as well as children in order to respond to child welfare concerns by improving children's lives in holistic ways working as much as possible to improve their family and community lives – and minimising child removal responses and the use of state care in a permanent sense which can be disruptive and traumatic for children and their significant family and community relationships. Finally, some, such as Parton (2014) maintain that the term 'child centred' approach itself is subject to interpretation and that 'child-centred' does not necessarily mean 'children's rights are centred' as highlighted in Gilbert et al.'s (2011) conceptualisation of the social investment interpretation and the review of Labour's reforms above

> Whilst many current policy and practice developments claim to be 'child centred' or 'child focused', it is also clear that these terms have become highly contested and open to a variety of interpretations. It cannot be assumed that the use of such terms means that policies and practices are premised on a child rights perspective. (Parton 2014 p132)

This chapter has detailed how the English child protection system has made improvements in legislation and guidance to address claims that it is not child centred. For example, in guidance relating to children's participation in child protection processes, such conferences, and in the introduction of the *Assessment Framework* which promoted the broad consideration of children's developmental needs. However, the repeated findings from government inquiries, SCRs and empirical research have shown that child protection practitioners can struggle to retain a child focus. Furthermore, research evidence and critical perspectives contend that the child protection system remains ineffective in its response to child neglect (Brandon et al. 2014b; Farmer and Lutman 2012; Ofsted 2014). The context for this work is of relevance: the child protection system, and in particular the dominant profession of social work, has been under increasing stress and pressures which are critical to understanding how child focused practice may be compromised. Such stresses include greater numbers of referrals into the child protection system and reduced resources, both of which can lead to increased caseloads and administrative burden on social workers and affect the time spent working directly with families. Moreover, the wider system of child support and welfare, the provision of early intervention support services has also been subject to changes and reduced budgets which has implication for children's welfare and child protection work (Churchill 2013). Having

set out the broad policy and practice context for the child protection conferences in this chapter – the next chapter illustrates and examines these issues further with regard to a more focal analysis of policy and practice related to child protection conferences.

Chapter 4: Child Protection Conferences - Policies, Procedures, Practice and Research

Introduction

The previous chapter set out the policy and legislative background of child protection conferences. It detailed how major child welfare legislation such as the 1989 Children Act and 2004 Children Act, as well as national statutory child protection guidance and procedures such as in the *Working Together* and the Assessment Framework, establish the statutory functions, policies and procedures of child protection conferences. In this chapter the specific context of the child protection conferences is considered. Firstly, the chapter sets out the national and local guidance for conducting child protection conferences relevant to the time of undertaking my empirical research. Secondly, it reviews the critical research about child welfare and child protection practice within child protection conferences, highlighting several challenges to conceptualising and responding to child neglect cases in this setting.

Child Protection Conferences: The statutory national and local framework in 2012

This section outlines how the child protection conferences operated at the time of conducting my empirical study. As detailed in the preceding chapter, national government guidance such as *Working Together* and the accompanying Assessment Framework establish the statutory functions, policies and procedures of child protection conferences. At the time of conducting my empirical study, the 2010 edition of *Working Together* (HM Government 2010) was in operation as well as several local statutory frameworks within each of the local authority areas. This section will provide a summary of the key features of the national and local framework for child protection conferences in 2012.

The conference process, statutory timeframes and decision making remit

As introduced in the previous chapter, when local authorities' children's social care services have concerns that a child has experienced, or is likely to experience, significant harm (s47 Children Act 1989) legislation and statutory guidance requires a strategy discussion is held between social workers and other key professionals (HM Government 2010). In 2012, when these concerns were substantiated it was a statutory requirement at the time to convene and carry out an initial child protection conference (ICPC) within 15

working days of the strategy meeting and to complete a 'core needs assessment' employing the Assessment Framework which was to be completed within 35 working days of the strategy discussion (HM Government 2010). The guidance stipulated that the ICPC should be attended by family members, including the child (or their representative), children's social workers and other professionals involved with the child and those involved with the parents (HM Government 2010). Reports were to be prepared for the meeting by the social worker and other practitioners. The statutory guidance at the time stated that child protection conferences and their agendas should cover information about children's needs, parental capacity and family/environmental factors affecting child welfare and parenting capacity highlighting the significance of the Assessment Framework discussed in Chapter Three. It stated child protection conferences should consider:

> the child's developmental needs and the parents or carers capacity to respond to these needs to ensure the child's safety and promote the child's health and development in within the context of their wider family and environment (HM Government 2010, p165).

Several child welfare decisions were to be reached within the ICPC: to decide if the child is at risk of significant harm and to plan what action is required to safeguard and promote child welfare. The ICPC was to decide whether a child required a child protection plan which would detail the child welfare concerns and the actions to be taken by families and services to safeguard and promote child welfare, development and rights. Guidance recommended following the ICPC and decision to place a child on a child protection plan details of the lead social worker and core group membership should be circulated to all attendees (HM Government 2010, p168). This smaller 'core group' should then meet within ten working days of the ICPC to produce a full version of the multi-agency child protection plan. Once the core group of professionals have developed the child protection plan it is good practice for the plan to explained and reviewed with the child and parent/family, and agreed with them (HM Government 2010, p175). It was stipulated that review conference meetings should then take place to regularly review the child's welfare and progress towards addressing the issues set out in the plan. The first review meeting was expected to take place after three months of the start of the child protection plan followed then by review meetings bi-annually or more often if needed. These conference review meetings were to follow a similar structure to the ICPC and within all conferences all decisions and discussions were to be recorded and securely stored electronically and in hard copy formats such as on the Integrated Children's Information System, and local ICT case records and information systems (HM Government 2010).

Attendance at conferences

Working Together emphasises similarities between ICPCs and review conferences (reviews) in terms of their attendance, role and significance (HM Government 2010). It recommends that both the ICPC and the review should include the child or their representative, family members, children's social workers and other professionals involved with the child and those involved with the parents. The 2010 guidance suggested a range of professionals who may need to attend conferences, including the local authority's legal services and those involved in any investigation such as the Police:

> There should be sufficient information and expertise available – through personal representation and written reports – to enable the conference to make an informed decision about what action is necessary to safeguard and promote the welfare of the child. (HM Government 2010, p162)

Furthermore, it stated that:

> ...those attending conferences should be there because they have a significant contribution to make, arising from professional expertise, knowledge of the child or family or both (HM Government 2010, p162).

The *Working Together* guidance (ibid.), however, was mindful of the need to guard against large numbers of individuals in attendance – both in terms of the effect that a large attendance figure may make decision making difficult and challenging; and in terms of the detrimental effects of professionals heavily outweighing parents, children, young people and family members in these meetings. The quorate specifications were left to the local safeguarding children board (LSCB) although national guidance did suggest:

> As a minimum, at every conference there should be attendance by local authority children's social care and at least two other professional groups or agencies who have had direct contact with the child, who is the subject of the conference (HM Government 2010, p162)

The guidance highlighted the role of local children's social care managers in deciding who should be invited to attend conferences (HM Government 2010, p163).

Reports for conferences

At the time of the research, the guidance specified that children's social care should provide a report for child protection conferences setting out the main information about children and young people and their welfare, their parents and families, children's social care involvement, multi-agency information about child welfare concerns and the findings of the comprehensive needs and risk assessments completed:

> Analysis of the information gathered and recorded using the Assessment Framework dimensions to reach a judgement on whether the child is suffering, or likely to suffer, significant harm and consider how best to meet his or her developmental needs. (HM Government 2010, p166)

Furthermore, the reports were expected to include chronologies of family history and service involvement, and details of the 'expressed wishes and feelings of the child' (ibid.). In addition, it was expected that written multi-agency reports should be provided for conferences 'wherever possible' and these should detail:

> ...their involvement with the child and family, and information concerning their knowledge of the child's developmental needs, capacity of the parents to meet the needs of their child within their family and environmental context. This information should include careful consideration of the impact that the current and past family functioning and family history are having on the parents' capacities to meet the child's needs. (HM Government 2010, pp166-7)

Such reports from social workers and other practitioners should be shared 'in advance' of conferences although no timescales were specified at the time for this.

The role of the chair and lead social worker

National guidance stated that the chair of child protection conferences should be '*independent of operational or line management responsibilities for the case*' (HM Government 2010, p164). The professional background of the chair is not dictated by the guidance, although in practice this role was usually performed by former children's social workers and children's social care managers. Where possible the same individual should chair all conferences for children and young people. Their role is specified to include meeting with family members before any conference, setting the agenda, and facilitating discussion and decision making. In particular *Working Together* guidance at the time (HM Government 2010) emphasised the need for:

> skills in chairing meetings in a way which encourages constructive participation, while maintaining a clear focus on the welfare of the child and the decisions which have to be taken (HM Government 2010, p165).

Social workers had an additional key role in child protection conferences. They were required to undertake the relevant needs and risk assessment; and meet and engage with the children, young people, parents, families and other professionals. The social worker's meetings in all these respects were to be detailed and recorded in the pre-conference reports. Social workers also had a lead role in case management and the implementation of the child protection plan in practice by professionals and families. The Working Together guidance at the time stipulated lead social workers should:

> ...develop a therapeutic relationship with the child, regularly ascertain the child's wishes and feelings and keep the child up to date with the child protection plan and any developments or changes (HM Government 2010, p172).

Parental, family, child and youth engagement and involvement

The *Working Together* guidance in place at the time of the study (2012) stated that parents and children – subject to age and understanding – should have the purpose of the conference explained to them in appropriate ways, be invited to attend, and informed about options for support and/or advocacy (ibid.). It stipulated that parents and other carers should be invited to attend conference and '*helped to participate fully'* (HM Government 2010, p163). However, it also indicated there may be situations where the involvement of some parental and family members may be limited where this is in children's interest and to safeguard their welfare:

> Family members may be excluded from a conference where there are fears about violence or if a family member is an alleged abuser, to protect other family members and staff (HM Government 2010, p163)

In respect of children's and young people's involvement and attendance at conferences, statutory guidance at the time stated that they should be invited to attend *'subject to consideration about age and understanding'* and that if the child does not attend their wishes and feelings should be ascertained in alternative ways via consultation and discussions with them, perhaps with the assistance of child and youth advocates, and recorded and discussed in conferences (HM Government, 2010, p163). Children's social workers had lead roles in engaging with children and young people in these respects:

> Where the child's attendance is neither desired by him/her nor appropriate, the local authority children's social care professional who is working most closely with the child should ascertain what his/her wishes are and make these known to the conference (HM Government 2010, p163).

To further assist parental, family and child/youth involvement it was expected child welfare and protection reports from social workers and other professionals should be shared with family members prior to conferences (HM Government 2010, p166) and children and family members should be encouraged to consider their response to the concerns and issues discussed in these, which could also be in a written report (HM Government 2010).

The child protection plan

As discussed above, the child protection conference must decide whether to create (in the case of an ICPC) or retain a child protection plan which must identify: '*what needs to change in order to achieve the planned outcomes to safeguard and promote the welfare of the child'* (HM Government 2010, p169). Statutory guidance at the time stated that the content of child protection plans should be based on the information discussed in conferences and include: long and short term aims, stating the responsibilities of staff for actions and timescales towards achieving '*specific, achievable, child focused outcomes*

intended to safeguard and promote the welfare of the child' (HM Government 2010, p175). Administrative staff or minute takers, should record the discussions and decisions made within conferences, and the plan should be also recorded on standard forms within the Integrated Children's System.

The local statutory guidance on child protection conferences

Local safeguarding children boards produce supplementary local guidance for child welfare and child protection policies and procedures offering local interpretations of national legislation and guidance. LSCBS were created by the 2004 Children Act and in addition to the guidance function they also provide details of local children's social care, procedures, contacts and agencies. The study took place in two adjacent local authority and LSCB areas which had developed the same shared child welfare and child protection policies and procedures. Some services, such as health trusts and the police also operated across both LSCB areas. Key aspects of this local framework are detailed in appendices four and five.

The shared local procedures stated that reports for conferences must be submitted by practitioners at least two working days prior to the ICPC and that social workers should share their reports with the parents and child at least two days prior to the conference. For review conferences this was extended to four working days. Whilst there were few specified differences between the two LSCB (named as 'City' and 'County' areas in the study) areas in the procedures used, they did vary in their timeframes for sending minutes of ICPCs and review conferences to professionals – these were to be sent within ten working days in the City area and five working days in the County.

The LCSBs guidance at the time contained some suggestions to promote the participation of families in conferences. For example, the local guidance stated that it is the social worker's responsibility to ensure that the child can participate and is aware of the available options to assist with this, including advocacy. Possible methods of participation for children in conferences were listed, including writing, audio, video or in person. Children's attendance at conferences and core groups was encouraged, but the guidance stated this should be assessed on an individual basis and with consideration of children's safety, welfare and best interests. The use of advocacy services from either within or outside children's social care was also noted as an option. The procedures also stated that the social workers must ensure the arrangements are suitable for the parents, including child care, and that parents are briefed about the purpose of the conference and have a copy of their report beforehand. The chair's role to meet with family members prior to a conference to ensure they understand the purpose of the meeting was specified.

The LSCBs had devised a more specified agenda and format for child protection conferences compared to national guidance. They set an agenda which included: introductions, the reasons for the conference, a discussion of the issues in the family and child/children's lives and finally a discussion about whether there was a need for the establishment of a child protection plan. The ICPCs were to include a summary of the section 47 enquiries and a section to ascertain the parents understanding and perspectives about the child protection procedures undertaken. Review conferences differed in having a section allocated to the effectiveness of the child protection plan since the last meeting, and rather than setting an outline plan, as for ICPCs, a section to detail what actions should take place is the 'recommendations of the conference'.

Child Protection Conferences in Cases of Neglect: Research review

Chapter Two developed arguments grounded in empirical studies about the ways in which it can be:

> ...difficult for professionals with safeguarding responsibilities to identify indicators of neglect, to assess whether what they have observed is sufficiently serious for them to take action, and to decide on the most appropriate course of action (Brandon et al. 2014b p5).

Researchers have sought to explain the reasons why child neglect is a challenging child welfare issue and why there is a 'neglect of neglect' within the English child protection system (Allnock 2016; Daniel 2015; Farmer and Lutman 2012). Chapter Two highlighted several issues resonating with the conclusions made by Stone (1998) and Brandon et al. (2014) who stated that child neglect can be difficult to identify, assess and respond to as a professional with child safeguarding responsibilities because:

> Neglect is a long-term developmental issue rather than a crisis. It also might be related to the fact that in neglect cases it is not always easy to know who to blame. (Stone 1998 p86).

Similarly, in their thematic analysis of Serious Case Reviews (SCRs) concerning neglect Brandon et al. (2014) state:

> ...in some cases it can be challenging to identify because of the need to look beyond individual parenting episodes and consider the persistence, frequency, enormity and pervasiveness of parenting behaviour which may be harmful (Brandon et al. 2014, p5).

In addition, grounded in contemporary debates about professional capabilities, knowledge, skills and values associated with good practice and better outcomes for children and young people; Chapter Two highlighted the significance of adopting holistic

and rights-based perspectives to understanding and promoting child welfare drawing on child development, social ecology and children's rights approaches to consider child and youth development and well-being across several domains (i.e. physical, emotional, psychological and social welfare and development; home, school, community, economic and societal domains) their families and their wider social, community and institutional environments (Department of Health et al. 2000; Garrett 2003; Rose 2001). Chapter Three built on these arguments and this analysis presenting an overview of the English child welfare and protection system; and engaging with social policy as well as child welfare perspectives of 'child-centred policy and practice'. It introduced arguments by Gilbert et al. (2011) which emphasised the significance of the 'social investment state' agenda to Labour's children's services reforms in the late 1990s and early 2000s. It highlighted how this period of investment and reform in children's services, including children's social care and child protection reforms, encompassed developments in establishing broader definitions and concerns about child neglect, new forms of holistic ecological needs and risk assessment approaches, and expansion in a spectrum of preventative and responsive interventions and services. However, the analysis in Chapter Three also endorsed Gilbert et al.'s (2011) and others (Parton 2014, Featherstone et al. 2013) critiques that from children's rights and child welfare perspectives there remained many critical issues, challenges and shortcomings within frontline child protection practice and the degree to which the child protection system safeguarded and promoted child welfare in relation to child neglect in a timely, responsive, appropriate and beneficial way. Returning to these arguments and issues, the second section of this chapter examines the specific research and literature about child protection conferences, with a particular consideration of conferences in cases of child neglect.

Child neglect as a challenging and contested issue within conferences

Studies about child protection conferences and multi-agency child protection meetings have provided further evidence that child neglect is indeed a challenging child protection issue and that professionals can experience uncertainties and have different perspectives about the key features of child neglect and the circumstances that warrant the need to commence and sustain statutory child protection measures. Although somewhat out of date now, Bell's (1996b) study of child protection conferences examined a range of practitioner perspectives employing questionnaire and interview-based research methods. Her study revealed that professionals reported the most challenging conferences to be those where the children were experiencing emotional abuse and neglect, compared to other categories of maltreatment such as physical or sexual abuse which they described as being more 'straightforward' (ibid. p55). The study further explored what made these

'difficult' conferences, particularly in terms of the participation of parents and assessing the risk of significant harm for children and young people. Bell (ibid.) discussed the ways in which assessments of child welfare were difficult and that practitioners were conflicted over issues of poverty and material deprivation, which '*give rise to feelings of confusion, sympathy or fear*' (ibid. p60). These conclusions resonate with Gupta's (2015) concerns discussed in Chapter Two about the associations between child neglect and material deprivation; associations which practitioners may feel uncomfortable in making judgements about, fearing they may be stigmatising poor families and being 'classist'. Similar findings were made by Brandon et al. (2014b) in their analysis of child protection practice in cases of neglect in SCRs:

> There is a reluctance to pass judgement on patterns of parental behaviour particularly when deemed to be culturally embedded or when associated with social disadvantages such as poverty (Brandon et al. 2014b)

In addition Stone's (1998) research interviewed lead social workers and other professionals involved in child protection cases in one local authority in relation to 20 child protection cases involving 61 children in which the category of concern was primarily 'child neglect'. Stone (1998) was interested in finding out practitioner perspectives about the 'significant features of child neglect' in these cases and asked practitioners about the significance of 35 factors reflecting concerns related to child welfare and development, parental/caregiving and family relationships and environments, and socio-economic factors. He found that on average 18.5 factors were significant in each case indicating that professionals perceived '*child neglect as a complex and multi-faceted phenomena which cannot be easily defined*' (ibid. p90). Further in workshops involving several agencies and professionals, Stone (ibid.) found different professionals emphasised the significance of different key features. While poor parenting, limited parenting capacity and problematic family relationships and dynamics were widely highlighted across professional groups; the significance of poor family/parental supervision of children and youth was a more contested feature as was the significance of poverty and socio-economic disadvantages. A further feature of child neglect cases within Stone's (1998) findings was a tendency for these cases to remain within the child protection system for relatively long periods reflecting in turn an 'ebb and flow' of professional concerns, skirting the thresholds for more extensive child protection intervention (ibid. p9). This study concluded health, education and social work professionals in particular required '*more guidance and training*' related to identifying and responding to child neglect (ibid. p93).

More recent studies have further raised concerns that the 'complexity and chaos found in many neglected children's families' resulted in practitioners feeling overwhelmed, defeated and unsure of how to address issues in children's and family lives (Ferguson

2011; Horwath 2007a). These issues lead to practitioners wanting a clean slate and ignoring their previous history in 'start again syndrome' (Brandon et al. 2008). Furthermore, staff may over-identify with parents and thus a 'rule of optimism' - a term introduced by Dingwall et al. (1983). These issues may contribute to the problem of 'case drift' within the child protection system and ultimately prolonged exposure to harm for the children (Ofsted 2014). These concerns were raised by Farmer and Lutman (2012) in their longitudinal study of 138 children involved in the child protection system due to concerns about severe child neglect. Their study found that in 38% of the cases examined, '*parents had been given too many chances to changes'* (ibid. p91). They argue that this may have been as a result of over-optimistic practice, but also in some cases, there was a lack of appropriate intensive support given to parents to effect change (ibid. p92). Ofsted analysis of SCRs has highlighted the role of supervision in chronic neglect cases, and note that an incident-driven approach rather than considering the overview can mean that chronic neglect cases are not dealt with effectively (Ofsted 2008; Ofsted 2014).

Assessing child neglect in child protection conferences

As discussed at the start of this chapter, the child protection conference is a key decision making forum that brings together practitioners to consider whether the child has experienced (or is likely to experience) significant harm, and to decide what level of intervention is required. If a child protection plan is required to protect them in future, the meeting must make recommendations for the content of this plan. Thus the conference requires a comprehensive assessment of the child's life to be able to make these decisions and recommendations. The Assessment Framework (Department of Health et al. 2000) which accompanies the statutory *Working Together* guidance (HM Government 2010) must be used to undertake this assessment.

The child protection conference must consider a combination of written and verbal information and assessments from a range of sources in considering what decisions to take and what action to recommend. Munro (2005) argues that practitioners need to undertake more in-depth analysis and more time on assessment and analysis of the information provided, a point also made in analysis of serious case reviews (Brandon et al. 2008; Ofsted 2010). An assessment of a neglected child's life needs to be sufficiently thorough and detailed to present a full understanding of the factors involved. As Munro (2008) stated, it should include interviews with as many family members and as many direct observations as possible. This can be challenging in complex family circumstances, (Saltiel 2013)Horwath (2007a) argued that assessment must capture not a snapshot, but a

'video' of a child's life over time. She also suggests a checklist of questions to use to elicit detail about a child's daily life (ibid. p178). The Assessment Framework has been considered a positive tool which allows an ecological perspective to consider all the elements of a neglected child's world, including wider community and economic factors (Horwath 2007a; Stone 2003). Specialist tools, such as the Graded Care Profile (GCP) (Srivastava 2005; Sen et al. 2014) have increased in use, in response to the challenges practitioners can encounter when assessing child neglect. A recent national evaluation of the CGP found that practitioners welcomed a way to quantify the complexity neglect, and that through asking specific questions about the care provided allowed them to be more child-centred in their assessment (Johnson and Cotmore 2015; Johnson et al. 2015).

The use of any tool or framework to assess child neglect still requires professional judgement. Horwath (2005a) and Piper (2013) highlighted the variance in practitioners' understanding and categorisations of neglect among practitioners involved in child protection procedures, forums and assessments in Ireland and England. Horwath's (2005a) study of child protection meetings and practice in Ireland examined 57 child protection case files, carried out focus groups with practitioners and completed a small practitioner survey (N=40) to examine issues in and approaches to needs and risk assessment within child neglect cases. This found variation not only between but also within teams of social workers and other professionals, which she suggests could be due to pressures on their workload or available resources, and also in workers' individual approach to assessing family factors such as parenting capacity and the wider family environment. Horwath (2005 p108) argued that the significance afforded to particular factors can then shape decisions about future interventions. Although this research was conducted over ten years ago, recent surveys of social workers (All Party Parliamentary Group on Social Work 2013) have shown that such pressures on time, resources and caseloads have increased and thus it is likely that such difficulties are still experienced by practitioners. A further issue, as noted above, is that in cases of child neglect cases practitioners can over-identify with the parents and hold optimistic views of the family's difficulties, which can lead them to defer making difficult decisions (Healy 1998; Minty and Pattinson 1994; Stevenson 2007).

Reder et al. (1993) examined retrospectively data about child protection assessment decisions related to 35 fatal child abuse inquiries. They identified four key problems in the assessment process which influence the decisions made at conferences and at future planning/review stages. These were: a lack of synthesis of information; selective interpretation of the evidence and optimism; practitioners holding 'fixed views'; and an

over-reliance on practical solutions rather than considering emotional or psychological reasons for behaviours. White (2009) suggested that the initial categorisation of cases may be a function of professionals trying to 'argue the case' of their assessment and persuade others from a different professional background of their reasoning. White (2009) cites the 'Baby P' case to argue, like Munro, that a focus on timescales and targets in the current child protection assessment framework can be detrimental to the assessment process itself.

Sidebotham and Weeks (2010) identified a number of barriers to multi-agency working during the assessment process, such as structural, financial, and status and legitimacy of professionals. They argued that barriers to effective multi-agency working may derive from conflicting ideologies and the language used by professionals. This has also been noted by Reder and Duncan (2003) and has been highlighted in numerous serious case reviews (Ofsted 2010) and in the Victoria Climbié Inquiry (Laming 2003). Such communication difficulties can mean that all available information, from a range of sources, about the child is not shared sufficiently and through this, the child's needs are not as well-defined as they could be.

Farmer and Owen's (1995) study of conferences categorised the ways in which evidence of child welfare concerns was presented and the risk of significant harm for children and young people was assessed. They concluded that the more comprehensive and child-centred assessment decisions and practices considered both the individual presenting incident and a long-term view of accumulating concerns, with analysis of patterns of behaviours and outcomes for children and young people. They found, however, that assessments tended to ignore family dynamics, histories and relationships. Likewise Bell (2007) emphasised that child welfare assessments and analyses within conferences were difficult areas and tasks for practitioners.

A recent study by Horwath and Tarr (2016) examined child protection conferences in cases of neglect. This qualitative study examined child protection plans and conference and core group minutes for seven families, and conducted focus groups and telephone interviews with chairs and social workers (n=18) about the cases. They argue that in many cases that parenting was often discussed '*in a vaccum'* (ibid. 1388), that is, without reference to how this would result in a positive impact on the child. Furthermore, they comment on the 'generalised' statements used in core group reports which did not specify outcomes for individual children.

Munro (1999) warned that conferences can tend to focus on the verbal information presented and therefore risk overlooking 'significant evidence' contained in written reports. Munro (1999) and Farmer and Owen (1995), in their studies of conferences, criticised the suitability of this meeting as fora for theoretical analysis and critical review – group dynamics tend to favour consensus rather than deep analysis. They raise fundamental concerns about the lack of analysis of the issues which increases the likelihood that indicators of abuse or neglect could be neglected, for example in the families where domestic violence or alcohol use was a problem (Farmer and Owen 1995). Thus the way in which the analysis prior to and undertaken in conferences constitutes a comprehensive approach and maintains a strong focus on children's needs and rights are key issues in the study detailed in this thesis.

Parental involvement, attendance and participation

Having discussed some of the central issues about understanding and responding to child neglect concerns within conferences and their approaches to child welfare assessments, this section turns to examine issues of parental and family involvement, attendance and participation in conferences – another significant area of empirical research and debate. Studies have examined the extent and quality of parental/family involvement and participation in conferences as well as examined the significance of practitioner perspectives and practices in relation to parental and family engagement to child protection decision making and casework (Holland 2000; Holland 2001; Lefevre 2008).

Bell's (1996b) study of practitioner perspectives about conferences found parental engagement a difficult issue for practitioners and an issue which influenced assessments of 'risk of significant harm' to children. In later work, Bell (2011) examines further the challenges social workers experience in working with parents which arise from the adversarial nature of child protection conferences. Parents in the child welfare system can sometimes be 'difficult to engage' in work with practitioners, and can be obstructive or 'highly resistant' (Fauth et al. 2010) to support or services. Akister (2009) in a discussion paper, terms this the 'misdirected gaze' within child protection practice. The review of practice by Fauth et al. (2010) emphasised the importance of practitioner skill in responding to these issues, in particular in relation to understanding the reasons for parental resistance and fears; and being highly effective communicators (Forrester et al. 2008; Platt 2012). Farmer and Lutman (2012) examined 'parental cooperation, avoidance and resistance' within child protection cases involving child neglect concerns in their longitudinal study of 138 long-term cases. They found that social workers experienced difficulties such as missed appointments, refusal of services and restricted access to

families in relation to 'resistant' behaviours among 69% of mothers, 54% of father figures and 35% of young people involved in these cases. Brandon et al. (2014a) also found in their analysis of child neglect cases that subsequently became the focus of a SCR that where there were concerns about physical harm and neglect, social workers and professionals could be *'reluctant to challenge such hostile parents who induced fear, paralysis and uncertainty in practitioners'* (Brandon et al. 2014a).

Studies in the USA have also explored parental engagement with child protection services in cases of child neglect (Scannapieco and Connell-Carrick 2005; Sykes 2011). The stigma of neglect and role in parental engagement was explored by Skyes (2011). This qualitative study examined 16 cases of substantiated neglect by interviewing mothers and case workers. In this sample, all the mothers had had a child removed from their care for a period of time due to neglect. Sykes argued that mothers could accept or distance themselves from the label of a 'neglectful mother' and that how they identified with this label could affect their capacity to work with the support workers.

Research about parental involvement in conferences which followed the introduction of requirements to involve parents more extensively) found that whilst parents wished to be involved in conferences, they often found the experience unpleasant, intimidating and embarrassing (Corby et al. 1996; Farmer and Owen 1995). Research since this time, such as studies by Dale (2004), Ghaffar et al. (2011), Buckley et al. (2011) and the Office of the Children's Commissioner (Cossar et al. 2014) have shown that these factors remain concerns for parents. Ghaffar et al.'s (2011) interviews with 42 parents in three local authorities showed that the apprehension parents experienced at conferences was exacerbated when they had not had an opportunity to read the reports beforehand.

Furthermore, studies have found that parental attendance did not always equate to involvement in the decision making process (Bell 1996a; Corby et al. 1996). The contribution a parent makes to a conference can be shaped by their understanding and concerns about the purpose of the conference, and the type of interaction with practitioners (Corby et al. 1996; Hall and Slembrouck 2001; Hall et al. 2006). Bell (1999b) used Thoburn et al.'s (1995b) three-tier model of participation to assess parents' participation in child protection processes and found that full involvement, that is participation in decision making, was rare. It was most likely to occur in cases where there was agreement between parents and professionals about the nature of events and was least likely in cases of neglect and emotional abuse. However, Bell (1999b p447) acknowledges that 'shared decision making' is not necessarily possible within the child protection context, where the power of decision making rests with the professionals and the welfare of the child is paramount.

Working with fathers can be challenging in the child protection conference as Goff (2012) argues. Drawing on practice experience, she comments that fathers can be marginalised in the conference process, when there is often a central focus on the mother as the main carer, which was also found by Scourfield's study of gender discourse in child protection (Scourfield 2002). Goff (2012) argues complex family dynamics can exacerbate this problem: in many families there may be multiple fathers, step-parents and partners of parents and it can be difficult to know how to manage the contribution of all family members in the conference process. Goff (ibid.) notes that conference chairs have a key role in managing this complexity both within and prior to the conference meeting.

Studies have found that factors such as parents' language, culture, religion, and disabilities have a bearing on parental engagement and participation (Booth and Booth 2005; Farmer and Owen 1995; Humphreys et al. 1999). The 1989 Children Act states that such factors should be considered to enable families to fully participate. However, research indicates this is not always occurring in practice. An examination of Asian families' experience of child protection conferences conducted by Humphreys et al. (1999) in one English local authority emphasised the importance of using of trained, sensitive interpreters with families. Another British survey of families' experiences of the children protection system found parents with learning disabilities appreciated social workers who explained child protection procedures, processes, information and decisions in accessible ways ensuring they understood child protection plans and concerns (Office of the Children's Commissioner 2010). In the 1990s, practitioners expressed concerns that the inclusion of parents could have a negative impact on the children and young people; and on the operation of the conference (Birchall and Hallett 1995; Corby et al. 1996; Farmer and Owen 1995; Harlow and Shardlow 2006; Thoburn et al. 1995b). Of particular relevance to this study, Bell cautions that the presence of parents can lead to the focus of the conference being directed towards the parents rather than the child (Bell 1996b).

The current format for conferences has been in existence, relatively unchanged except for the introduction of family participation, since the 1970s. However, there is increasing interest in developing and employing alternative models of multi-agency meetings, in addition to child protection conferences, to address more fundamentally some of the concerns and issues above about inadequate involvement of parents and extended family members. Family decision making approaches have grown in popularity as child protection processes seeking to incorporate family participation and involvement more extensively (Morris and Connolly 2012). A specific form of this, the family group conference (FGC) (Healy et al. 2011; Lupton 1998), has been suggested as a promising model. FGCs bring together the child's network of significant family members and adults

to encourage families to consider the child's welfare and the family difficulties. They include private family time to encourage families to find develop their own plans and proposals to safeguard and promote child welfare. However, whilst FGCs may be more empowering to families, some have questioned if they are sufficiently 'child centred' and could replicate concerning family dynamics (Bell and Wilson 2006; Dalrymple 2002). These researchers call for action and strategies both in terms of parental and extended family involvement and participation – as well as child and youth participation – the focus of the next section.

Children and young people's attendance, involvement and participation

Compared to the research on parental participation, there is less research and data about children's participation in conferences. However, an emerging body of research has started to study key issues such as child and youth attendance; their experiences of engagement, attendance and participation; the quality and implications of child participation; and approaches to facilitating meaningful and effective child and youth participation. A recent international literature review (Bijleveld et al. 2015) about children's participation in child protection processes and meetings drawing on European, US and Australian research highlighted that children tended to feel not well informed by professionals about the nature, aims and implications of child protection procedures and decisions and that their views were not always acted on by professionals or that they were consulted enough about 'important decisions' such as who they should and want to live with. Within formal child protection meetings, Bijleveld et al. (2015) found studies suggested children and young people find being involved daunting; and that they often do not feel listened to and valued by the professionals at the meetings. These issues have also been found within many UK studies and more extensively examined below (Bell 2002; Cossar and Long 2008; Shemmings 1996).

Some studies have assessed levels of child and youth attendance at conferences. In a study that examined child and youth attendance at 89 ICPCs and reviews in Wales, Sanders and Mace (2006) found that children and young people were only invited to attend nine meetings (4.9%). Focus groups convened by Cossar et al. (2011) to explore the views of children and young people involved in child protection cases revealed that less than half of the sample (10/26) had attended their conference and the majority were unaware of the options available in terms of alternatives to attending these conferences such as working with a child/youth advocate.

Cossar and colleagues (Cossar et al. 2014; Cossar and Long 2008) have further explored children's understanding of and involvement in child protection processes and meetings.

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Using interview and focus group methods, they found that children generally had a partial understanding of the child protection system, piecing together knowledge from different sources such as siblings and parents (Cossar et al. 2011 p48). Cossar and Long (2008) in addition found when children were given the option to attend a conference, this was not always a fully-informed choice as they were unclear about the purpose and remit of the meeting. Interviews with young people in Scotland conducted by Woolfson et al. (2010) also found that their awareness of the child protection process and potential outcomes of investigations were limited and suggested this could be due to the way in which information is conveyed to children during the traumatic early stages of an investigation.

Children's views on attending conferences were explored by Shemmings (1996) who found that children wanted to be emotionally prepared for conferences and disliked being excluded due to practitioners' concerns for their emotional well-being. Children interviewed by Cossar and Long (2008) valued the option of attending meetings and wanted to contribute in a format of their choice. However, children in these studies did also express that being invited to attend a conference placed them in a difficult *'double bind'* (ibid. p12) in that they felt they should attend but found doing so an upsetting and difficult experience. Some of the reasons given for this were that the meeting discussed difficult topics and that the practitioners were judgemental and negative about their families. These researchers further found children and young people were rarely offered advocacy support and tend to not be provided with full, accessible information prior to and post conferences. For example, following the conference children and young people were not provided with copies of reports or meeting minutes or summarise (Cossar et al. 2011) and tend to not have decisions explained to them (Cossar and Long 2008).

Another focus for research in this area is the extent to which child and young people's voices figure in discussions and decisions in conferences, as well as the extent of evidence that practitioners have listened, understood and taken into account their perspectives, wishes and feelings – issues all of which are central to child-centred practice and considerations. A recent examination of these issues based on an examination of conference minutes for cases involving child neglect by Piper (2013, p.164) reported dedicated records of discussions about children's perspectives were '*very few*'. Sanders and Mace (2006) found that only 14.6 % of conference minutes contained specific mention of child and youth views in their studies and stated none of the minutes contained direct quotes from children and young people. Bell (1999b), in her earlier study, also found social workers recorded and/or represented 'the child's views' in only a third of the child protection cases she analysed and this was similarly a minority practice among the ICPCs

examined by Cleaver et al. (2007) in their study of child protection cases involving neglect, domestic abuse and substance misuse issues.

These problems, some argue, relate to practitioner concerns about placing a 'burden of decision making' on a child (Archard and Skivenes 2009b; Schofield and Thoburn 1996) and concerns about how attending the conference itself as traumatic for the child (Bell 1999b; Birchall and Hallett 1995) – arguably reflecting a paternalistic child welfare orientation rather than a children's rights perspective. The findings above indicate conferences can be difficult for children and young people; but there are many strategies and support mechanisms practitioners can employ to support their attendance and participation. I will now consider research on practitioners' perspectives on children and young people's participation in child protection conferences.

Sanders and Mace (2006) interviewed social workers (N=10) and conference chairs (N=9) as part of their study of children's participation in conferences in Wales. The social workers involved in this study identified the following challenges to involving children and young people in conferences and child protection processes: concerns about balancing the rights of children and parents to participate in the conference; concerns that participation may be harmful for children and young people; and the need for more resources, provision and guidance to provide adequate support for child and youth participation, such as in employing advocacy and creative methods. Conference chairs were also interviewed and were found to consider conferences involving children to be '*more complicated*' and difficult to manage (ibid. p105). The format of conferences was also criticised by chairs as not being designed to involve children. In this respect, for example, chairs and social workers felt there was a lack of time and resources to prepare and support children and young people to attend and participate effectively. These critical perspectives resonate with Archard and Skivenes' (2009) findings in their comparative study of children's participation in Norwegian and English child protection procedures and processes. The Welsh study above tends to focus on quite limited instrumental ways of involving children and young people in child protection conferences rather than in addition considering the involvement of child and youth perspectives in varied ways and throughout child protection processes.

Archard and Skivenes (2009a) examined how workers differ in Norway and the UK in respect of seeking children's views in child protection processes. They argue that a child's 'authentic' voice must be sought through meaningful processes which mean that their views cannot be discounted. They also note the difference between perspectives in the purpose of seeking children's voice in this way – UK social workers were more inclined to consider participation as 'instrumental' to the process, rather than a broader matter of

honouring children's 'rights' to participate as the Norwegian workers did. Bijeveld et al. (2015) argue that the socio-cultural view of children held by the practitioners working with them, is a key influence on facilitating participation. Summarising recent participation literature, they conclude that unless the child is seen as the 'service user' and recognised as a social actor they will not be able to participate in the way they want or in a way *'that recognizes their human rights'* (ibid. p137).

Shemmings (2000) qualifies some of these issues by considering the significance of child age in social worker and practitioner perspectives. In his survey of 88 family support practitioners and social workers, both groups of practitioners varied in the significance they placed on children's and young people's age which related for Shemmings to the extent to which a child rescue vs child rights perspective was informing practitioner perspectives. Beyond considerations of age, though, Bell (2011) stressed issues of children's disability, gender and ethnicity have a bearing on communication between children and practitioners. She also comments that the type of maltreatment a child has experienced can influence their perception and interaction with adults. Overall, the relationship between the child or young person and their social worker is considered to be central (Bell 2002; Bell 2011; Buckley et al. 2011). Archard and Skivenes (2009a) argue that it is through an ongoing relationship between a child and their social worker that it most likely that the 'authentic voice' of the child and/or young person will be understood and appreciated. Drawing on qualitative interviews with children and young people, Cossar et al. (2011) state that this relationship is crucial. Littlechild (2000) further calls for *'use methods of work which give real weight to a child's needs, experiences and views'* within child protection meetings and processes, including the use of creative methods such as drawings or puppets for younger children and independent support and advocacy. Bell (2011) cautions, however, that such methods are still subject to adult interpretation. Many of the recommendations made about working with parents in the child protection process, concerning respect and clear communication (Buckley et al. 2011; Corby et al. 1996; Dumbrill 2006; Holland and Scourfield 2004) also apply to working with children and young people in this setting.

One approach with an emerging evidence-base is the use of child and youth advocates. Although there is not a statutory right for advocacy for children and young people involved child protection conferences, as there is for children and young people in care, it is encouraged in *Working Together* (HM Government 2010). There is hence some evidence that the use of voluntary independent advocate in conferences has since increased (Boylan and Wyllie 1999; Jelicic et al. 2013; Oliver and Dalrymple 2008; Sanders and Mace 2006; Scutt 1995). However, take up of these services can be low. Sanders and Mace (2006)

found in their study of conferences in Wales in the early 2000s that advocates for children and young people were only present in five out of 185 cases. Jelicic et al. (2013) looked at cases where advocacy had been offered in a London borough and found that in around half of cases advocates were subsequently used which reflected problems with securing consent for their use among parents. Evaluation reports looking at child and youth advocacy services, however, have found positive results (Dalrymple and Horan 2008; Office of the Children's Commissioner 2010). For example, Jelicic et al. (2013) found that children and young people felt these services enhanced their participation in conferences and they felt they enhanced the degree to which their views were sought and listened to.

Studies in this area have also examined the ways in which the child and young people's needs and experiences are considered in conferences. Prince et al. (2005) explored transcripts of child protection conferences using discursive analysis. They examined six conferences and found statements about child welfare were either 'child-centred' (they considered the child's views and needs extensively) or as 'child-authoritarian' (practitioners were deemed to know best and the child's expressed views were more likely to be discounted); and that the discussions overall tended to marginalise children's and young people's expressed views and feelings. Farmer and Owen (1995) considered the type of information shared at ICPCs and found that practitioners did tend to provide both 'child-based' and 'parents-based' information but that more attention was usually given to issues of parental behaviour than the parent-child relationship and child's view. They noted that some professional groups such as teachers and other practitioners based in schools, were more likely to give only child-based information, echoing Buckley's (2003) findings.

Other studies have shown that the child's voice and experience is absent in early assessment and referrals of cases. Platt found that the children's voice was often absent in the 23 cases examined in his exploration of initial referrals in two local authorities (Platt 2006). Hallett's (1995) case study analysis of 48 registered child abuse cases, there was little mention of the child's feelings in records of the initial assessment of the case (Hallett 1995). Thomas examined representation of children's identity in core assessments (Thomas 2010; Thomas and Holland 2010). Their research found minimal discussion of identity in reports and where it was recorded this was usually in jargon which they describe as the 'any child' approach. Furthermore, practitioners stated that they would omit such information because they felt unsure about it, in knowing how to describe some aspects of the child, or to avoid challenges from parents.

Rees et al. (2011) argued in their literature review of adolescent neglect and focus groups with young people, that greater consideration must be given to young people's definition and conceptualisations of neglect. They argued it is vital to consider the young person's own experience and to recognise what importance they attach to their parents' omissions of care or commissions of abuse when working with families to address these problems. Helm (2011) explored the way in which children's voices are used in decision making, and noted that really listening to children's views presents a challenge for practitioners – it requires time for critical reflection and practitioners need to be supported with adequate supervision and organisational support to be able to handle the challenge of incorporating children's views into assessments as such information may be emotionally difficult and 'uncertain'.

Models of participation have been advanced to conceptualise the degrees of participation of children, particularly in regard to organisational decision making (Hart 1992; Kirby et al. 2003; Shier 2001; Treseder 1997). Such models were also used in relation to participation in child protection processes (Thoburn et al. 1995b). These models propose a continuum of involvement, from children's views being consulted through to full involvement in decision making. Schofield and Thoburn (1996) explore what ideals might have to be in place to achieve 'delegated power' and control by participants, and suggest that the optimum level of partnership in child protection is one where both young people and professionals are involved and have responsibility for the decisions made. However, they note that such participatory work should be sensitive to the age, needs and inclinations of the particular child, not on an arbitrary division of competent/incompetent. Others have queried how far such the goals of these structured models are applicable to social work settings which consider a child's welfare (Murray and Hallett 2000) and the welfare obligations of social workers (Healy 1998). As Bell (2011) argues, the continuous presence of children at child protection conference may compromise the function of the meeting, which is to make judgements about the maltreatment the child has experienced and their welfare. Yet, as noted above, the participation of children in child protection conferences is significantly less developed when compared to that other children in statutory meetings. As Burke (2010) notes, the rights of children in state care to participate and access advocacy are more clearly enshrined in law and guidance, for example they have the right to an advocate in complaints and review procedures and the Independent Reviewing Officer must help them with this.

Conferences and group processes

In addition to parental, family and child participation in conferences – group dynamics and processes involving practitioners and chairs significantly influence practice and decisions. Farmer and Owen (1995), in their study of conferences, found that the structure of meetings, such as the agenda and required tasks, served an important purpose of reducing professional anxiety when making difficult decisions. This study also noted that sharing concerns can lead to a sense of shared responsibility yet warned that this could be misplaced without due attention to planning interventions for the child. Harris (1999) also observed how conferences served to reduce anxiety and legitimate decisions in his observational study of 12 conferences. Group dynamics and roles though influence the operation of the conference (Bell 2001) and participants can behave in what Prince et al. (2005) defined as either a task, group or individual-orientated manner. Conference chairs in Prince et al.'s (2005) study stated they had difficulty in obtaining the views of all group members present, with some dominating discussions. This study also found that the chair steered the discussion in conferences and was usually the only member to interrogate the 'evidence' presented. This key role of the chair is also noted by many other authors but it is under-researched (Calder 2003; Corby et al. 1996; Hallett 1995; Lewis 1994). Bell (2007) warns that an over-directive chair could risk pushing the group to a decision which could affect their commitment to the Child Protection Plan. The chair is also critical to facilitating the involvement of parents and children in the meeting (Bell 2007; Cossar et al. 2011; Cossar and Long 2008; Ghaffar et al. 2009; Shemmings 1996).

Kelly and Milner (1996; 1999) explored the dynamics of child protection conferences in their study of the minutes of cases which had been subject to child death inquiries. They suggested three psychological concepts were at work: group think, framing and polarization. Decisions were often found to be connected to the initial 'framing' or perception of the case. Polarisation involved group members strongly agreeing or disagreeing with a key issue or course of action. Their research argued that these can work together to make it hard for members of the group to go against decisions, and for analysis and action in relation to child welfare to be inhibited. Therefore, they argued that in this way, group decision making can be riskier than individual decision making and suggest that increased awareness of these practices could lead group members to re-assess decisions at each stage.

Farmer and Owen (1995) also emphasised the framing effect in noting how the original pattern of case management was rarely diverged from in the subsequent progress and activity in a child protection case. Furthermore, their study also commented on the tendency towards consensus forming decision making in child protection meetings. They

found that practitioners aimed for harmony within the meeting despite the complex and varied information being considered. A disadvantage of this consensus is that the group would be unlikely to suggest new solutions to problems, which they observed in 'stuck' cases (Farmer and Owen 1995) and other studies from this time supported this (Bell 1996b; Corby et al. 1996; Gibbons et al. 1995). Recent research has continued to highlight this trend (Hitzler and Messmer 2010). Reder et al. (1993) stated that the 'exaggeration of hierarchy' within multi-agency meetings was an important issue here - where those with more senior roles, such as magistrates or medical consultants, were given greater status in their views and professional authority than health visitors, social workers or extended family members.

Multi-agency and inter-disciplinary information sharing and partnership working

These issues raise further issues about the challenges of multi-agency and inter-professional working within conferences. These conferences are intended to be multi-agency meetings, bringing together professionals and services involved with children, youth and families. However, research has indicated attendance at and engagement in conferences can vary between professions and services. Social workers, police and health visitors are 'high attenders' (Farmer and Owen 1995; Hallett 1995; Simpson et al. 1994). However, GPs and teachers, for example, attend conferences less extensively, often due to reported time constraints and at times due to beliefs they aren't the primary professionals who should attend (Birchall and Hallett 1995; Hallett 1995; Polnay 2000; Tompsett et al. 2009). Baginsky (2000) and Blyth and Cooper (1999), though, argue teachers are well-placed to provide first hand observations about children's and young people's welfare and development. Others have also called for more extensive attendance among nursing and midwifery staff (Keys 2007; Rowse 2009). Horwath (2009) expands on Lupton et al.'s (1998) notion that difficulties in multi-agency working can often be characterised by concerns about 'who does what' and 'how it is done' in relation to roles and responsibilities for child welfare and family support. As noted earlier in this section, multi-agency work can be stymied by barriers which arise from a lack of shared language or professional ideology (Sidebotham and Weeks 2010, Reder and Duncan 200. This issues has been emphasised in numerous SCRS (Ofsted 2010) and government inquiries (Laming 2003).

Child Protection plans, case management and review conferences

The final area of research that will be examined in this chapter is studies of child protection plans, case management and review conferences. A number of studies published in the 1990s (Bell 1999a; Farmer and Owen 1995; Hallett 1995) found that practitioners spent the majority of the time in ICPCs discussing the incidents, assessing risk and deciding whether or not to place children and young people on the child protection register. These studies found insufficient time in comparison was spent during the conference dedicated to the formulation of the outline child protection plan and the actions and duties these will entail. Farmer and Owen (1995) recorded the time spent in the 120 conferences on various tasks and issues, and calculated that an average of 9 minutes per conference was spent discussing and planning the child protection, so that this task was mainly deferred to social workers and post-conference procedures. However, the importance of a detailed plan, with specified interventions tailored these to the needs of children, youth and parents, was highlighted in their longitudinal research which examined 'outcomes' for children on a child protection plan over 20 months. Their results showed that where the ICPC devised an 'adequate' plan, the majority (82 per cent) of children were subsequently better safeguarded from subsequent significant harm. However, in cases where the child protection plan did not have sufficient detail, specific targets or clear timescales, children and young people were more likely to experience and suffer subsequent significant harm (Farmer and Owen 1995). The lack of explicit plans with detailed and clear outcomes and timescales was also raised by Gibbons et al. (1995) and Hallett (1995) who found that in around half of their child protection cases examined the roles and activities of social workers and health visitors dominated the plan. This has implications for the later work and foci of child protection core groups and conferences (Calder and Barratt 1997; Calder and Horwath 1999). Farmer and Lutman (2012) recommend plans must be clear about goals and timescales for change, be reviewed regularly and planned carefully. They also stated that clarity with parents about the expected changes is vital. Their research emphasised the role of the review conference and of internal audit in assuring the quality of the child protection plan. These points have also been made in many SCRs (Ofsted 2008).

Conclusion

This literature review chapter has set out how the child protection conference operates within the current English child protection system. It has shown that there have been changes to the legislation affecting the child protection system and significant changes in the context affecting the operation of child protection work. A shift from a 'family support' orientation to a more child protection approach can be observed. Alongside this, there has been increased attention on the need to be child centred in child protection work as a response to the perceived failings of the child protection system. Whilst there have been efforts to improve the participation of families, parents, children and youth in child protection conferences, there still remain many critical issues, challenges and short-comings in practice. Furthermore, there are particular challenges in relation to conferences in cases of child neglect, which is complex and impacts upon children differently. Moreover, despite the changes to guidance such as *Working Together* the basic function of a child protection conference – to bring together practitioners from a range of agencies to discuss whether a child protection plan is required for the child – has remained unchanged since its inception over forty years ago. These concerns about the capacity of the child protection conference to be child focused in cases of neglect led to the formation of my research study in 2010.

Chapter 5: Methodology

Introduction

The previous chapters highlighted serious gaps in child protection and child welfare research in England, including the 'black box' of child protection conferences. Related to this it discussed challenges and constraints researchers often face in accessing and engaging child welfare and child protection professionals, agencies and service users in social research. In addition, many challenges for recognising and responding to child neglect in the child protection arena were discussed. My PhD study sought to address some of these research gaps and challenges. It was designed and completed in partnership with two local safeguarding children boards (LSCBs) based on principles of research-practice partnerships. This chapter sets out the background to the study and the research aims, objectives, methodological approach, methods and ethical issues. It recognises and reflects on several critical issues and challenges arising from the approach, fieldwork and context; concluding with reflections on my role and position as the primary researcher.

Background to the CASE Studentship

As set out in Chapter One, the aims of my PhD study were to critically evaluate a specific aspect of child welfare practice and procedures; analysing these through a child-centred lens with an emphasis on the depth and degree to which children and young people - and their needs, everyday lived experiences and perspectives - were the central focus of child protection conferences and their associated child welfare practice, policies and procedures in cases of serious concerns about child neglect.

The research was funded as an ESRC (Economic and Social Research Council) CASE studentship which took place in collaboration with two LSCBs. The CASE studentship scheme, which has now ended, promoted collaboration and research partnerships between Higher Education Institutions and non-academic organisations. In this study, the research partnership emerged prior to the start of the PhD study based on established partnerships and the initial research study and the key features of its design were devised and established by the lead university supervisor and senior staff in one of the LSCBs.

The two LSCBs were situated in neighbouring local authority areas in England. The areas have been historically linked, with the 'City' authority situated in the 'County' wider area. Whilst each area has its own separate LCSB, the Boards also had several shared procedures and a history of close working. These close links led to the inclusion of the 'County' site in the research study. The proposal was developed out of a shared interest in exploring practice in child protection conferences in cases of child neglect. The research sought to explore the concerns of the LSCB staff about improving child protection and child welfare decisions and processes in relation to child neglect concerns; and improving the quality of assessment, planning and intervention specifically in relation to child protection conferences and their activities. It was informed by an increasing national awareness that child protection practitioners can struggle to maintain a sufficient and comprehensive focus on children's welfare, rights and development as noted in major inquiries and reports undertaken by Lord Laming (Laming 2003, 2009) and a number of Serious Case Reviews (Brandon et al. 2009, Brandon et al. 2010) as well as studies such as Horwath's (2007) research considering child focused needs and risks assessments in cases of child neglect.

The unique collaboration between the university and the two LSCBs provided a specific context to the research study and my role as researcher. A partnership with the LSCBs had already been formed, which was a major resource and advantage given problems researcher access to the 'black box' of statutory child protection meetings and decisions. This partnership facilitated the study in many ways. However, it also provided specific boundaries and expectations to my lead researcher role. I was not as autonomous as many PhD students are in designing and undertaking their research. The advantage of this type of partnership working is that research aims and questions arise from practice issues, needs, contexts and shortcomings; and effective research-practice partnerships are in place to undertake the study effectively and promote 'real-world' research impacts (Demeritt and Lees 2005; Smith 2001). However, as noted by QAA (2013) and Butcher and Jeffrey (2007), issues of research ownership, direction and joint-working all raise complex issues for PhD research based on academic-practice partnerships and can be challenging for doctoral students who are also relatively inexperienced and junior researchers to negotiate. These issues are returned to below.

Aims of the study

The preceding chapter has set out the lack of recent in-depth qualitative studies exploring professional practice in child protection conferences in relation to child neglect. The study

took a qualitative, interpretive approach which combined a number of methods to explore this topic. Such an approach is suited to an exploration of both the subjective meanings of individuals working in this field, and to examining the way in which verbal and written communication reflects and shapes their practice. Thus a combination of audio recordings, documents, interviews and focus groups were used to explore practitioners' practice in child protection conferences and their understandings of how child-centred these meetings and processes are. Specifically, the study sought to explore the following research questions:

1) In what ways and to what extent are child protection conferences 'child focused' in cases of child neglect?
2) What factors affect child focused information sharing, assessments and decision making in child protection conferences in cases of neglect?

Both research questions were orientated towards the four aspects of 'child focused' practice and decision making developed in the previous chapters. The conceptual development of the notion of 'child focused' practice occurred during the PhD process within my role in formulating and developing the study to make a significant contribution to research in the field; and it substantially built on the original research questions and design. 'Child focused practice' in the context of this research was classified as an approach that considers: how the individual child is experiencing neglect, how it is impacting upon them and how associated factors such as the child's family life and environment influence this for this child. In addition, a child focused approach is conceptualised as including assessments and considerations of children's daily care and daily lived experiences as well as promoting children's and young people's involvement and participation in child welfare discussions and decisions. Finally, a child focused approach is attentive towards improving children's lives and their welfare; with decisions and actions monitored, reviewed and instigated towards improving child welfare outcomes for children and young people as well as for parents and families towards these ends. These perspectives informed the subsequent development of the research design, methodology and data analysis.

The previous literature review chapter outlined the reasons why child protection conferences in cases of neglect can be complex. Child neglect is often multi-factorial and practitioners need to be able to discuss and assess this complexity. There may be a number of agencies involved in supporting the family and their different perspectives must be considered. Relationship dynamics within the family, between practitioners and between families and practitioners can present further challenges to the operation of the meeting. Therefore, the research sought to explore what issues are considered and by

whom. Focusing on relevant data about the pre-conference, conference and post-conference context, it examined how these issues were understood, how they were discussed and recorded. Linked to this, the research sought to examine the extent to which information sharing and assessment practices and procedures were child-centred. Within this consideration of the information presented and analysed in child protection conferences, the research sought to specifically examine to what extent the daily lived experience of children was considered and recorded; and how information about the day in the life of the child was presented. This feature of the research was prominent in the original research design. It built on Horwath's research in the area (Horwath 2007a, 2013) which considered effective assessment in cases of neglect, and was incorporated into the concept of child-centred child protection practice from the outset of the research.

Another key feature of the original research aims was an emphasis on comparing child protection practice in relation to child protection conferences in relation to smaller and larger families where there were singular and multiple child welfare concerns related to child neglect. The practice experience of the research partners, including Professor Horwath and the LSCB child protection managers, indicated that conferences that addressed child neglect and maltreatment concerns for multiple children within one family, these were less effective and more challenging for practitioners. It was hypothesised that the numbers of children discussed in the meeting may be an important issue to consider and examine in relation to child focused practice. Further, the child protection plan is a key document produced by the child protection conference, detailing what agencies and families are expected to do when a child requires this level of support. Thus this study aimed to examine what information is used to inform the content of the child protection plan, and how the discussion within the meeting affects this. In analysing child protection plans, the study explored central aspects of the concept of child-centred practice: that child-centred child protection practice should be focused on improving outcomes for children and young people; and practitioners should produce and seek to secure detailed propositions in this regard related to an individual child's lived experience and daily lives as well as longer term outcomes.

An additional key element of the concept of child-centred child protection practice proposed in this thesis is that of child and youth involvement, engagement and participation in child protection processes and decisions. The literature review chapters outlined the development of children's and families' participation in child protection procedures at the level of national policy, which has been informed by a growing recognition of children's rights and agency. Thus the research intended to explore how

issues of, and information about, children's experiences, wishes and feelings were obtained prior to, and raised within, case conferences. Furthermore, if the child is present at the conference to what extent are they given a voice and to what degree are their voices and perspectives acted on? Finally, in considering the processes and complexities of child protection conferences, the research sought to examine practitioners' perspectives; examining from their perspective the key features, promoters and inhibitors of child focused practice.

The Research Design

Child focused practice is a complex, contested notion. Therefore, an interpretivist qualitative research design was adopted which facilitated an in-depth examination of practitioners' experience and practice in child protection conferences in cases of neglect. It would explore both rich data about their practice in such meetings and examine their accounts of undertaking child focused work in conferences in cases of neglect. The study design sought to explore the extent to which the conference is child focused through a combination of methods. Through considering this particular and highly significant 'site' of professional practice the research sought to examine what constitutes and what influences child-centred practice in this context. In doing so the research assumed an interpretivist standpoint in seeking to examine the roles, processes, meanings and motivations behind actions, activities and decision making prior to, during and following child protection conferences. The interpretive stance emphasises the centrality of meaning and perspective among social actors and agencies – individually and collectively – as these highly influence how we act, behave and relate to others. Blaikie (2007) states that

> the study of social phenomena requires an understanding of the social role world that people have constructed and which they produce through their continuing activities. However, people are constantly involved in interpreting and reinterpreting their world – social situations, other people's actions, their own actions and natural and humanly created objects. (Blaikie, 2007 p124)

Thus it is the researcher's role to seek to better understand the social world through exploring the individual and *'shared interpretations'* of social actors (ibid. p17). Interpretive inquiry is concerned with what constitutes individual and shared interpretations, what constitutes points of contested meaning, whose interpretations dominate and how these individual and shared interpretations are generated and reproduced. This is explored through consideration of action at the micro level, for example in the examination of language, communication and considering the points of view of social actors (ibid. p131). Therefore, this study sought to explore how child

welfare practitioners communicated about, and constructed accounts of, a neglected child, specifically within the 'site' of the child protection conferences. Moreover, their understanding of the concept of 'child focused' practice and its centrality to the aims and activities of child protection conferences was examined through analysis of '*naturally occurring talk*' (Silverman 2006 p201) in child protection meetings, documentary data in child protection conference documents and interview data generated via practitioner interviews. The accounts that practitioners give for their practice, and others', contribute to an overall understanding of how and why child-protection conferences are conducted, and how effective they are in achieving their aims, from the perspective of the practitioners involved.

An account of 'interpretive practice' in qualitative inquiry which employs generating and analysing various types of qualitative data and research methods has been outlined by Gubrium and Holstein (Gubrium and Holstein 1997; Gubrium and Holstein 2008; Holstein and Gubrium 2011). They argue that qualitative research can address the 'what' and 'how' questions when analysing qualitative data and understandings about social phenomena, and that this can be achieved via the use of multiple qualitative methods and the use of 'analytic bracketing' (Gubrium and Holstein 1997 p118) which considers social phenomena from multiple perspectives. They do recognise there are tensions within such an approach and that qualitative data and methods can raise epistemological and methodological tensions. Yet they argue, within a coherent set of methodological assumptions and philosophical underpinnings, there is much value to employing multiple qualitative methods: '*alternately bracketing the <u>whats</u> then the <u>hows</u> in order to assemble a more complete picture of practice*' (ibid. p119). By switching between, or 'bracketing' the different perspectives afforded by this combination of approaches, the researcher can shift viewpoints, and use multiple lens, data and interpretations to better understand the chosen social setting and research problem. Thus the research planned to analyse the communication which took place within the conference, documents relevant to practice and conferences, and practitioner perspectives via interviews to examine various aspects of the 'what' and 'how' of child focused practice, perspectives and discourses. Practitioner interviews sought to examine the individual and collective understanding of practitioners, and to uncover, as Blaikie (2007) states:

> the states of minds of social actors and the meanings they use as they engage in particular social action (Blaikie 2007 p125).

To examine these features of child welfare professional perspectives, activities and practice three main qualitative methods were employed during three stages of fieldwork: the collection of conference data in stage one; individual interviews with child protection

conference staff, and focus group interviews child welfare practitioners who attended child protection conferences as part of their role. The research design used a combination of methods intended to provide multiple insights and perspectives about child protection conferences and child welfare practice. Flick (2007) notes that triangulation can be seen as a 'validation strategy' (ibid. p46), a cross-check of findings between methods. Whilst this is useful, within an interpretivist point of view it can be understood as an approach that recognises interpretive complexities and allows multiple perspectives and features to be captured and examined. This study used 'data triangulation' (Denzin 1970) of multiple sources of data (conference recordings, documents, interviews and focus groups) to develop a comprehensive analysis of child protection conferences and child welfare practice in cases of professional concerns about child neglect. Fielding and Fielding (1986) argue that the combination of methods should explore different aspects of the phenomena:

> What is important is to choose at least one method which is specifically suited to exploring the structural aspects of the problem and at least one which can capture the essential elements of its meaning to those involved (Fielding and Fielding 1986 p34)

In this study 'structure' can be said to refer to the ways in which child protection conferences and child welfare practice are shaped by policy, legal and practice requirements and processes, and an exploration of how these affect the child focus of the conference. The 'meaning' is explored through focus groups and interview data which gathered data on practitioners' consideration of the factors which promote or inhibit a child focused child protection conference in cases of neglect. Lee (2000) argues that multi-method research which includes unobtrusive data collection can *give greater purchase on the problem to hand* (Lee, 2000 p7). The separate methods, integrated analysis approach to the triangulation of data outlined by Moran-Ellis et al. (2006 p54) was used.

The Research Sites

The collaborative nature of the study has been detailed at the start of this chapter. The partners involved in the research were two LSCBs in neighbouring local authority areas in England. The City area is an authority with a population of almost 250,000 people and is adjacent to and surrounded by the County authority area which has population of around 750,000. Approximately one quarter of the population in the City area is from an ethnic minority background and in the County area this was around 4%.

Figures obtained from the child protection office prior to the fieldwork commencing gave an indication of the proportion of children on a child protection plan in the City local

authority. The area did allow for secondary categories of maltreatment. In the month of January 2012 there were 270 children subject to a child protection plan and neglect was the second most used category at 33%, compared to 41% of children having a plan for emotional abuse. Physical abuse and sexual abuse each accounted for 13% of plans (City Council Children and Young People's Department 2012). This differs from the national data (Department for Education 2012) for the same year which reported child neglect was the most common category of concern within 43% of child protection plans and that emotional abuse was the main category for 29% of child protection plans in 2012.

The LSCBs shared child protection procedures, yet there were some differences in the organisation of child protection conferences between the two areas which had implications for the design and operation of the research. The City area used one building for conferences in which the conference chairs, minute takers and key LSCB staff were based. The other area studied, County, did not have one central location for conducting conferences, due to the large area that the county covered. Here conferences took place in a range of locations. In this area, minute takers were centrally located but the chairs were not. Another key difference was the use of a standard template for the practitioners' report to conference. The 'multi-agency report' template was only used in the City area. Practitioners were expected to use this to create their report for conference, but this was not the case for the County area and was not specified in the procedures. This template could be given to staff by the administrators based in the conference office.

Research Stages

This section details the three stages of the research based on the original CASE studentship research design and developments in this respect in the early stages of the PhD study. Once the research studentship commenced in October 2010, I used the existing plan of accessing the research sites detailed in the original proposal. I further developed the methodology in refining the research questions, designing the data collection tools and in adapting the design in response to data collection challenges. Data were collected in three chronological stages over ten months from February to November 2012. The three stages of fieldwork comprised of gathering child protection conference data, individual interviews and focus groups. There was overlap between stage one and two as some interviews took place at the same time as conferences were being recorded. Four datasets were created from these three fieldwork stages across the two research sites. Data for stage one was collected only from the City area, but for stages two and three the County area staff also participated. This is summarised in Table 5.1:

Table 5.1: Data collection in the two LSCB areas

Research Stage	City LSCB	County LSCB

Stage one: child protection conferences
     - conferences recorded
     - documents collected
	14
	
	82
		-

Stage two: individual interviews		
Child Protection Managers	1	1
Conference Chairs	4	5
Minute Takers	6	7
Supervisors of minute takers	1	1
Stage three: focus groups (number of groups)	3	3

Stage one: child protection conferences

The study aimed to gain in-depth qualitative data about the conduct of child protection conferences through audio recording the conference meetings and by undertaking documentary analysis of key documents which were created for and discussed in the conference. These naturalistic qualitative methods capture and examine data about the conferences as they happen and key documents that influence decision making with minimal intrusion from the researcher in relation to case conference discussions and procedures. As Hammersley and Atkinson (2007) note there was an attempt here to generate naturalistic data via methods which are '*sensitive to the nature of the setting and that of the phenomena being investigated*' (ibid. p7).

The data gathered at this stage was sought to address both research questions: the four elements of child focused practice could be explored through examining the record of the discussion in the meeting and by analysing the types of information shared, and arguments used in the reports and minutes. Furthermore, by examining and comparing the talk within the meeting and documents written relating to it, the factors that affect the information sharing and decision making could be explored.

Audio conference data

The first method of gathering data about the conferences was through audio recording the conference discussion. The collection of such audio data, which are then transcribed, allows a significant quantity of textual data to be produced about an event. The transcript is a record of the participant's speech and dialogue patterns. Thus, the way in which people participate, what they say, their choice of language can be examined and the way in which individual and shared meanings and perspectives are constructed can be analysed.

This is a naturalistic method, a record of a naturally occurring conversation - although in this context it is highly purposely and shaped by the broader policy and practice context and requirements of the conference event. This approach records the '*naturally occurring talk and social interactions'* (Holstein and Gubrium 2011 p343) during the conference rather than re-presentations of the event and conference discussions which may be gained through an interview. As well as capturing what is said and how it is said, the audio recordings also provide quantitative time-use data about the length of discussions in respect of specific aspects of the case conference, how much various actors contributed verbally to discussions or how long specific issues, children or child welfare concerns were discussed.

This method of recording the conference meeting with the researcher absent from the meeting rather than interviews or observation methods was chosen as a naturalistic and relatively unobtrusive method of data collection and to enhance the scope to capture naturally occurring talk. However, other methods to examine activity within the conference were considered such as video recording or participant observation. Whilst video recording provides rich data, allowing for facial expressions and body language to be recorded for example, such data is also more sensitive. This method was not used because of concerns that participants would be uncomfortable being filmed participating in a sensitive meeting, and may feel under increased scrutiny as a professional or as parent or child. For families, this may have been perceived as increased 'intrusion' at a time when their lives have already been subject to increased involvement and assessment from outside agencies. As Rapley (2008) notes, video recording can be obstructive and may affect the behaviour of participants, and may also be a barrier to engagement in the research. Participant observation was also rejected for reasons of increased scrutiny for the family. The number and range of practitioners attending a child protection conference can be unnerving for the children and parents present (Bell 1996a; Farmer and Owen 1995; Ghaffar et al. 2011). Therefore, it was considered preferable to use a research method which did not add to the numbers of strangers in the room. The presence of the researcher could also add to the 'Hawthorne effect' or 'observer effect' (Landsberger 1957; Silverman 2006) whereby the participants' behaviour is altered by an increased awareness of being involved in a research project. The use of digital recording equipment was considered less intrusive than the researcher's presence and, while it is critical to recognise audio recording methods are also likely to have some influence on social interactions and professional conversations in the conferences, it was hoped that this method would be less intrusive and anxiety provoking as observation or video-recording methods. The decision about the method of recording the conference was made at an early stage in the development of the proposal, and reflected the concerns of the research

partners about minimising the impact of the research on the conference meeting. When I commenced the research studentship, this element of the methodology was pre-agreed, and appeared particularly sensitive. Hence, there were no significant changes to this format of data collection. However, I did negotiate access to the start of the meeting to complete a seating plan of the room and to collect practitioner consent. The disadvantage of this chosen method for the study was that the visual data such as facial expressions, body language and movements of people within the meeting could not be noted. Furthermore, it could sometimes be difficult to attribute speech to individuals when conference attendees were speaking at the same time. The choices made, however, reflect some degree of trade-off between research interests and practice considerations which can occur in child welfare research.

Cases were selected for inclusion in the study based on practitioner assessments of suspected and substantiated child maltreatment. Only child welfare and protection cases where Children's Social Care staff decided and recorded child neglect as the primary child welfare concern, or where children were subject to a child protection plan due to substantiated child neglect - were considered for inclusion in the study. This sampling allowed for comparison and exploration of cases in relation to other factors such as the age of the child and the family circumstances. The purposive sample was opportunistic and all cases live at the time of the fieldwork that met the sample criteria, and where consent was received from all attendees, were included in the sample. The recruitment and consent procedure commenced when I was notified by the conference chair about an upcoming conference. I used information provided by the conference office to contact the practitioners from all agencies expected to attend the conference to inform them about the research and distribute consent forms and an information sheet prior to the conference. The process of recruitment and consent required negotiation and I encountered some challenges with this, which are discussed later in this chapter.

In total data from 14 child protection conferences were gathered. The sample included eleven review conferences ('reviews') and three initial child protection conferences ('ICPCs'). The sample size of 14 was obtained during the period February to September 2012 which was considered appropriate given the qualitative case study nature of the research. Table 5.2 details the age of children in the conference dataset, which was similar to the pattern seen overall in the child protection figures for the local authority area at the time of the research. However, there were only two children in the dataset from a non-white British ethnic background. These children were mixed race: one was white/Kurdish and one described as dual heritage. There were no children in the sample from other ethnic groups. This was in contrast to the wider population of children on a child

protection plan for neglect, where 17% of children were from an Asian, Black or other non-white ethnic background (City Council Children and Young People's Department 2012). There were slightly more boys in the sample: 22 or 51.2%, and 20 were female (46.5%), and there was one unborn child.

Table 5.2: Age of children in the conference dataset

Age	Number of children	% of children
Unborn	1	2.3
0 - 12 months	10	23.3
1 - 4 years	10	23.3
5 - 11 years	14	32.6
12 - 16 years	8	18.6
Total	**43**	**100**

The composition of the 14 families was varied: there were eight single-mother families, and of these five families had a degree of father involvement and in three the child had no contact with their father. There were five two-parent households: three where the mother and father lived together, and one conference when the mother's partner acted in a step-father role and attended conference. One family had children split between two households. As far as could be determined from the documents, all the parents were heterosexual.

In eight conferences there were children under 12 months in the family and six conferences were concerning a single baby, five of these were for a child under 12 months old and one was for an unborn baby. In five conferences there were teenage children. Six of the 14 cases were discussing four or more children between the ages of 0 and 16. Some families also contained older siblings who were not subject to child protection procedures but were part of the household.

All families had some previous contact with children's social care. Table 5.3 below shows the level of previous involvement. Eight of the 14 families had service involvement at a child protection level or above, and of these, five mothers had had their previous children removed from their care for adoption, or under care orders. In the remaining six cases in the sample, five were known to children's social care through previous referrals for support, such as police referrals about domestic violence, or because they had received family support. In the sixth case, although it was the first child of the mother, the father's

background had led to the investigation and her boyfriend had previous contact with children' social care.

Table 5.3: Previous children's social care involvement of families in the conference dataset

Level of involvement prior to current conference	Number of conferences
Referral for family support/universal services	6
Referrals for support (e.g. via police)	*5*
Father had contact with children's social care previous family	*1*
Involvement at child protection level (S47) or above	*8*
Children had prior child protection plan	*3*
Removal of one or more child from mother's care on care order or adoption	*5*
Total	**14**

Domestic violence was prevalent in the families, with mothers in eight of the 14 conferences having experience of this. For five of these women this was in previous relationships and in four cases the abuse was a more current concern, for example in two cases there were recorded incidents between the mother and her current/ most recent partner which had in part led to the conference being called. Alcohol use was a concern for one or both of the parents in six families, five of which also had worries about domestic violence. Drug use had been a concern in six of the 14 families; however it was only a current factor in one case.

The child protection conferences were audio recorded using digital equipment. On the day of the conference, I was present prior to the meeting to set up the recording equipment and afterwards to collect it, but did not stay in the room for the conference. I transcribed all the audio recordings. Where possible, I recorded the position of attendees on a seating plan (see Appendix 22) to aid the transcription process.

Conference documents
As discussed in the prior chapters, many documents and reports are required, produced and influential in child protection practice. Indeed, case conferences themselves are recorded and documented as texts in detailed ways – with minute takers producing the minutes. Therefore, important key documents were analysed as documentary data. These documents included the conference minutes, the child protection plan, the social worker's report for conference, and the reports of other practitioners for conference which were

usually completed using a standard form. Collecting such documents also allows examination of what Ten Have (2004) refers to as 'natural documents', that is documents which are produced for another purpose, rather than those produced as part of a research project, such as a questionnaire. Smith (2009) argues that documentary sources can be particularly useful in social work research as it can allow for systematic inquiry in '*impractical*' (ibid. p110) situations in relation to other forms of qualitative fieldwork such as participant observation in this case. As noted, the child protection conference is a sensitive meeting, bringing together many agencies and usually operating under time pressures, and as such, it is arguably the type of 'impractical setting' for participant observations that Smith describes.

In considering the qualitative analysis of documentary data, Ten Have (2004) makes a useful distinction between the study of documents in themselves and the study of documentation – where there can be analysis of documentary data as well as analysis of how documents are produced, by whom and in what context. Furthermore, he argues that documents can provide rich detail about the context in which they are produced. This is the standpoint of Atkinson and Coffey (2004) who caution that whilst organisational documents are a rich source of information:

> …they are not, however transparent representations of organisational routines, decision-making processes or professional practise. Documentary sources are not surrogates for other kinds of data*. (Atkinson and Coffey 2004 p79).

Atkinson and Coffey (2004) also state that institutional documents are often prime exhibits of intertextuality, in that they make reference to and inform other documents. In my study, the analysis of naturally occurring conference discussions and practitioner interviews assists in understanding actions, structures and perspectives that have contributed to the creation of documents and their key content and perspectives.

The study can be described as adopting three documentary analysis strategies. First, the use of textual devices in documents as single entities or 'specimens' (Ten Have 2004) were explored. The accounts given in the documents were examined in relation to the ways in which and the degree to which they could be evaluated as 'child focused' in their content and emphasis. Moreover, specific aspects of child-centred practice could be examined. For example, in considering the degree to which the reports, plans and minutes are child-centred in their discussion of the child and their circumstances, and the ways in which these reports discuss and examine the impact of neglect on the child's daily life. Furthermore, the interpretations and perspectives included within these various documents could be examined, in particular exploring to what extent they reflected the elements of child-centred practice.

Secondly, the study of the documents in the child protection conference setting explored their use with regards to the context in which they were produced and used (Ten Have 2004). The interrelated functions of the documents could be analysed – for example, how the minutes and plans of previous meetings are referred to in the conference, or how practitioners' reports which are written prior to the meeting are referenced and used within the meeting itself. The ability to match the audio recordings of conferences with the minutes and the child protection plans created immediately after the meeting, meant that the research could also explore how documents are constructed within and by conference meetings. This approach can also provide an indication as to how the documentary reports created by practitioners prior to conference (such as the social worker's report and multi-agency reports) are used in the meeting. It also allows analysis of how documents are constructed from the process – that is the minutes, the chair's report and the outline plan which are produced to a large extent during and immediately after the conference. Which interpretations and perspectives are brought to the fore, and to what extent are these child focused? Which aspects contribute to the creation of the child protection plan, when one is produced?

Finally, the use and creation of conference documentation was also explored in both the individual interviews with child protection conference staff and focus groups with practitioners. This enabled the factors that influence child focused child protection practice to be further explored.

A total of 82 documents relating to the recorded child protection conferences were collected. This included the reports produced for the conference by all practitioners attending the meeting were gathered. Such documents included: the multi-agency standard report for a conference completed by most practitioners, the social worker's initial assessment and core assessments and the minutes of the meeting. Furthermore, in review conferences previous paperwork was available relating to previous conferences, in total 62 further documents were included. Such reports included minutes and reports for conferences as well as some non-standardised reports and letters to conferences from GPs, probation officers and letters from other children's services departments when a case was transferred from another authority. Appendix 8 details the documents obtained. All available documents held in the child protection conference offices were copied, thus previous minutes and reports were gathered for review conferences. The documents were collected at the one office where the child protection conferences took place, which were Children's Social Care premises. I was handed the paper files by administrative staff and made anonymised copies of the documents on site using stickers, corrective fluid and photocopying. All names and identifiable details were replaced with codes. The

anonymised documents were stored in a locked filing cabinet separately from any identifying information about the families.

A drawback to this method was that it was dependent on the documents being available in the setting for collection, and susceptible to the errors of recording and paperwork. For example, in three conferences there were four reports recorded in the minutes as being provided, but not present in the paper file. Furthermore, a psychologist's report was discussed but not circulated.

Stage two: interviews with child protection conference staff

The second stage of the research was conducting in-depth individual interviews with staff who were involved in organising and managing child protection conferences: the chairs of the meetings, the minute takers and their managers. The interviews were key to exploring the second research question – in considering the factors which affect child focused information sharing and decision making in child protection conferences in cases of neglect. The interviews took place after the conference data was collected but whilst I was transcribing them, and were part of an ongoing process of making sense of the data. The aim of the interview is not to get closer to a singular truth, but rather to gain a greater understanding of the topic through considering the members' interpretations and accounts of it, in particular, in the case of child protection conferences, their rationale for what shapes and creates the event, their evaluation of how effective they are and how they make judgements about children and their welfare.

In the interviews, participants' roles in the conferences could be explored. In addition, their understanding of child focused practice and their perspective on the factors which promote or inhibit a child focused approach in child protection conferences could be examined. The interviews with the conference Chairs were key to understanding their role in managing the conference. In addition, other staff were interviewed who contributed to the conference procedures: the managers of chairs and the mangers of minute takers were interviewed to ensure that an understanding of procedure and structure was gained and to explore the extent to which the managers of the staff influenced their staff's practice in conferences. Minute takers were interviewed and their views as attendees of child protection conferences was sought. Speaking to administrative staff afforded a different and supplementary perspective on the operation and dynamics of child protection conferences in cases of neglect.

The interviews used a topic guide which structured the interview discussions in relation to central issues related to the overall research questions while allowing flexibility for additional issues and questions, important to participants, to emerge during the

interviews, and as my inquiry developed (see Appendices 23 and 24). Throughout the interview the questions were focused on child focused child welfare practice and child focused child protection conferences in cases of neglect. Practice in relation to child protection conferences was explored through a discussion of the conference procedure, starting with the work prior to conference, through to the meeting itself and subsequent action, such as the creation of the child protection plan and core group.

For this stage staff in both the City and County sites were included, to allow comparison of process between areas. Interviews were organised with all available staff in the two areas. Staff were approached in conjunction with the managers, who initially emailed their staff about taking part in the study. I then followed up this email with a phone call or further emails directly to individuals. In total interviews were conducted with nine conference chairs, two managers (referred to as 'child protection managers'), 13 child protection administrators who minute the meetings and their supervisors (n=2). The child protection chairs and their managers were predominantly female, with only two individuals (chairs) being male. Chairs and managers typically had a background of working as a manager in children's social work, however one chair had a Police background. Chairs were employed by Children and Young People's Services (CYPS) in each local authority area, and in addition to chairing child protection meetings, they also chaired Child in Need reviews, strategy meetings and care planning meetings. In addition, one chair had 'LADO' (Local Authority Designated Officer') responsibilities to handle allegations against authority staff and licencing. Chairs had a range of experience, with some having worked in their role for four or more years (N=3), six being in post for one or two years and two who had come into post in the last few months. In each area there was a manager who had responsibility for supervising the team of chairs and provided quality assurance work for the safeguarding service.

The administrative staff, or minute takers, and their managers were all female. Staff in this role came from a range of backgrounds. Within this interview group there was a greater number of staff (n=7) who had worked in their role, or a similar post for ten years or more, including one worker who had done the job for over 25 years. Two staff had recently been redeployed from working in other council departments and three had been employed for between two and three years. The interviews took place at participants' place of work and were transcribed by the researcher. Minute takers' interviews took around 30 to 60 minutes and those with conference chairs and managers were usually longer lasting between 60 and 100 minutes.

Stage three: focus groups with practitioners who attend child protection conferences

Focus groups were conducted with practitioners who attended child protection conferences to explore their perspectives about child focused child protection conferences, how they operated and what facilitated and what inhibited a child focus in this area of child protection practice. Thus, as with the individual interviews, both research questions were explored, but the key aspect of this stage of the research was to explore practitioner's perspectives on the factors which affect child focused practice in child protection conferences in cases of neglect.

Given the contested and complex nature of child welfare and child welfare practice, Barbour (2008) argues that focus groups are an ideal method for investigating similarities and differences within a group in respect of meaning, perspectives and understandings – as well as the degree of collective perspectives and understandings, and in generating explanations for participants' thinking. Furthermore, she states that focus groups can function to provide an opportunity to access and explore a 'collective or group presentation' or account of participant perspectives and circumstances to the researcher.

Six focus groups were conducted with staff who had experience of attending child protection conferences - three in the City area and three in County. Staff from a range of agencies were invited to attend via individual and group emails, group meetings with social workers prior to the fieldwork commencing, and through the distribution of information sheets at the City conference office. In total 35 staff attended and the breakdown of professional background is detailed in Table 5.4. The majority of participants were female (29 or 83%) and six were male. The focus groups took place in local authority or health trust premises across the LSCB areas during November 2012 and were scheduled at various time slots during the working day. The groups lasted between 60 and 90 minutes and I fully transcribed the audio recordings of them.

Table 5.4: Focus group attendees by profession

Practitioner role	Number
Family support worker	12
Social worker	6
Head teacher	2
Police	4
Education staff	3
Health visitor	2
Probation officer	2
Education welfare officer	1
Family intervention project worker	1
School nurse	1
Voluntary sector support worker	1
Total	**35**

The interview guide used for the focus groups (Appendix 24) was similar to schedule developed for the individual interviews, following the same 'through-the-conference' structure. However, fewer questions were devised to allow for more group discussion and perspectives to develop. The focus groups were the final stage of the fieldwork and as such provided an opportunity to engage participants in considering early analytical interpretations and emergent data analysis themes.

As with any qualitative study, the researcher's position (such as, as 'insider' vs 'outsider' in relation to research partners and participants; or as 'novice' vs 'experienced researcher') are critical issues. The former issues particularly influence qualitative research and interviews (Barbour 2008). As Barbour's (2008) guide to focus group states, the outsider position can be helpful in unifying the group dynamics in a mixed group where some participants may not know each other. Whilst in conducting this research I was open about my position as an outsider in terms of not being a child protection practitioner or working within the LSCB areas. However, the partnership of the University with the LSCBs, and links to senior staff may have led participants to perceive me as an 'insider'. The focus groups were comprised of practitioners from a range of agencies, which mirrored those usually present at a child protection conference. This may have reflected the hierarchy and dynamics present in the child protection conference, and as a result affected the contributions of some of the participants.

Triangulation of methods and the three research stages

This study aimed to investigate how child focused child protection conferences are in cases of neglect using an interpretative stance which employed a combination of

qualitative research methods. As noted above, the approach to triangulation used was of 'separate methods integrated analysis' (Moran-Ellis et al. 2006 p54). Hence whilst practitioners' perspectives of the child protection conference event and process were gathered through the interviews and focus groups, practitioners' accounts and considerations of the recorded conference meeting were not sought. Whilst this could have provided another view on the event, this method was not used as I was too concerned this might be intrusive and challenging to staff. For example, similar techniques are used in supervision, inspection and professional education courses – and might be interpreted more as managerial scrutiny and performance review than engagement in practice dialogue for a research study. This decision was also borne out of discussions with the commissioners and the design was originally intended to study only ICPCs which at the time of study had a stricter timetable. Thus there were concerns within the broader research team that the study should not place too many demands on staff, such as social workers who were operating in a pressurised environment, and may have resulted in low participation and disengagement with the research. The unique collaborative nature of this CASE PhD studentship meant that it was critical to respond sensitively to the concerns of the research partners. However, a future research study could examine how far these concerns were appropriate.

Data Collection in Practice: Adaptions and Reflections

This section details some of the adaptations and amendments to the research design which occurred during the fieldwork. Child protection and child welfare research in the UK often faces practical and ethical challenges which lead to revisions, constraints and enhancements to prior research designs. Furthermore, as noted at the start of this chapter, the specific, collaborative nature of this PhD study meant the original research proposal was designed and agreed by the research partners prior to my appointment and PhD studies. The adaptations made to the study design were in response to challenges which arose in undertaking the fieldwork and completing the study in the timescales available. Adherence to timeframes was required by both the PhD process and in working with the CASE partners. There were two main areas of change: the scope of the conference data gathered and practitioner interviews conducted.

The type of conference data collected in stage one was changed following concerns during the early stages of the fieldwork about the pace of recruitment for the sample. Two factors were identified, firstly the number of cases suitable for inclusion in the study, that was ICPCs for neglect, was lower than anticipated and secondly, the proportion of these

possible cases where consent was gained was also lower than expected. After seven weeks where only one case was included from a possible five, a decision to broaden the case sample criteria for the study was made. The protocol for the study approved by the Ethics Committee (see the following section on ethical considerations for a full discussion of this) was amended to include both Initial and Review child protection conferences. Provision was also made at this point for families to consent to only documentary data being gathered about their conference, rather than an audio recording being made, but in practice this was not chosen by any parents. Furthermore, the consent procedure was also amended on the protocol at this stage, to allow social workers to approach families at the start of the consent process. Rather than an administrator, unknown to the family, making a phone call to the family about the study; a personal, face to face approach was adopted undertaken by the social worker known to the family. However, whilst this change did lead to greater number of families agreeing to participate in the study, the reliance on social workers had some drawbacks which are discussed in the 'challenges' section of this chapter.

The second adaptation of the research design was made in June 2012, to collect data through individual interviews with conference chairs and minute takers (stage two) rather than undertaking focus groups with these workers as originally planned. The original design planned to collect conference data from ICPCs in one area and to seek the perspectives of staff from the two LSCB areas in 'member checking' (Lincoln and Guba 1985) focus groups. The group discussions would explore the similar and different perspectives and practices across the City and County area. The decision to undertake individual interviews with conference chairs and minute takers was informed by a number of factors. Firstly, the key role of Conference Chairs to the child protection conference was apparent in the conference data I collected. The decision to interview minute takers emerged having spent some time in the City research site speaking informally to staff about their role in the conference process. I felt gaining their perspective on the child protection conference could add value and depth to the study of conferences and an understanding of minute takers' role in the process, which was not something I had found discussed in the literature. Furthermore, at the time of this change, the numbers of conferences in the sample (stage one) was very low, although recruitment into the conference sample did improve later in the fieldwork period.

Thus the change to the research design generated a wealth of qualitative data about practice and procedures in conferences in both City and County areas from the Chairs and Minute Takers' perspectives. A possible further adaptation would have been to also collect conference data from the County area. This would have allowed in depth data about

conference processes in the County site to be gathered and compared. However, there were structural, practical and geographical barriers to undertaking the work in this way. Firstly, the original model to use the County site as member checks, was devised agreed with the CASE studentship partners (the LSCBs) at the outset of the research, so any changes to this required considerable negotiation. Secondly, at the point of the adaptations to the methodology in 2012 there was not enough time to undertake the preparatory work to set up the procedures for gathering the data – such as meeting with social workers to raise awareness of the consent procedures - within the fieldwork timeframe. Finally, there were considerable practical and geographical barriers to replicating the collection of conference data in the County site. For example, unlike the City LSCB, child protection conferences staff in County were not co-located and meetings were held in a variety of venues across the area.

Overall these changes responded to the need to gather qualitative data about the child protection conferences within the limits of the research timeframe. Not only did the PhD process itself have restrictions, but the extent to which the child protection conference office could support my presence was finite. Furthermore, the nature of the CASE studentship meant that the changes to the research methodology had to be negotiated with the research partners, and that there was no option of finding an alternative site of data collection. The adaptations did enhance the research in several ways: through allowing greater exploration of individual perspectives including those of minute takers, and in giving access to greater amounts of documents in review conferences.

Ethical Considerations

Research design

The justifications for the research design have already noted that the methods employed in the study were chosen with the considerations of the sensitive nature of the research topic and setting. As a sensitive research topic (Lee 1993; Liamputtong 2007) due consideration was given to the design of this research. Research design in social work in particular should take into account the impact of research on vulnerable families which is investigating sensitive issues which have already been subject to examination from outside agencies (Smith 2009). Child protection conferences are not only concerned with vulnerable participants, but the conference and preceding assessment bring with them their own pressures. Family members are likely to find the pre-conference period an anxious time (Farmer and Owen, 1995, Ghaffar et al. 2011) as they await a meeting which could make decisions which could have a significant impact on their family, for example if care proceedings were initiated. Then, following an ICPC, if the child is considered to

require a child protection plan, the family may have to adjust to new practitioners working with them as part of this. It should also be noted that the research design was originally conceived for data collection about only ICPCs, but was later extended to including review conferences, and the period surrounding an initial conference is likely to be more stressful and tense for families, at the start of the child protection process compared to families at their second or third review conference.

Although it could be argued that there is value obtaining contemporaneous research data from family members about child protection procedures, this raises issues of how to obtain this whilst considering the impact of the researcher on the process, and on confidentiality (Westcott 1996). For staff, the statutory timetable for conference procedures and assessment mean that the time around a conference, particularly an ICPC, is a busy and pressurised time for practitioners, especially social workers (Bell 2011). Therefore, the chosen naturalistic methods sought to minimise the researcher's presence and intrusion on the process, while still allowing rich data about the conference to be collected.

Ethical approval

Ethical approval to conduct the research study was sought via the NHS research ethics committee (REC) procedure. The multi-agency nature of child protection conferences meant NHS organisations were involved in the research study, and in particular health staff were expected to participate in the conference meetings which formed part of the dataset. In accordance with the university department's ethical guidelines, I did not require further review through the university once NHS approval had been obtained. Within the children's social care departments in City and County LSCB areas no formal arrangements were in place for research governance the time of research and approval via the NHS REC was considered adequate by staff responsible for research in the Council's Chief Executive department.

The REC met to consider the research in August 2011 and approval was granted on the 27th September 2011. A specialist child health panel undertook this and considered the study's protocol, information sheets and consent forms. Following this, the Research and Development (R&D) departments in each of the five NHS trusts in the study area had to give their approval. The research was cleared by all five R&D departments by the 13th February 2012. Following ethical approval, two amendments were made to the protocol which were approved through the same channels.

Consent process

Information sheets were used for all research participants, tailored to the stage of the research study, and whether the individual was a practitioner, parent or child. The consent of all participants was sought and individual consent forms were used to record this. Consent procedures for the study were designed in sympathy with the viewpoint that consent is a process rather than a static event (Alderson and Morrow 2004; Economic and Social Research Council 2010).

In stage one, the consent of all meeting attendees was sought, including family members and children when they attended. Meetings where consent was not gained from all participants could not be included in the sample. The format for consent was considered by the REC and in response to this an amendment to the protocol was made to include the consent of every person present at the meeting, including the practitioners. Practitioners attending the conference were given information about the research as soon as possible, ideally at least three days prior to the conference to allow them to consider their consent and discuss any concerns they may have with their line manager and/or the researcher. Consent forms were completed and collected on the day of the meeting, immediately prior to the conference. Advocates who were attending in a professional capacity to support a child, were treated as practitioners and given an information sheet and consent form. People attending to support a parent, such as an extended family member, were given an information sheet (See Appendices 12-21).

The consent procedure for parents and children commenced at least three days prior to the conference. An information sheet about the research was shared with the family, either via the LSCB administrator or their social worker. Where possible, this was followed up 24 hours later by the social worker or administrator to allow the family to consider their involvement and to ask questions. Consent forms could be completed at this stage, but in practice were filled in on the day, immediately before the conference and collected by me. If a child in the family was over six years old then the researcher or administrator would enquire whether they were attending the meeting, and if so their assent (if aged 6 to 10) or consent (aged over 11) would be sought, through the same method. The assent form used for younger children was designed to be used in conjunction with the parents also giving their consent for the child to participate. The use of this distinction was required as part of NHS ethical procedures (see the next section for further discussion of the challenges this presented). Where children had been invited to attend the conference, their attendance was taken as indication that of their competence to give consent or assent (for 6-10 year olds). In two instances the parents did not attend the conference but their

consent for the meeting to be recorded and for their data to be viewed by the researcher was obtained via their social worker.

In stages two and three staff were given an information sheet at the point of arranging the interview, and were asked to sign a consent form immediately prior to the start of the individual or group interview. At the beginning of the interview participants were reminded that they could decline to answer questions if they wished and some chose to do so. This again reflects the fluid nature of consent and recognised the power dynamics in conducting research in the workplace - as staff were asked to participate in the research process by their line manager and may have felt uncomfortable refusing to comply with this request.

Planning and negotiating the multiple consent processes with the study's stakeholders was a complex area, and the some of the challenges associated with this are discussed later in this chapter.

Data analysis

The study gathered a variety of qualitative data in the form of interview transcripts, documents and transcribed audio recordings. Throughout data collection a research diary was used to record and develop my reflections, impressions and observations about the data collection process and early thoughts on data analysis and interpretation, as well as wider reflections on undertaking the PhD study (Glaze 2002; Ortlipp 2008). NVivo software was used to investigate the majority of the data. This computer-aided qualitative data analysis software allowed the audio data to be coded alongside the other textual datasets. Across all datasets a combination of open, 'in-vivo' or inductive and structured or pre-defined/deductive coding approaches were used (Saldana 2013) which will be detailed in the sections below.

Stage one: conference data

A number of analytical strategies were used to analyse the conference dataset. The audio data were processed in two ways: firstly, they were imported into NVivo as a sound file which was coded and secondly they were fully transcribed, with overlapping talk and noises noted where appropriate. Directed content analysis (Hsieh and Shannon 2005) explored the nature of talk within the meetings. This approach uses pre-defined categories and also allows for the emergence of codes within the process. Data were collated regarding who was talking and crucially, the length of time these segments lasted.

The conference data were analysed using both a thematic and inductive approach (Miles and Huberman 1994). Structural coding (Saldana 2013) was first used to organise the textual and audio data. These structural codes were based on the meeting agenda and the Assessment Framework (See Appendices 3 and 5) and the role of the speaker was also identified. This provided information about the nature of the talk within the meetings. As I listened to the meetings and transcribed them I made analytic memos (Saldana, 2013) of my considerations of the data.

Whilst the study gathered audio data, this was not analysed using conversation analysis techniques. Such a finely grained, detailed approach is more suited to a smaller dataset and explores the sequence and organisation of speech (Hutchy and Woofit 2008). However, in seeking to explore how the flow of the meeting and the organisation of topics, I did apply some conversational analytical concepts and practices, for example the notion and analysis of 'conversational turn-taking' (ten Have 2004). In this study the phrase 'conversational turns' is used to refer to the individual unit of speech, before it is broken by another speaker, either because they have been interrupted or because they have come to an end of their contribution. (Appendix 10 shows how this was used in the transcripts I made). This is in keeping with the interpretive practice approach of Gubrium and Holstein (2011) – examining the speech of the conference meeting in terms of the 'hows' of the process.

The data gathered were then written into data summaries, both by case, by the area of the Assessment Framework discussed and by particular emerging themes. This created many thousands of words of summaries and descriptions which were then distilled down into key themes. Furthermore, data 'displays' (Miles and Huberman, 1994) of codes were created both on paper and electronically using excel, to allow for comparison between data themes and promote greater understanding the data. The generation of such analysis using 'thick description' (Denzin 2001) is a key part of the interpretive approach. Denzin states that the production of a rich and detailed account of the phenomena '*creates the conditions for interpretations and understanding'* (Denzin 2001 p162).

Stage one: conference documents

The documents gathered, or produced in the case of transcriptions, were also subject to thematic content analysis which is an approach advocated by Altheide (1996). This utilises both elements of traditional content analysis, such as noting the frequency with which phrases and units of text occur, and also is directed by textual data which can be guided by the document itself and identified from the research questions. Altheide (1996) describes how the descriptive element of the latter approach allows the researcher '*to document and understand the communication of meaning'* (ibid. p68) through the reflexive and

comparative generation of codes which emerge through reading the documents. Thus, the conference documents were analysed through the use of case summaries, thematic analysis using the areas of the Assessment Framework and through organising and representing the types of reports collected in excel spreadsheets. Emergent themes from the data, and themes informed by the research questions, were used to search the documents and instances were recorded in word and excel records (Dey 1993). The conference minutes and reports were also read and analysed in reference to the information discussed in the recorded conference, and any differences were noted, and these were used to create case and thematic descriptions, as noted above. Appendix 9 details some of the categories used in the documentary analysis.

Stages two and three: interview and focus group data

Focus group and individual interview data were analysed using a combination of structural (Saldana 2013) or thematic codes derived from the interview schedule and codes which arose from listening to the interviews and reading the transcripts. I transcribed the recordings and made memo notes as I did this. The key themes which emerged from these datasets were written up into summaries, which were eventually integrated with those that emerged from stage one. This 'second cycle' of coding (Saldana 2013) identified overall themes across the dataset, and pattern codes (ibid. 2013) and diagramming were used at this analytic stage.

Challenges Encountered in Conducting the Research

This section outlines some of the challenges which were encountered in the early period of the research prior to data collection and in the early stages of data collection and how they were addressed. These challenges include: obtaining ethical and R&D approval, gaining the consent of families, and the consent and cooperation of practitioners involved in child protection conferences and processes.

The time to obtain ethical and R&D approval

The process of obtaining approval within the NHS REC and R&D processes presented a number of challenges to study. These were related to both the duration of the process and its suitability to the study. The first challenge was the length of time taken to receive all approvals and commence the research. The research could not start until R&D approval was granted by for all five NHS trusts involved the study, and the time from REC Approval to full R&D approval was 19 weeks, or almost five months. A number of factors contributed to this, including the restrictions within the co-ordinating R&D department to

only work on this type of research project (classified as 'non-portfolio studies') for on one day per week. At the time of the research the NHS trusts were being restructured which may have contributed to a lack of available staff. When the research protocol was amended at a later date, any changes to the protocol required further R&D approval even when this element of the study did not involve health staff, such as the decision to interview conference minute takers. Such approvals could also take weeks to secure.

A second challenge was that the NHS system was used to review the research study and this occasionally seemed to be ill-suited to reviewing qualitative social work research which added to the time required for the process. The REC meeting requested changes to be made to the planned consent procedures, including to seek the consent of all staff attending the meeting and to request the 'assent' rather than consent of children under the age of 11 who may attend the child protection conference. Dominelli and Holloway (2008) note that social work would benefit from its own ethical review system, which recognises the unique nature of research and research setting.

Family consent

A second challenge encountered in data collection was seeking the consent of the families to participate in stages one and two of the research. This section will outline the way in which the consent procedure was adapted during the study. The original protocol for seeking consent from parents and children detailed that this task would be undertaken by a member of staff from the LSCB. This approach emerged from discussions with the conference chairs (child protection managers) and their manager about how to seek consent from the family in initial child protection conferences. These staff felt strongly that this approach would add to the social worker's workload at an already stressful time and it was noted that social workers were unlikely to have a working relationship with the family because they had just started working on the case. It was not suitable for me, the researcher, to contact the family directly at this stage as this would require access to their confidential contact details prior to them giving consent to do so. Therefore, use of a member of staff from within the LSCB, but who did not work with the family, was agreed as a suitable solution.

In practice, this approach was difficult to use due to problems in contacting the families by telephone, a lack of time to undertake this task both by the LSCB staff member and within the timeframe prior to the conference. There was often a lag in communication between the administrative staff at the conference offices and in communication between myself and the LSCB worker. In some instances, particularly with ICPCs, it was not possible to speak with the family prior to the conference, due to short timescales or communication problems. In such circumstances I tried to rely on the advice of the social worker as to

whether I should meet the family immediately prior to the meeting to seek their consent on the day. In the early stages of the research, one mother consented and two declined in such circumstances, and given the switch to also including review conferences, the decision was made to not attend speculatively.

Additional methods of seeking consent developed during the course of the research. The modification of the protocol to include review conferences led to a reconsideration of the consent-seeking approach, which I negotiated with the managers of the research partners. I proposed that for review conferences an initial telephone conversation would be made to the social worker to discuss the most suitable method for seeking consent, either through the social worker or the LSCB administrator by phone or text. In the majority of cases the social worker was willing to give an information sheet to the family. This did lead to an increased reliance on the social worker which could have shaped who consented and why. It is conceivable that the social worker could exert more influence over a family's involvement – either directly, by how they imparted the information, and whether they decided not to do this, or indirectly, in that family's consent decision may have been influenced by their working relationship with the social worker. Whilst families did not have to explain their reasons for not participating in the study, it is perhaps of note that during the first two months of data collection consent was only gained from all participants in case where the mother was very cooperative with children's social care. Although the practitioners and families did not have to give a reason for not consenting to participate, some parents did say that they *"had enough going on"* or did not want someone else reading their reports. Thus it is likely that the sample for stage one includes less parents who may be termed 'difficult to engage' or 'highly resistant' (Fauth et al. 2010) families whose children are experiencing neglect.

Time pressures had an impact upon recruitment of families, in that sometimes it was not possible for the researcher to contact the social worker, within time for them to contact the family or to coordinate the information sharing with one of their planned home visits. Some social workers were difficult to contact which led to potential cases being excluded from the research. Some staff offered to make additional visits but others cited pressures of court reports and being on duty as reason why they could not visit the family. Thus social workers played a significant role in gaining access to families and in securing their consent, and this gatekeeping role was encountered with other practitioners as I will now discuss.

Professional consent and 'gatekeepers'

There were multiple gatekeepers encountered in the research. Negotiation with the LSCB managers, and to some extent 'commissioners' of the research took place. At senior levels

there was support for the study, which as Clark (2012) suggests may originate from a desire to identify good practice and facilitate change. These senior managers informed other gatekeepers to assist with the research. The other gatekeepers included the senior managers' staff I sought to interview or whose participation in child protection conferences I wished to record. The gatekeepers had a role to approve their organisational participation in the research and also to promote and encourage staff's participation in the research, such as in forwarding requests to attend a focus group. Finally, as noted above, the social workers had a significant role, as without the consent of any individual practitioner or family member, the conference could not be included in the sample. Clark (2012) notes that there is limited research in understanding the mechanisms of research engagement and gate-keepers particularly within social work. My experience in this study was that there were multiple levels of gatekeeping.

Consent and participation – the conference dataset

At a local or operational level staff involved in the conferences were contacted to ensure that they were aware of the research and to facilitate the consent process. Prior to the research starting, meetings with children's social work teams in the locality areas were arranged: in some cases I met with managers and others local teams of frontline social workers to explain the research and their role in it. The City LSCB organised briefing events in December 2011 which took place on NHS education premises. Although attempts were made to circulate the invitation to staff across the LSCB and particularly to children's social care staff, only health staff attended the two briefing events. There was also the difficulty of the time lag between these events and data collection period starting, due to the lengthy period of R&D approval. Subsequently consent and cooperation appeared to be easier to gain from practitioners who were more familiar with the research, having heard about it through briefing events or communication within their organisation.

Once the fieldwork was underway further liaison with some agencies involved in the study was required. For example, some organisations may have given approval at a managerial level, but individual staff members required confirmation that their organisation was aware of the research and supported their participation. Once a key member of staff had been identified within the organisation, this barrier did not arise again.

There were two cases where one member of staff attending the meeting declined to participate and the conference could not be included in the dataset. In addition to this, the reliance on social workers to approach families to seek their consent meant the social worker could exert power of veto over whether to participate in the research. In some cases, practitioners did not wish to give their consent for the conference to be included. Whilst the consent procedures meant that practitioners could not be pressed for their

reasons for not consenting, it appeared that the complex and sensitive nature of the neglect cases may have contributed to some practitioners being declining to be involved in the study. As Bell (1999a) notes, child protection conferences convened due to concerns about neglect are likely to be difficult for practitioners. In other cases, it was not clear whether the social worker was declining to participate through non-compliance, for example when there were difficulties in contacting the social worker, they did not return calls, or reported they had not been able to discuss the research with the family.

Consent and participation – interviews and focus groups

Different methods of recruitment were used for the interviews and focus groups which had an influence on the data which was collected. It is likely that the context of the study as a collaborative research project with the LSCBs had an impact on any gatekeeping behaviour and also the consent of practitioners. None of the staff invited for individual interviews refused to attend, but perhaps this was because they felt unable to do so because their immediate managers had endorsed the research project. These interviews with child protection chairs and minute takers were organised in conjunction with the managers of the departments, and in the case of the City site, took place in the location where I was also collecting conference data. I was able to access a list of all staff through the managers of these services and contacted staff directly. Hence staff participating in the interviews may have done so through a sense of obligation and felt that they no option to refuse. Whilst staff appeared to be willing to discuss their experiences, I did inform them at the start of that they did not have to answer particular questions and some were occasionally evasive in their responses to more difficult questions.

Focus group participants were recruited using various types of email communication, such as using departmental email lists, and emailing managers and staff who had attended conferences. I also met with social workers in the City area at team meetings at the start of the fieldwork to outline the research methods, which was not done for other groups of practitioners. Focus groups were held at lunchtime and at the end of the day in a variety of locations used by health and social care and the local safeguarding board and refreshments were provided. As Table 5.4 above shows, a range of practitioners did attend yet there was a low number of social workers in the final focus group sample.

The voluntary nature of the focus groups also meant that I was unable to control the size of the group. The number of participants varied, many were small groups of four or five, often where staff knew each other, and a more comfortable and 'easy' dynamic between practitioners was soon established. Other groups were larger with a range of practitioners who did not know each other, and in this sense they were perhaps more formal occasions. The larger focus groups did have a greater diversity of practitioners and opinions, and

required greater management by me as the facilitator. There was breadth of opinion expressed yet the greater number of participants meant that these were not always discussed in as much depth. There were also more practical challenges of transcribing and attributing speech to individuals in larger focus groups.

Staff context

There were several staff changes in the children's social care departments which affected the continuity of the research project, particularly the collection of conference data in the City site. In the period from October 2010 to April 2012, that is from the start of the study period to two months into the data collection period, the entire child protection conference team in this LSCB, consisting of the manager of the conference chairs and both conference chairs, left their posts. There was a short period, prior to data collection, when there was no manager of the conference chairs in place and the new manager was on sick leave. It was not always possible to arrange meetings to discuss the progress of the research with conference chairs or administrative staff due to busy schedules, sick leave and staff not being in post. This was a critical factor in the planning stage and early stages of data collection, when I was not present at the child protection conference office. During data collection, two new child protection managers came into post, one had only been in post since October 2011 and a further member of staff was undertaking the role on a temporary basis.

It is also of note that the team undertaking the child protection conferences, both chairs and administrative staff, were working in a very busy environment with conferences and reviews taking place, and at times the staff had commented on the high workload and stress levels. Furthermore, the NHS trusts were also being restructured and merged at the time of the research which may have contributed to the delays and challenges in seeking R&D approval as noted above.

Researcher Position

This section considers some of the ways in which my own experience and position influenced and were influenced by the research. It explores the nature of the topic, my research experience and the particular aspects of the studentship. The conference data, which explored the circumstances of neglected children and their families, could be upsetting. Often the details which I listened to, in transcribing the conferences, or read in the reports would affect me emotionally. I found myself responding to conference data and discussions making evaluations about their quality and outcomes for the children and

families involved; as well as feeling deeply affected and at times, distressed, by their content and outcomes too. It is likely that this response was in part related to my own role as a mother of two primary-school aged children and the deeply moral nature of child welfare issues. I recorded and reflected on these issues in a research diary considering the emotional impact of the process. I also discussed these issues in supervision and, in general anonymised ways, with peers and colleagues. The NHS research ethics process also required me to consider the impact that the research may have on me and to prepare for it.

My position as PhD researcher rather than practitioner researcher also influenced the study and the data and findings generated. I am a social researcher by 'profession' and I have experience of children and families research and social work research. I used my own experience and the knowledge I derived from the PhD literature review and also from attending MA social work teaching modules at my University to ensure I had a broad understanding of the social work area. This outside position had two implications in particular. Firstly, it enabled me to gather and ask questions about processes as the 'naïve outsider' and perhaps to consider factors in a way that a practitioner would not. I have never attended a child protection conference nor worked in child protection, social work or attended any multi-agency meetings of this type. Secondly, it had a bearing on my interpretation and the analysis of the data I gathered. Whilst I have been supported by supervisors who are trained professionals in this area and who brought their expertise, I came to my own conclusions and understanding of how the conferences and analysis worked. This is a somewhat unusual position in research in children's social work or child protection as the position in social work research texts such as Shaw and Holland (2014) which often refer to the practice background of the social work researcher.

Finally, as noted, the PhD was a research studentship and the LSCBs who commissioned the work also contributed to the studentship funding. The proposal was developed in collaboration with the staff at the LSCBs by my supervisor and the outline of work and planned methods were in place when I began the studentship. This meant that although I had a great degree of autonomy in conducting the fieldwork, I was also committed to undertaking the work in the LSCB areas, as agreed by the studentship. Whilst this did facilitate easy access to key individuals in the work, as noted in an earlier section, it did also mean that there was no alternative location for conducting the research if this was not successful.

Conclusion

In this chapter I have detailed how the study was formed, was conducted and the methodological reasons and rationales behind these. Two LSCBs collaborated in the research design and contributed to the data collection, as part of the CASE studentship model. The research used a qualitative, interpretivist approach with a range of methods to explore how child focused child protection conferences are in cases of neglect, and the factors which affect child focused information sharing and decision making. In the following data chapters, I will examine the data gathered from all three stages of the research, in audio data, transcriptions of meetings, documentary analysis, interviews and focus groups.

Chapter 6: The Pre-Conference Phase - Assessments, Relationships, Processes and Preparation

Introduction

The main function of a child protection conference is to bring together key individuals in the child and family's life to make a decision about what actions are likely to safeguard and promote child welfare in cases where child neglect and associated abuse are substantiated. Thus, the invitation, attendance and contribution of the right people, including practitioners and family members, is essential to ensuring the child's welfare, needs and circumstances are thoroughly understood and examined at the meeting. As stated in the statutory guidance in operation during the fieldwork of this study, *'sufficient information and expertise'* (HM Government 2010 p162) must be provided by the appropriate practitioners attending the conference; and are central to effective decision making. Furthermore, the professionals involved must ensure that the comprehensive assessment of needs for the child and family have been completed, recorded and provided to those attending the conference.

The conference, interview and focus group data generated about pre-conference processes and procedures are examined in this chapter. Alongside the sample and data collection information set out in the previous chapter, Appendix Two provides a further reference about the child and family cases examined in the study to be consulted alongside this and the subsequent research findings chapters. This chapter examines who attended the conferences; the preparation undertaken by professionals, especially social workers; and the pre-conference needs assessments and reports provided by lead professionals, again especially social workers. It explores how the preparations for the conference undertaken by a range of professionals involved in the meeting, including conference chairs and social workers, has a significant influence on the capacity of the conference to be child focused.

Practitioners' Attendance at Conference

This section examines the attendance of practitioners in the conference dataset and the views of conference staff and practitioners on attendance at conference. According to the conference data and interviews with conference staff, the most frequent attendees at the

child protection conferences were children's social workers, children's health workers and education practitioners. This pattern of a key group of professionals was seen in the conference sample and also noted in interviews with conference staff. In some cases in the conferences, only these staff attended as they were the main professionals working with the family. In other conferences, staff came only from these areas and the non-attendance of other practitioners and agencies was noted. In around half of the conferences in the sample, these absent practitioners included those from adult mental health services, youth offending teams, family workers, family intervention projects and housing agencies. A breakdown of the 87 staff who attended the 14 conferences in the sample is detailed in Table 6.1. The practitioners who did not attend, as compiled from recorded apologies in the conference minutes and absences noted during the conferences, are set out in Table 6.2.

Table 6.1: Professionals' attendance in the conference dataset

Practitioner	Initials n=3	Reviews n=11	Total attending (combined)
Advocate	1	1	2
Education Welfare Officer	1	1	1
Family Intervention Worker	-	1	1
Family Visitor	-	2	2
Health Visitor	3	11	14
Housing	-	4	4
Midwife	1	-	1
Named Nurse	-	1	1
Nursery	1	1	2
School Nurse	1	4	5
Social Worker (adults')	-	1	1
Social Worker (children's)	9	16	25
Teacher/Learning Mentor	7	14	21
Voluntary organisation	-	2	2
Youth Offending Service	-	4	4
Total	**24**	**63**	**86**

Table 6.2: Professionals absent/apologies in the conference dataset

Practitioner	Initial n=3	Review n=11	Total apologies (combined)
CAMHS	-	1	1
Family Visitor	-	1	1
Family Intervention Project worker	-	1	1
Health Visitor	-	2	2
Housing	-	1	1
Midwife	1	-	1
Nursery	-	1	1
Police	2	-	2
Probation	-	1	1
School Nurse	-	2	2
Senior Children's Social Worker	-	3	3
Teacher/Learning Mentor	-	5	5
Voluntary organisation (adults)	-	2	2
Youth Offending Service	-	1	1
Youth Worker	-	1	1
Total	**3**	**22**	**25**

In many cases the child health workers, in particular health visitors, 'covered' for their colleagues in that professionals working in the same team attended child protection conferences but these professionals were not always those working directly with the child and family. This occurred in eight conferences within the sample, three initial conferences (ICPCs) and five reviews. In review conferences this may have been a reflection of the local policy that specified a single, nominated health professional should attend review conferences. However, this policy did not apply to initial conferences and it was concerning that the named health worker for the child did not attend the meeting in all three ICPCs in the sample, and a colleague attended in their place instead. Furthermore, this policy could mean that practitioners representing colleagues did not have any additional information to share with the meeting other than what was written in the report and in some cases, may not have worked directly with the child in the past, or know

the family. Thus this means being child-centred, and focused on the individual child's needs and day to day life may be a harder task for the professional and the conference. Within the focus groups and interviews, practitioners noted that this could restrict the contribution of these staff to the meeting, with them often only being able to talk about the information provided in their colleague's report:

> Sometimes you'll get somebody who can't attend and who sends a representative and then the representative – for instance I had this yesterday - she said "well I can't really say because I'm not working with the child" and I thought to myself 'why are you here then? Just to make up the numbers or just to be quorate?'. And it's not really very effective because you could do with that person who has worked with the child to be there to be able to say specifically what the issue is. (Minute Taker 12)

However, this chair noted that they saw it as part of their role to guard against the difficulties which could result from practitioners standing in for a colleague:

> I don't want anyone who's coming who thinks that they're just there to make the numbers up, that's just a morning out for them and a couple of occasions it's been obvious that some people think that that's what it is. And I can pick up on that quite quickly and then I can very quickly ensure that they're not doing that and they have to work. (Chair 7)

This quote indicates that when practitioners at the conference meeting are not working directly with the child, they are severely limited in the contribution they and their agency can make to the assessment of the child's needs, circumstances, views and welfare; thereby inhibiting child focused practice. It also highlights the chair's role in challenging this and in chairing a meeting in ways that promote a child-centred approach.

The choice of staff to attend child protection conferences was a further critical issue for professionals and chairs. A primary school head teacher stated in a focus group that they chose to send a colleague who had less close contact with the family in order to protect the parent/teacher relationship.

| Police Officer | I've been to quite a few conferences lately, particularly with teachers there and if the parents are sat opposite them they're very reluctant to speak about the child, because obviously they're thinking 'well I've got to meet these parents afterwards'. |
| Head Teacher | Which is one of the reasons why, from my place, I wouldn't send them, it's not putting them in that position. Because when all's said and done, whatever the outcomes, my teaching staff still have to have a relationship with those people. |

<div align="right">(Focus Group 5)</div>

These views and practices among head teachers were also found by Baginsky (2007) in her research with education staff in three local authorities in England. However, the

practice of sending senior staff could also result in a lack of first-hand detail about the child at conference. A social worker commented that they would prefer class teachers to attend conferences instead of head teachers for this reason:

> I do think a child's teacher rather than a head teacher would make a difference with school age ones I'd love sometimes to get the teacher there, I know the heads have perhaps something else to contribute and there's probably loads of other issues there but I sometimes think 'how much time with the primary age ones does the teacher actually spend in a room with them?' (Social Worker, Focus Group 2)

This suggests that teachers can struggle to be child-centred when their work places them in regular contact with parents and necessitates having a positive working relationship with both parents and children. Where teachers are reluctant to discuss the neglect or abuse of the child for fear of upsetting the parents, the parents' needs are being given priority over the child's.

Chairs spoke of their role in ensuring that all relevant agencies attended the conference. The chair below commented that they would speak with the child's social worker to suggest the inclusion of other agencies, such as housing, and ensure that they were not overlooked.

> that is part of our responsibility, to discuss who do we need, and I will often do prompts in neglect things, "have you thought about housing?" (Chair 5)

During fieldwork I observed the work of other LSCB conference staff, including minute takers, in ensuring the attendance of key practitioners at conference. The conference minute takers had a role in contacting practitioners to inform them of the meeting. This was particularly important in ensuring all relevant agencies were involved from the beginning of the process and the minute takers were observed 'chasing up' staff from agencies that were not represented at review conferences. However, the use of substitute workers discussed above indicates that it is also critical to consider not only which service, but which worker from the service, attends conferences. The information workers can have gathered for conference, the role they have in relation to the family and the information they provide about the child and family at conference are critical to ensure the conference is able to discuss the child's needs, circumstances and welfare in an in-depth way. The appropriate practitioners should attend and contribute to conference who can make an assessment of the degree and nature of child neglect, the impacts and implications of neglect and abuse for the child, and the appropriate and possible actions needed to safeguard and promote their welfare.

The absence of key individuals at the conference influences the quality of information discussed in the meetings. This appeared to be the case in five of the 14 conferences in the sample, and of these, three concerned a lack of attendance from the police. *Working Together* (HM Government 2010 p163) and the LSCB procedures both emphasised the importance of police attendance when there has been an investigation leading to conference. In two of the ICPCs, the police did not attend despite having been involved in the S47 investigation and being instrumental in bringing the case to conference following an incident of child neglect. In both conferences the chair commented on their absence, and in one case the lack of apologies. This happened in ICPC Two where discussion during the meeting between the social worker from the initial response team and a team manager revealed that investigations into the incident were still ongoing. The social worker's report also stated there was a domestic violence incident which broke the terms of the couple's harassment order, and it was noted in the conference that more detail was required about this. Thus, the police were a key part of keeping children safe in this case, and had information which should have been shared at the conference, yet they did not attend. This difficulty was also noted by conference staff. For example, the minute taker below stated:

> ... it's frustrating, we had a conference the other day when the police weren't there and information did need clarifying, information in the social care report needed the backup of the police, and it was very confused, they wanted the facts, it was all muddled. So that made it unclear as to what was happening and whether the children were there and who was there. (Minute Taker 7)

This may indicate the culture within policing of dealing with cases and could be connected to the organisational structure supporting police work in child protection matters. In the LSCB area studied officers who attended conference were detectives based in a central Child Abuse Investigation Unit – indicating they fulfilled specialist roles in relation to child protection cases and concerns. However, whilst their attendance and their expertise on child abuse matters was valued, the attendance of detectives from this unit at times meant the police officer involved with the child and family didn't attend the conference – reiterating the issue above that in addition to professional and agency attendance and contributions to child protection conferences – consideration needs to be given to ensuring that the appropriate professionals attend and are highly involved.

Within other conferences in the sample there were examples of practitioners' non-attendance affecting the information available to the meeting. For example, in Review Three there were no representatives or reports available from the two specialist services working with the children regarding special educational needs and the children's mental health. Instead information about the treatment that the children were receiving and how their medication affected them came from the school nurse and their parents. In another

conference, two services working with the mother regarding her alcohol use did not attend the meeting or send reports, and the lack of information about parenting and family life on a daily basis; and the welfare risks posed to the child was noted by the chair.

Staff who attended conferences, minute takers and chairs were asked in interviews and focus group discussions how attendance could influence the extent to which the conference was child focused. Most respondents felt that whilst attendance at conferences was good overall, there were certain practitioner groups highlighted for their consistent low attendance, namely GPs, paediatricians and child and adolescent mental health workers (CAMHS). Some chairs noted that attendance was not necessarily a problem if there was an in-depth report of children's needs, circumstances and welfare; and essential information was provided to the conference - such as a record of health appointments:

> It depends if you're talking about a child who we believe has suffered severe neglect over a long period. I'd want to know if there's been, I need to know if there's been, any visits to the GP. We need to know what for, we need that information. I don't necessarily need a GP to tell me. (Chair 4)

A key part of a child-centred approach is one which relates to effective child protection work more broadly - that all those services who have contact with the child and family should be part of the multi-agency meeting which decides if the child is at risk of significant harm.

The pattern of attendance seen in the conference sample was broadly similar to that noted in previous research. A core of practitioners was in attendance in the sample, this comprised teachers, from a range of roles, social workers and children's' health staff (health visitors or school nurses). This is similar to Farmer and Owen's findings (1995) which found a core of health, social work, education and police staff in their sample of 120 ICPCs. However, in this research, which was a mix of ICPCs and reviews, the police were absent. The low attendance at conference from services including specialist mental health workers such as CAMHS, GPs, the police and paediatricians also reflects previous research studies. For example, Polnay (2000) and Tompsett et al. (2009) also found that GPs attendance at child protection conferences is low.

Conferences were also not usually attended by practitioners from adults' services. This too echoes Farmer and Owen's study which looked at ICPCs (Farmer and Owen 1995 p104). However, the low representation of these workers in the conference sample may also indicate that parents were not receiving the support which they required to address their difficulties. For instance, in eight of the 14 families concerns about domestic abuse were recorded but no domestic abuse agencies were involved. The low involvement of specialist domestic abuse and substance misuse agencies in child protection conferences was found

in Cleaver et al.'s (2007) research, which specifically examined child protection practice in these types of cases. Their absence may be connected to parents' reluctance to engage with identified services to address these problems or insufficient provision of these services offered to parents and families. In the cases of initial conferences, it is possible that there had not been sufficient time to identify agencies and establish these working relationships and the work would have been set in an outline plan after conference, if one was deemed necessary. Alternatively, the low involvement could indicate these practitioners and services did not perceive they should attend conferences or they weren't encouraged to attend by social workers. Absence of such practitioners from adults' services in review conferences could have been indicative of poor core group relationships, a lack of involvement in core groups or clarity about roles and expectations of members of core groups. When the appropriate practitioners do not attend conference this is significant because key information about the child and family may not be gathered as a result of their lack of involvement in the conference or the conference processes. Information about the child, the nature of the neglect and its impact on the child, including how it affected their daily life, might not be known or discussed. This in turn may have affect the quality of information available to plan interventions or actions with the child and family.

Pre-conference Assessments and Preparation

In addition to ensuring appropriate attendance at child protection conferences among professionals and agencies, other important pre-conference tasks and procedures include assessments of children's needs, parenting and parenting capacity and significant features of children's family and social lives. This section will discuss the research findings in relation to these aspects of pre-conference tasks under the following themes: assessment and preparation work with parents; assessment and pre-conference work with children and young people; and the overall factors which practitioners identify affect their work with families.

Assessment and preparation work with parents
The working relationship between parents and social workers and other practitioners was described by practitioners as being key to influencing and bringing about positive changes in family life for children and young people. However, some noted the challenge of being able to maintain this relationship whilst navigating the conference process. This included both the meeting itself, which is discussed in chapter eight, and the work which should take place beforehand. In ICPCs this constitutes conducting an assessment of the child's

needs, parenting and parenting capacity, and family and environment factors significant in relation to children's needs and parenting capacity. Social workers are also expected to write a report of their comprehensive needs assessments and share this report with the family. In reviews, this work involves working with the family on the actions of the existing child protection plan, and progressing this at the regular core group meetings. Another aspect of the work conducted prior to conference is the preparation of family members for the meeting, which was usually the responsibility of the social worker.

The role of social workers was reported as a significant influence on the dynamics of the meeting and the quality of information shared. As a result, this could impact on the meeting's child focus. Their key role was highlighted by both conference chairs and the focus group participants. As noted in Chapter Four, guidance states that parents should be fully prepared for conference by the social worker. In addition to the social worker's overall working relationship with the parents, this specific preparatory work could include discussing the report they had written with the parents, and briefing them about the meeting:

> ...another thing about the parents is the preparation that the parents have had so that they know, and that's about the relationship between the social worker and the parent and them feeling like they've been adequately prepared for what they've come from and what's happening is what they expected to happen, and that all of the concerns have been shared with them, up front before the meeting, so that there should be nothing new that comes up that's going to cause any conflict or upset during that meeting. (Chair 6)

> It can generate quite a few arguments within conference. Parents being a bit shocked, unprepared again and also you've got to allow time for them to read them and, they come up with all sorts of 'I don't agree with this'. (Minute Taker 12)

Conference staff noted that it was important for reports to be submitted prior to the meeting. Procedure in the two areas varied, and staff stated that they were asked for two or three days in advance, however one chair stated that as long as they received them 24 hours beforehand, this was adequate. It was noted by practitioners that when parents had been given time to read and understand the information contained in reports this led to less diversionary discussion in the conference which could distract the meeting and affect its child focus. However, chairs and minute takers stated that reports were not always made available to parents in advance, and that they did not always have sufficient time prior to the meeting to fully read and consider the content of all the reports. Thus, this could lead to distraction and diversion within the meeting, for example with parents wishing to check facts, spelling errors or disputing versions of events.

> ...that's the main reason for why they should have the reports in advance, so that they've got time to get angry, come down off the ceiling, consult a solicitor if they want to etc. So I think they need - badly prepared parents usually make very difficult conferences. (Chair 3)

Difficulties in establishing a working relationship with family members were reported by chairs to affect the quality of assessment undertaken by the social workers. In some cases the hostility and aggression of the parents could have a bearing on the degree to which conferences were focused on children's needs and rights, for example, by resistance towards professionals meeting and speaking with children:

> It can be a combination of things, so it can be extremely hostile parents, that's one block. So that can happen where they haven't had the kind of access they need to the child or the children, because of aggression and non-compliance. (Chair 4)

The family intervention project worker quoted below was able to work with families intensively to spend time exploring the report for conference with the parents she was working with:

> I've gone out before now to families and they've challenged what I've written in the report, but when I actually challenge them back and say "yes but" you can see them thinking "mmm". I might, I go to families two three times in a week so, but it, I suppose I don't, it's about being honest and it's about challenging them when they deny it and it's about "yes but remember last Thursday when such and such". (Family Intervention Project worker, Focus Group 5)

There were a small number of parents in the conference sample examined in this study whose behaviour could be termed 'highly resistant' (Fauth et al. 2010 p6), that is, they did not engage with social workers or were hostile towards them and this had a negative impact on the outcomes for the children. For example, in Review Seven the chair noted that there was a lack of information about the risk posed by the children's contact with the father, as he would not cooperate with the assessment, had not attended core groups and would not reveal his new address to practitioners. The mother of the children in Review Eight did attend for part of the conference and had cooperated with some aspects of the child protection plan and support services offered. However, both practitioners in the meeting and the social worker's report noted that her behaviour often operated to divert attention away from the difficulties the children had. Practitioners felt that she sought to 'manipulate' many agencies involved with the family. For example, the social worker's report to conference stated:

> During most visits to {mother} she has often used various excuses for her poor parenting, sometimes blaming the children when it is not their responsibility, or blaming other professionals, anything other than accepting the responsibility herself. This is a major barrier when working with {mother} and makes it, at times, impossible to progress the child protection plans. If challenged, {mother} will become hostile and disengage, becoming quiet and not answering questions fully during home visits. She has made complaints against me and against another

professional, both times after being challenged about specific concerns. This makes it difficult to form a positive working relationship with {mother} and when she is in un-cooperative [sic] makes it difficult to get a true picture of how the children are progressing because she is not forthcoming with information. (Social Worker report, Review 8)

This highlights both the challenges in working with parents in these circumstances and illustrates the complexity of such child protection work. The social worker concludes that the mother's disagreement with their assessment of her parenting is evidence of her not '*accepting responsibility*'. As considered in the first literature review chapter, working with parents in cases of neglect is complex, and the mother's behaviour could be explained in terms of resisting the stigma of the 'neglect' label. In this case, the mother's contribution is essential in gaining a 'true picture' of what life is like for the child and, as is discussed in the next chapter, in this case it also hindered the ability of the workers to meet with the children and gain their point of view. This issue arose in focus group discussions with practitioners. Respondents spoke of child neglect being '*emotive*' and a neglect being a '*very loaded word*' which parents did not want to hear. One worker stated that, for this reason, when they considered the terms they used in reports they chose to refer to 'unmet needs'.

{practitioner} mentioned earlier of how emotive the word neglect is, and I may be wrong here and please correct me if I am, but my impression is, as I spoke about when you write reports, I wouldn't dream of using the word neglect in a report, I would be talking about a child's needs not being met. (Education Welfare Officer, Focus Group 4)

In some instances, the difficulties in establishing a working relationship with parents were compounded by the family's circumstances. In Review Two there was a discussion about how the social worker, alcohol services worker and health visitor had not been able to see the mother and child due to their unstable housing situation. This family was homeless at the time and contact with the mother was difficult due to this and her lack of money for mobile phone credit. The family's move to a neighbouring local authority had also compounded this problem with a change in support workers for some services. This had resulted in a lack of assessment of the baby's current living situation and a lack of information about the family's daily routine. Although the mother had accepted some practical support, she had been difficult to contact. The practitioners in the conference discussed whether this was an indication of chaotic or evasive behaviour on the part of the mother. In other cases, parents' difficulties in participating with services were noted, such as the mother in Review Seven. Here a significant problem discussed was that the mother had not kept her son's appointments with health staff as part of a referral process to assess his developmental delay and secure a referral to a paediatrician.

The quality of engagement with the parents prior to conferences was found to have an influence on the type and quality of information discussed in conferences, including the discussion of the child's daily lived experiences.

Pre-conference assessment and work with children

As stated in the *Working Together* guidance (HM Government 2010), interview respondents concurred that social workers' should have a lead role in meeting children and young people involved in child protection conferences and facilitating them to communicate their views, needs and experiences. However, respondents spoke of many challenges in practice. A key difficulty was that time to undertake this work was limited, particularly prior to an initial conference. Respondents could give 'worst case' examples of social workers not meeting children prior to conference, and chairs were also aware of this difficulty:

> ...and for initials it's different again because you know you've got a worker that's maybe only met them [the children] once, so coming to the meeting and not really got a relationship developed with them at all (Chair 6)

A problem particularly associated with initial conferences was the lack of time to establish trust and rapport with the family. Family support workers and social workers noted that parents could be cautious or suspicious which led to limited discussions with the children.

Social worker:	I think initial conferences are difficult because mum, mum and dad are both already anxious, upset and no matter what you say, I can go and see a child at school about conference, mum and dad have already brainwashed them not to talk to you, not to say anything. "Because you're going to take me away" is what you normally get
Int:	And you're under time constraints, yeah
Social worker:	And then you can slowly, slowly if you're on a plan, work it and they do get used to you and they do start to trust you, but I always end up having to get somebody else to have to do that direct work, because I know that I'll get nowhere if I do it because I know I'm the one that mum and dad are blaming.

<p align="right">(Focus Group 1)</p>

This comment from the social worker also raises the issue of who is best placed to work with children to ensure their views are gained and represented. Social workers and other practitioners stated that building up a relationship with a family took time, and that they were more likely to be able to represent a child's point of view fully at a review conference.

> It's not enough, you know you're looking at 40 minutes to an hour to sit down, to actually get them comfortable, to start opening up a little, and workers don't have that with the caseloads they've got. (Family Resource Worker 2, Focus Group 4)

Another challenge identified by this family worker was the need to retain a child focus in home visits and to ensure parents' issues did not dominate and overshadow their work to collect the child's views;

> I think for the younger ones as well because we work with under elevens, and it's making time to see that child alone as well to get their views and opinions. Whether it's through play or drawing, because when you do home visits you can get sucked into the adults' conversation and their problems and issues. It's making sure you do document the child was seen, how they're presenting, and if they say anything to you as well. So it is, your focus is always on the child. (Family Visitor 2, Focus Group 6)

Social workers also noted the use of 'wishes and feelings' forms to elicit children's views, which are discussed in the next chapter.

Some practitioners questioned whether it was always the role of social workers to present the child's point of view, noting that others such as teachers, learning mentors or family workers could be in a better position to find out their views, and that this should be discussed in the core group. This indicates a more case manager style of approach to the social worker's role, rather than one who works directly with children. One chair stated that newly qualified workers appeared to be better at seeking the views of children prior to conference, however they suggested that this could be indicative of their lower case load rather than working approach:

> I do find that generally the newly qualified workers are the ones who tend to spend more time with the children before the conference, whereas the more experienced they get, they can, the less time, because obviously they've got the more complex cases, there's less time to spend on them. Whereas newly qualified workers are the ones who seem to have the time to do that and, you know, experience of doing that. (Chair 2)

This comment may reflect changes in social workers' training and indicate that the child-centred ethos which has been promoted in recent government guidance is filtering into practice. It is unfortunate that this chair suggests an inverse relationship between the complexity of cases and time spent with children, which may reflect problems with staffing and the availability of senior practitioners to do frontline social work. Chairs were aware of the difficulty that staff had in being able to spend sufficient time with children, and some commented that it should still be recorded by conference:

It would be better if they were able to say "I visited with a view to talking to the child and they chose not to talk to me". At least they're demonstrating that they've attempted it as opposed to nothing to say and I think what needs to, and we've talked about this, I think it needs to be a specific agenda item, so that the workers know, how has the child been consulted? (Chair 5)

There was evidence that social workers experienced difficulties engaging with children in the conference dataset. For example, the teenage boy in Review Nine was said to be keen to make the most of his free time before his evening curfew, which made it difficult for the social worker to meet with him at his home.

He says three words to me if I'm there, which is "yes I'm alright" and he's off out. And that's how it is with {Child 2}. (Social Worker, Review 9)

The worker from a community housing project also commented on difficulties in communicating with this child. The social worker's report stated that work was being encouraged between him and a male project worker from a multi-agency team, however this was in its early stages and this worker was not a member of the core group or conference. Similarly, in ICPC Two the teenage daughter was reported to have missed appointments with the social worker, and her teacher noted that she did not wish to speak about home life at school. This behaviour contrasted with the ease with which she had spoken to the advocacy worker who sought her views specifically for conference. This indicates that that the representation of the child's views is not a task which should only be completed by the social worker. Where possible, a child focused conference would include the perspectives of all practitioners who have connections with the child. To do so will enable a full picture of the child's life to be considered.

The size of families was another factor which could influence the capacity of social workers to conduct a comprehensive assessment of all children. Ten children were considered in Review Eight and it was acknowledged that the children's views had not been ascertained. The senior social worker and chair discussed in the meeting that the large family size and busy household had made it difficult to speak with children individually. The senior social worker commented that there was a plan for a family worker to do some individual work with the children:

SSW   And we're waiting to hear the outcome of this to actually how we scope that, so it's about in terms of then we could focus, because I want to get an idea about how these children view their lives, which you can't do

Chair   It's not possible to do that on a home visit with mum there and ten children

SW   No

(Review 8)

However, it is of note that the minutes of the previous conference recorded that:

> ...for the most part, the younger children have no outstanding needs which is positive but the concern is that because they are not presenting with anything outstanding, they could be given the opportunity for any direct and indirect work, to gain a picture of how they perceive the world. (Previous review conference minutes, Review 8)

This appears to be reinforcing a similar comment made by the children's practitioner (acting on behalf of the social worker) in their report to this conference. However, it seems that this work had not taken place because the senior social worker commented on the need for this in the sample conference, six months later. It was not clear why this had not happened, although it was not recorded as a specific action in the previous plan and only referenced in the body of the minutes. Yet it is of note that these earlier ICPC minutes did report a delay in assigning a social worker to the case. This case, and others in the dataset, illustrate the challenges that practitioners, in particular social workers, had in engaging with children prior to conference. A central concern was the time available for staff to spend with children to undertake assessments and to build up a relationship with them where their perspective could be obtained. Some of the factors which contribute to this are explored in the next section.

Factors which affect practitioners' assessment and work with families

The interview and focus group data illustrated how practitioners' pre-conference work with children and families could influence the child focus of the conference. Some chairs felt that the workings of the child protection system, and difficulties such as heavy workloads and restrictive timescales could lead to a lack of analysis and affect the quality of information brought to the conference by social workers. This may result from a lack of time spent with children and families to build relationships and inform assessments which may subsequently affect their reflection and analysis.

The role of supervision in reminding staff to keep a child focus in their work was highlighted and one chair commented on the lack of opportunity for reflective supervision to assist social workers in their analysis. Within the focus groups a multi-agency team manager and a head teacher spoke of their efforts to encourage staff to always consider the child's perspective and consider the risks posed to the child:

> ...at supervision which I do with all my staff, looking at all the cases at least once a month, we've got a question each time "what is the child's views on it" – on the file on my wall just to keep it focused on the child. Because I've got a team of different professionals, family resource workers, youth workers, connexions workers, children's centre workers and their training has actually been differently focused. The family resource workers I've realised ask parents things and they don't ask the child. (Multi-Agency Team Manager, Focus group 1)

Yet whilst supervision can remind staff, this cannot remedy all the considerable challenges of workload and time pressures when completing assessments. This teacher expressed that staff required support in being confident to make judgements and to be able to share this information with other practitioners:

> I can only talk from what we do at our school, we've done a lot of work with staff on this because they were very twitchy about making any judgement and I'm very insistent that actually no you make a judgement on that, you make your opinion given what you know because that will add to the bigger picture. If you say nothing then that's not helping anybody'. And I'll often have discussion with staff when they've got those bits to fill in or I'll go back to them and say "we need to be more specific here". (Head Teacher, Focus Group 5)

This section has shown that there were several challenges encountered in working with families prior to conference which could affect the ability of workers to gather information and assess their circumstances. Thus prior to conference, the capacity of the meeting to be child focused can be well established or already severely compromised. If there are challenges to assessing the child and family's circumstances, then knowledge about how the neglect is impacting on children and their daily life is likely to have shortcomings. Furthermore, pre-conference work is critical to ensuring that children can participate in conferences and their 'wishes and feelings' be well known and appropriately represented.

Reports Prepared for Conference

The written reports completed by practitioners and submitted to those attending child protection conferences are vital documents informing processes, concerns and decisions. As detailed in the Chapter Four, *Working Together* guidance states that social workers should produce a report for initial conferences and all involved professionals should provide an update report for the review conference (HM Government 2010 pp165-167). When practitioners could not attend a conference they were expected and encouraged to submit a report instead. In the City area, from where the conference sample was gathered, a system of using multi-agency report proformas had been introduced to standardise the

written information provided by staff. The study examined these conference reports and asked questions about them in the individual and focus groups interviews.

Details of the reports in the conference dataset

The conference dataset included analysis of all available documents gathered from the files held at the conference office. Every conference involved in the sample had a social worker report and either a health visitor or midwife report for at least one child. In some cases, reports were found to be missing which could be due to a recording error in the minutes, or if they were submitted after or during the conference and were not available for the researcher to access. In total there were 82 reports analysed for the 14 recorded conferences (and a further two recorded in the minutes); of these 14 were social worker reports and 68 were 'multi-agency' reports. In addition, some previous conference minutes and reports which were available provided context for the conferences, but are not included in this dataset. The four tables below (6.3a -d) detail the reports relating to the recorded conference within the sample. Appendix 8 lists the reports gathered for each conference.

Table 6.3a: Reports in the conference dataset - ICPCs

Conf. No.	No. of children	Social worker	Multi-agency reports			Total	Comments
			Health	School	Others		
ICPC 1	Pre-birth	1	1	0	-	2	
ICPC2	4	1	1	1	-	3	Missing reports from the schools for child 4 (senior) and child 2 (junior), but one noted in the minutes.
ICPC3	6	1	4	1	-	6	Health reports missing for the two youngest children. School reports missing for child 4 and 5.
Total		**3**	**6**	**2**	**0**	**11**	

Table 6.3a shows that the reports for initial conferences were restricted to those from health practitioners (usually health visitors, but in ICPC One, this was a midwife report because the baby was unborn), school and the social worker. There were no reports from other agencies working with the family perhaps indicating that this work was not taking place at the time of the initial conference.

Analysis of the number of reports provided for review conferences highlighted a difference between 'baby only' reviews, and those discussing more than one child. There were five 'baby only' review conferences concerned with a single child under the age of 12 months and six reviews for pre-school and school age children. Table 6.3b shows that there were fewer reports in the 'baby only' reviews, and the standard pattern was to have a report from the social worker and a health worker. In two conferences, there was also a report from a practitioner working with the family: a family visitor and a Home Start visitor. This is in contrast to the variety of reports seen in reviews for more than one child, as Table 6.3c illustrates. Here it can be seen that there was a greater number of reports including from schools, and other agencies such as the youth offending service. Table 6.3d shows the reports provided by other agencies for all conferences in the sample, it shows that such reports also came from other services to support children, families and parents such as the family intervention service, youth work and the probation service.

Table 6.3b: Reports in the conference dataset - reviews for 'baby only' cases

Conf. No.	No. of children	Social worker	Multi-agency reports			Total
			Health	School	Others	
R2	1	1	1	-	-	2
R2	1	1	1			2
R10	1	1	1		1	3
R11	1	1	1		1	3
R5	1	1	1			2
Total		**5**	**5**	**0**	**2**	**12**

Table 6.3c: Reports in the conference dataset - reviews, pre-school, and school age children

Conf. No.	No. of children	Social worker	Multi-agency reports			Total	Missing reports
			Health	School	Others		
R3	3	1	2	3	3	9	Missing a school nurse report for child 3 although one is listed in minutes.
R4	6	1	6	2	0	9	No written report for three children at nursery, verbally
R6	3	1	3	1	1	6	
R7	3	1	3	3	0	7	
R8	10	1	10	5	2	18	No written report for two eldest boys at same school, but teacher attended conference.
R9	4	1	4	2	3	10	No reports from the secondary schools which eldest two children attended.
Total		**6**	**28**	**16**	**9**	**59**	

Table 6.3d: Other types of reports submitted to the recorded conference

Conf. No.	Type of report	Comments	Total
R3	Family Intervention Project	3 reports, one for each child	3
R6	Children's Centre	Child 2	1
R6	Probation	One report for mother	1
R8	Youth Offending Service	2 reports: Child 9, Child 10 (CIN)	2
R9	Youth Worker	Child 4	1
R9	Housing		1
R10	Family Visitor		1
R11	Home Start	One report	1
		Total	**11**

Across the sample there was usually a health report for a child. Of the 45 children in the sample, a health report was submitted and used in the dataset for all but three children (93%). This submission rate was probably higher, as one set of minutes recorded the submission of reports which were not made available for the study. In another case, individual reports were missing for the two youngest children in the family but they were mentioned in the Health Visitors' individual report for their older siblings.

Reports from schools were also provided in the majority of cases. There were 24 school-aged children in seven families in the sample. Teachers or learning mentors usually submitted a report, but there were seven instances where a report had not been made available prior to the conference. In one of these instances (ICPC Two) it appears that a report may have been submitted at the conference or submitted afterwards, as it was discussed by the teacher in the conference. In other conferences, staff attended the meeting and presented their information verbally. The lack of reports from two different secondary schools in Review Nine, was symptomatic of poor conference practice and this conference struggled to be child focused. The secondary schools in question did not attend the conference and had not sent apologies.

There were 68 multi-agency reports in the sample. These were reports completed by anyone other than a social worker. The majority (62/68) used the template provided by the LSCB which was broadly based on the assessment framework. Questions elicited information about the child's developmental needs, the parenting and environmental factors that were affecting the child's care and also how this impacted on the child. The same template was used for ICPCs and reviews. A blank copy of the multi-agency form is available in Appendix 6. Table 6.4 below shows the division of these across initial and review conferences.

Table 6.4: Reports using the multi-agency template

Conference type	Reports using the template	Reports not using the template
Initial (n=3)	7	1
Review (n=11)	55	5
Total	**62**	**6**

Analysis of child neglect and the impact on the child within the reports
Interview data from a range of practitioners discussed the limited nature of information and analysis within several conference reports. For example, the chair below highlighted

that reports from schools could focus on academic performance and attendance, rather than details about what the child was 'like' as an individual at school or their welfare:

> Well, all it [the report] tells me how the child is doing academically, it doesn't tell me, it tells me what they need from their educational perspective. It doesn't actually tell me anything about how this child is in the classroom as a little person, their relationships with other pupils, have they got any worries, do they talk about home, are they quiet? There's nothing analytical behind it, it simply is a factual, 'they came to school'. (Chair 5)

In interviews health visitors and school nurses were also found to produce limited reports. For example, reports from these health professionals were criticised for only giving details of the child's immunisations and their weight/height data providing a limited picture of children's health, development and welfare. In other respects, family support workers stated how they would like more training on producing and interpreting reports for child protection conferences. In one focus group exchange a head teacher and Education Welfare Officer discussed their reluctance to use the multi-agency report form:

> …there was a suggested proforma in education I've got to say it was about eight pages long, which I thought was, so I don't do that, I just do an A4 piece of paper and say the relevant bits. And the positive things as well if you can say positive things which I hope you can, (Head Teacher, Focus Group 4)

Two elements of child focused practice proposed in this thesis are: that the impact of the neglect on the individual child is considered, and that assessments are informed by a consideration of the child's daily lived experience. The reports submitted for the conferences in the sample were analysed in relation to these aspects. The multi-agency reports in the sample did not typically provide detail which gave a sense of the child's lived experience in terms of their daily routine and daily life. There were three reports where this type of detail was provided. For example, in referring to children staying at their grandmother's house, or to the father doing the baby's night feeds. Information about the overall daily routine of the family was not provided in the reports. In Review Seven, there were concerns about the children's cleanliness and hygiene and the school nurse's report states that:

> mum says [child 2] has a bath every day and cleans teeth three times daily (School Nurse's Report, Review 7)

However, this detail was not provided within a consideration of the daily routine, but within a bullet pointed lists detailing the concerns about the family. A good example of detail about the child's daily life was provided in the Family Visitor's report in Review Ten. In this, the worker discusses the lack of daily routine and concerns about lack of

stimulation provided for the seven month old baby, reporting on her visits to the family home:

> …it is often that the family will still be in bed until mid-morning and there doesn't appear to be a routine in the family home (Family Visitor Report, Review 10)

In this case, it appears that the worker had more knowledge about the child's life as a result of their intensive work with the family, which required home visits.

The multi-agency report template used for the majority of reports in the sample prompted practitioners to consider the impact of deficiencies in parenting and children's care on the welfare of the child. It asks: "What impact does the above information have on the child's well-being or future safety?". Analysis of these reports found that in many cases practitioners did not answer this question in detail, the types of responses provided are summarised in Table 6.5 below.

Table 6.5: Impact on the child in multi-agency template reports

Information given	Type of comment	Number	%
No information provided	Left blank	11	17.7
	"To be discussed at meeting"	3	4.8
Statement made	Needs currently met/no concerns	9	14.5
	Vague comment	14	22.6
	Comment on the impact on child	25	40.3
	Total	**62**	**100**

This table above shows that in 11 of 62 reports this section was left blank, and in a further three the phrase 'to be discussed at meeting" was used. Furthermore, the impact on the child was not specifically mentioned in the six multi-agency reports which did not use a template. In addition, one teacher qualified their comment on the report by stating:

> {child 6} never talks about his home life so it is always difficult to gauge the effects of it on him (Child 6, School Report, ICPC 2)

Therefore 20/68 or 29% of the reports for the conference did not refer to the impact of the neglect on the child.

There were 49 reports where some detail about the impact on the child was given in this section. Fourteen were classified as vague. Examples of this were statements such as:

> the above will impact on their wellbeing and safety, (School Nurse's report, Child 3, Review 5)

and:

> {mother's} lifestyle has a negative impact on the children particularly {child 4} as they both have similar personalities and attitudes". (Youth Worker's report, Child 4, Review 5)

Some reports were vague about the implications of the circumstances for the child, despite being specific about the cause of the problem or difficulty. For example, the extract below describes how the housing problems and emotional stress within the family has affected the child and might in the future but does not make it clear what these 'needs' or 'full potential' are:

> {Child 2}'s needs may not be met due to the housing problems and the emotional stress within the family. {Child 2} may not achieve his full potential due to anxiety about the family and home. He needs a calm and stable environment." (School Nurse report, Review 3)

Another example was seen in Review Five:

> It is too early to judge if mother is able to meet {child 1}'s needs on a permanent basis, particularly if she were to move outside of supported accommodation, I would be concerned that she might struggle or possibly make inappropriate choices which would impact on {child 1} (Health Visitor, Review 5)

However, child focused practice must consider both the implications of the situation for the child's welfare and specify what this means in terms of outcomes for the child. Detailed analysis and accounts in pre-conference reports could also assist families to understand and address child neglect and its detrimental impact on children and young people.

Another theme in the comments about the impact of the neglect on the child were those which stated that there were no indications that the child had suffered significant harm but the comments identified factors which practitioners may need to be vigilant for in future. Nine reports were classified in this way and these were often in the meetings where the child was no longer considered to require a child protection plan.

Around one third of the reports (25 of 68 or 37%) contained detail about the impact on the child of growing up in circumstances considered neglectful. Where something was written, this was generally limited to one or two comments about a particular area, such as the impact on their education or social skills.

For example, the report by a family visitor for Review Ten emphasised the importance of social stimulation for the child with her 'development and skills':

> I feel in my professional opinion that if {mother} and {father} do not give {child} enough opportunities to thrive in new experiences that it will have an effect on her development and skills. {Child} isn't meeting her social skills threshold as there has been a lack of opportunities to do so. (Family Visitor, Review 10)

The detrimental effect and impact of child neglect on education was common, and recorded in 7/25 comments. For example, the extract below from a report from a school makes a broad link of the between regular attendance at school with the future development and potential of the child:

> For {child 5} to have a positive future she must attend school every day thus giving her every chance to be successful in life. (Child 5, School report, Review 8)

Similar comments were seen in other conferences as the following extract illustrates:

> Developmental needs not being met as not attending school, this will impact on {child 2}'s academic progress and social skills. (Child 3, School Report, Review 7)

The detrimental impacts of domestic abuse in the home and parents' misuse of alcohol and drugs were frequently noted in the impact section of reports. Detrimental impacts associated with domestic violence were mentioned in 7/25 comments, which were drawn from four conferences. Alcohol misuse was associated with domestic violence in three of these conferences and was also mentioned in the impact section:

> If the children are exposed to domestic abuse and alcohol use by the adults that are caring for them then this will have a detrimental effect on their emotional health and well-being and their physical well-being will also be a risk. (School Nurse, ICPC 3)

Furthermore, the potential impact of the mother returning to drug use was referred to in the midwife's a report to conference for ICPC One.

A key component of a child-centred approach to child protection work is that it considers the impact of the maltreatment on the individual child. This section has shown that the multi-agency reports in the conference dataset were limited in the extent to which they focused on the impact of the neglect on the children. In many cases the information was vague or absent from the report prior to conference. There are a few possible explanations for this lack of detail. Firstly, it may suggest that there is nothing to report, which seems unlikely, given that there were concerns about the child being at risk of significant harm as a result of neglect which led to a child protection conference being convened. Another explanation may be that the practitioners could have written something about the impact of the circumstances on the child and have chosen not to. Reasons for this could be a lack of time; that the practitioner did not think it was important to do so; or that they felt unable to define the impact and commit their opinion to a report. This may be as result of a lack of training or awareness regarding what was expected. Another explanation may be that this avoided having to share difficult information with the family prior to the conference – as would be expected if following the *Working Together* guidance to share and discuss reports for conference prior to the event (HM Government 2010 p166). It may

be that they wished to postpone making a decision about impact until the conference, perceiving this to be the role of collective analysis in the meeting, rather than that of an individual worker. In specifying how the child is experiencing the neglect means this requires that the worker has to, as Laming states: '*put themselves in the place of the child or young person and consider first and foremost how the situation must feel for them*' (Laming 2009 p22). Perhaps it is too difficult and painful for the worker to put themselves in the child's shoes, and the absence of this information indicates a resistance to doing so.

Social workers' reports

In the conferences examined, social worker's reports were produced for the whole family, in contrast to the multi-agency reports discussed in the previous section, which were created for each child. The template for this was provided by the LSCB and based on providing information for one child and structured around the three domains of the Assessment Framework. Social workers could decide how to subdivide this in relation to multiple children and sub-domains of the Assessment Framework. A social worker's report was submitted for every conference in the sample. Within the conference dataset the information contained in the social workers' report broadly matched that discussed in the conference. Therefore, consideration of their reports in this chapter focuses on the key features of the documents themselves, as noted in this section, and how they presented the children's views, which is discussed later in this chapter.

The social workers' reports tended to be lengthy documents. This was particularly the case for ICPCs when the core assessment was underway and the same information was repeated. Whilst the detail provided in these reports may have been comprehensive, they would not be easy to read prior to conference in conjunction with many other reports, if practitioners were pressed for time or received them shortly before attending conferences. In one case in the conference dataset, the ICPC report for a family was 36 pages long and highly repetitive in its main points. However, it contained important information and analysis of the family's daily life and functioning. This point was also made by social workers themselves in the focus groups, who stated that they simply referred staff to their current assessment page:

> … I don't think the social work reports are terribly good because I think they're kind of seen as quite wordy and we're expected to put quite a lot in, and the way that they are, I don't know if you've seen them, there's just a lot of, I'll share a report and ask them to go to page three which is where it starts because the rest of it's just… you know… (Social Worker, Focus Group 3)

One conference was a notable exception in that it provided very limited information about the child and family and did not set out the actual reason for the conference simply stating '*refer to the ICPC minutes which outlines the concerns which have led to the initiation of an ICPC and the history surrounding the family'.* However, whilst the social worker's report noted *'see earlier minutes'* for the reason for conference, this was not fully described in the ICPC minutes. Here the minutes simply stated that '*court proceedings started July 2011'* and the reasons were not specified. This was a three month review for a baby, born whilst court proceedings were ongoing for his older sibling. Thus it is possible that there was a greater amount of detail held on other files, which had not been transferred for this child's case, and that the social worker and health visitor had been working closely together on this case for some time so did not need to provide this level of detail. However, it was the first time the chair had encountered the family and for myself, as an outside reader, the allusions to the family history were unclear.

Chronologies of life events and service use were typically not used or seen within the social worker reports, despite being a specification of guidance in place at the time (HM Government 2010, p166). In the case described above, a chronology would have been very useful to make sense of the family history and life events. In some cases, a list of recent children's social care and other service's involvement or appointments was included, however these did not give a full overview of the family's history and connect this to other life events. It could be the case that this information was held elsewhere on the family's file and not brought to conference or seen within the files held by the conference office. Chairs discussed the lack of chronologies produced at conference, and some commented on a different concept of what this would constitute:

> I've raised this with service managers, when a social worker will say "I've submitted a chronology within my child protection report". It's not a chronology, actually what they've just done is cut and paste twelve months' worth of case notes, well that's no good, we need a bit more analysis around that. (Chair 7)

Whilst social workers in the focus groups did not talk about this aspect of writing chronologies, this family resource worker did state that they found compiling them to be a challenging task:

> I set it as a chronology, but some chronologies can be two pages, some can be seven – what do you take out, what do you leave in? How do you, and for me I find it really, really difficult. (Family Resource Worker, Focus Group 4)

In summary, social worker's reports to conference used the Assessment Framework structure to examine and describe children's needs and family circumstances. However, this resulted in lengthy reports which presented challenges to their use in the child protection conference. Furthermore, the absence of chronologies in the reports in the

conference dataset meant that a full analysis and overview of the neglected children's circumstances was often largely missing.

Adults' services' reports

The difficulties of professionals from adults' services providing information which focused on the child was highlighted by staff and was also apparent in the conference data. One example given was of a drug service worker not completing the section of the multi-agency conference report about the parents' capacity to meet their child's needs:

> ...the report to the conference I thought was absolutely appalling. There was, you know the space for commenting on the impact on parenting capacity of the drug use, that was left blank as the worker couldn't comment on it. She's been working within these people [laughs] and it was like that. And both parents the reports were exactly the same. No, didn't tell us anything, but they're heroin users topping up! [laughs] (Social Worker, Focus Group 6)

Practitioners who attended the focus groups stated that often workers from adults' services appeared unable to provide the level of detail and analysis required for the meeting. The information they provided was felt to be too limited to their particular involvement with parents. For example, the probation reports seen in the conference sample only recorded the parent's convictions and noted the work being undertaken with them.

> Alcohol dependency services, not that, they will very much will only look at it from an adult perspective. They'll say they haven't got the knowledge or the capacity to comment. (Chair 5)

This probation worker also commented on the difficulty:

> We can't say if we've met the child and we offer a very partial view, but our reports are primarily to inform others at the conference about things they might not know about the parent. (Probation Officer, Focus Group 2)

Examples of this were found within the conference sample. For example, probation officers did not attend the conferences, but did submit reports and in these cases the content only focused on the convictions, the work being done with parent and their likelihood of reoffending. In one case (Review Nine), the mother had received a conviction for not sending her eldest child to school, but the success of the intervention to address this difficulty was not discussed, and instead the report focused on the mother's prior drunk and disorderly conviction which appeared less of a concern to the issues of the conference.

In Review Three a report by the psychology service about the children's step-father (which was not available in the conference file), was reported in conference to be limited

in its scope, and the social worker questioned the brief which had been given to the service, and what assessment had taken place in regard to the father's ability to provide basic care to the children and household cleanliness.

Chairs and practitioners noted that these challenges in adults' services could be due to difficulties in training and awareness of the workers, and the culture of the organisation that they worked in. Another reason suggested was that often families would not be seen at home, and may actively prevent practitioners from visiting the family home and so the children were not physically seen by the worker. However, this would not preclude them from being 'seen', that is, acknowledged within the service's assessment.

Where reports from adults' services practitioners do not make a connection between the parent's difficulties and how they were affecting life for the child, then the actions and progress of a child protection plan will not be child-centred, and will struggle to show how changes in this parental activity will impact upon the child. It could be the case that workers assume that their peers in the child protection conference will be able to 'read between the lines' and will draw the same conclusions about the difficulties they are working with, such as parental drug use or poor mental health. There is increased risk that the impact of these on the child will be missed if practitioners do not clearly state it in the report and then do not attend conference, and thus cannot be questioned further by the chair.

Reports on multiple siblings and children in large families
Practitioners reported increased challenges when producing reports for conferences for multiple siblings. The production of conference reports and plans for large numbers of children were discussed as challenging areas of practice by interview respondents.

Within the two LSCB areas, there was a different approach to social worker reports for conference: those in the conference sample area writing one report about the whole family, but in the other County area, reports for individual children were produced. Workers from County acknowledged that they were mindful of the dangers of duplicating information across the report as this exchange in a focus group discussion between an Education Welfare officer (EWO) and social worker illustrates:

EWO   And often they're identical apart from a few sentences aren't they?

SW1   Oftentimes, depending on what the issues within the home are but family and environmental factors and parenting capacity would be the same but the child's developmental needs would be different. But it would depend, there's a great difference within the home because the children are being treated differently then, then they're different. But oftentimes they will be because if you've got a family of four, five, six children, er then it can be quite time consuming.

(Focus Group 4)

This again makes the point that resources to meet the needs of large families and handle large workloads can have an impact on effective, child-centred work. However, one chair noted that by breaking the reports and the meeting into a consideration of each individual child, this could lead to a lack of consideration of family relationships and dynamics:

I think what you also lose, in terms of not just the individual but the individual relationships because I think it is when you have reports that are individual you tend to get a greater emphasis on relationships and the actual, the emotional. The bit that actually social workers should be, the bit that they're going to input, that probably other professionals aren't going to input, that is the family dynamic bit, I think with the multiple reports you're less likely to get that dynamic. Whereas if you're talking about one child you can talk about the child with the parent, the child with the sibling and it's fairly straightforward. (Chair 9)

Within the conference data the challenge of reflecting the dynamics of family life for a large family were apparent in Review Eight. Here, the social worker's report gave details about the family's home life which did not come through strongly in the meeting itself – such as discussion of mealtimes, how the children played and the chaotic atmosphere. It could be that perhaps there was not the space to extract this in the time available to discuss ten children, or that the format, focusing on each child did not lend itself to this information being explored.

Reports from other practitioners were usually produced on an individual basis, including those using the multi-agency report form. It was noted that reports could often be very similar for multiple children in the family which could lead to confusion for practitioners in extracting the salient points for the individual child:

When you've got two, three, four, five children you've got five reports and three quarters of the stuff that's on it is just exactly the same for each child. And I think that's a waste of time, of somebody's time and effort, they've obviously had to cut and paste it all. It's a waste of paper, it's a waste of people's reading time, all sorts of reading. I'm assuming there must be some reason it's done that way, which I don't know, because we're just given the reports. (Police Officer 2, Focus Group 5)

The volume of reports produced for multiple children meetings was evident in the conference data. For example, for Review Eight where ten children were discussed there

were 18 reports. This number included one health visitor producing a report for each of the three children she saw from the family, and the learning mentor from the primary school producing four reports. In some cases, practitioners appeared to have gone against standard procedure – for example in combining the reports for four children into one report, or when a school nurse combined their information with the health visitor's.

A chair noted that whilst individual reports did create a focus on the individual child, they felt that this analysis within these multiple reports could still be deficient:

> I think you are likely to get shorter reports because people have to write six reports rather than one report if there's six children in a family, which does concentrate their mind on what's significant and what needs to go into this report, erm but that doesn't necessarily produce better analysis, I couldn't say that it produces better analysis but it does produce a better focus on the individual child. (Chair 9)

This could also lead to difficulties for the chair requiring more time to prepare prior to the meeting.

> But there are conferences where not only are the parents not prepared but I'm not either because I've got a pile of reports, particularly when you've got five children in the family, this particular family had five children. Erm to actually fully get a picture beforehand of the differences between the children, that sort of stuff, is pretty tricky. I guess with experience you get better at it but it's still, it's not very satisfactory. (Chair 3)

This quote highlights the key role of the chair in ensuring that the conference focuses on the individual child and highlights that preparation is integral to meetings being able to remain child-centred. Practitioners in the focus groups also discussed how time constraints could impact upon their ability to read multiple reports for families. They wanted sufficient time to read all the conference reports and be fully prepared for the meeting before it commenced. The problem of a lack of time for chairs to prepare for conferences due to work pressures and staffing levels were also issues highlighted in a recent Serious Case Review (Southampton Local Safeguarding Children Board and Kevin Harrington Associates Ltd. 2015). Where preparation before conference is compromised the time for analysis and consideration of the experience for each child in the family is likely to be jeopardised, both prior to the conference and during the meeting itself. This data suggests that practitioners in these cases were experiencing the '*overload of information*' noted by Brandon et al. (2010 p17) when managing multiple reports for multiple children, which again increases the chance that the focus on the individual child's experience may be lost. This challenge to remaining child focused is likely to be increased when a practitioner has not been able to spend sufficient time with the family to get to know the many children in the family and appreciate the differences in the children.

Representation of children's views in the conference reports

A measure of child-centred practice in conferences is the way in which the individual child's views are understood and explained in the documents produced for conference. A child focused report could be expected to include detail of the child's opinions (where they were old enough to make them known) and to examine their needs, daily life and experiences in some detail. The analysis sought to explore how and to what extent children's views were represented in social worker's reports and multi-agency reports for conferences.

Children's views in social workers' reports

Social worker's reports for conferences used a different template for ICPCs and review conferences. For initial conferences, the report template had headers to prompt inclusion of information about the child's views. These were: 'Views of Child/Young Person subject to the investigation' and 'Expressed views/wishes and feelings of child/young person'. There were three initial conferences in the sample, one for an unborn baby (ICPC One) and two discussing multiple children including babies, pre-school age children and school age children (ICPC Two and ICPC Three). The information in this section of the pre-birth conference was left blank. The 'expressed views' of the children in ICPC two were noted, which were that they did not want children's social care involved in the family:

> The children have not expressed any concerns and do not feel that they require ongoing CYPD involvement. (Social Worker's report ICPC 2)

These children had previously been subjects of child protection plans which ended four months prior the event which triggered the ICPC. In the third ICPC in the sample, although the sections about the children's views were left blank, there was reference to their thoughts about the home life in the analysis section of the report. This was based on the social worker's discussions with them at the time of the incident and then again, after the children had returned home, and said**:**

> {Child 5} and {Child 6} have reported to hear their mother and {partner/step-father} arguing and {Child 6} has said recently that "the house is calm" and "it's nice". {Child 5} and {Child 4} have said that they are "happy". (Social Worker's report, ICPC 3)

In contrast to ICPCs, social worker's reports for reviews did not have a specific section to record the children's opinions. However, there was space to note if/when the children had been seen or interviewed and if this was alone. There were eleven review conferences in

the sample and five of these were concerning children over five years old where it is argued the children were old enough to have been consulted in some way and have their views represented at conference. Analysis of the social worker's report for these five conferences, showed that overall there was minimal discussion of the children's views and feelings about their current family circumstances. The data suggest some possible explanations for this lack of detail. In one conference, it is possible that the social worker did not refer to the children's views because they had worked with an advocate, and their views would be presented by this other worker at conference and in the children's 'wishes and feelings' reports, but this information was not referred to in the social worker's report. In another case, the social worker's report acknowledges that work with the children on their views is required.

Where there was some reference to the children's opinions this was usually regarding how they felt at home or about school. For example, in Review Seven the social worker writes that the children seem to be '*happy*' at home and records what they have said about family life, such as bath time and the visitors to the house. The report did not go further in recording their views on the problems they were experiencing, such as missing school. This could be due to their relatively young age of five and eight or their poor overall development. In Review Nine, the social worker's report was written predominantly from the mother's perspective, and included the social worker's opinion on the impact on the children. It did state however, that Child Three would like to go to a new school.

In contrast to this pattern, one social worker's conference report did contain significant detail about the views and wishes of the child involved. In their report for Review Four the social worker described meeting with the 14 year old girl and quotes her speech as examples of her opinion and feelings on home life, particularly in relation to her older sister and mother. However, there was still missing information in this worker's report as her seven year old brother's views were not included. This boy was being assessed for autism, which might present a challenge to obtaining his views, but not this was not acknowledged in the worker's report.

Children's views in multi-agency reports
Practitioners were asked to record the children's views in the multi-agency reports used for ICPCs and reviews. The template provided to practitioners included a section to record whether the child had been seen and directly spoken to by the agency, and what the child's opinion was on the pre-conference report and on the practitioner's recommendation for conference. There was also a section to record the worker's involvement with the child and family. There were 68 multi-agency reports for the 14 meetings, 62 of which used the

template provided by the LSCB. The analysis used the division of school age as a marker for whether they should have been consulted. This is somewhat arbitrary as younger children could have been capable of making their views known. Thus there were 39 reports on 24 children who were of school age, from seven families in the sample. Table 6.6 below shows the multi-agency reports by age and conference type.

Table 6.6: Multi-agency reports created for conference, by age of child and conference type

Form type	ICPC		Review	
	Pre-school/ baby	School-age	Pre-school/ baby	School-age
Multiagency template	3	5	18	30
No template	0	0	2	4
Total	**3**	**5**	**20**	**34**

Table 6.6 shows that there were 39 reports - 34 for children in reviews and five for children in ICPCs - where the child's views could, or should have been recorded. However, the children's views were recorded in this section in only two instances; this was for two children in Review Nine. In these two reports, completed by the same teacher, the comments were about the children's views on family relationships. One detailed that a child preferred to stay at her Grandmother's house rather than at home, and the other about the child's mother attending a celebration assembly. Thus overall there was very limited use of this section of the multi-agency report designed to record the children's views.

However, the multi-agency report could also include details of the children's views and feelings about their circumstances elsewhere in the template. Yet this was often limited, and in three of the eight conferences regarding children of school age there was no detail of this type provided in the reports. The instances that were found typically referred to children's views on their home life and relationships with their parents and siblings. One example was the such as in ICPC Three, where the school nurse report for Child Four records that he had been anxious and had expressed worries about the impact of domestic violence on his mother and brother. The report of a nursery manager and core group member in Review Six detailed the activities the boy enjoyed and used his reported speech about these, which gives a sense of the child as an individual and that the worker knows the child. With regard to parenting capacity it stated:

> {Child 3} talks openly and share personal experiences with both his peers and adults about events that take place outside of nursery such as going to the park and feeding the ducks with mummy going to McDonalds with Nanny" (Children's Centre Nursery Manager, Review Six)

In other reports by practitioners there was less detail given, but small comments conveyed children's feelings about their lives. For example, a school nurse's report recorded that a teenager, who was an older daughter in a large family, was happy to have more bedroom space following the move of her brother into residential care. In another conference, the views of one child were noted by a youth offending worker:

> Child 10 reports to feel safe at home, he says he enjoys the busy atmosphere of living in a big family. (Youth Offending Service Report, Child 10, Review 8)

This section has discussed the way in which children's views were presented in reports. Some report forms, such as the social worker's ICPC template and the multi-agency template, did prompt workers to record the children's views. However, overall the information provided about their views and the impact that the neglect was having on them was scarce. Where reports did include discussion of children's views, this was usually often recording if they felt happy at home or within the family. Detail about the impact that the neglect was having on children, in their own words was missing from the social workers' other practitioners' reports.

Conclusion

This chapter has considered some important features of pre-conference assessments, reports and attendance planning. It found these pre-conference processes and procedures influenced to the degree to which child protection conferences examine children's needs and promote a child-centred approach.

An effective and child-centred conference should include all services which have contact with the child and family to enable a decision to be made. Where these workers are absent, and particularly where a full report is not also provided, the child focus of the meeting is compromised. My study found a core of practitioners from children's social services, child health, and education frequently attended conferences. However, it also identified challenges in securing representation at conference from some from adults' services, specialist mental health services and GPs; and the lack of police attendance in some meetings. Some health agencies appeared to operate a policy of limiting health practitioner attendance which also tended to have a detrimental impact on the level and

quality of information about child needs and welfare that emerged at conferences. The absence of workers may reflect staffing and workload pressures within organisations, and perhaps also indicates that for some the child protection conference does not receive high priority. The location and timing of meetings were also factors influencing attendance of workers such as teachers or GPs.

Practitioners' work with children and families prior to conference was noted by respondents to be critical to the conduct of the meeting and the information analysed. Child-centred practice was identified as including the chance to meet with children individually, and visit them at home, on more than one occasion, to gain a full picture of their daily life. When pre-assessment work was compromised it could affect the child focus in the absence of the child's voice at conference and it could also contribute to the focus of the meeting being on the parents rather than on the child.

Practitioners reported to experience significant pressures in the time prior to conference which affected their assessment and preparation for conference. These included a stressful environment, with competing demands and urgent deadlines, high caseloads and insufficient staff to be able to provide the service response. In addition to support to help manage these demands, practitioners also need supervision to effectively manage the relationships they are building with the families and to undertake this work well. This is another area of practice which can be affected as supervisors also experiencing high caseloads and time pressures.

A central component of child focused practice proposed in this study is that it considers the impact of the neglect on the individual child. Conference reports could be child focused in detailing how the circumstances were impacting upon the child and specifying what action was required to protect them from neglect in the future, for example in detailing the positive benefits of adhering to a medication routine, or attending school regularly. Reports also provided an opportunity to detail the child's views (another aspect of child focused practice) and note the practitioners' comments from their work with the individual child or observations from meeting the family. The design of multi-agency forms in the City LSCB area was intended to prompt the recording of such information. However, in practice the data gathered indicated that reports did not always focus on the child and their lived experience. There was a lack of discussion about the impact of the neglect on the child in multi-agency reports and minimal discussion of the child's daily routine and lived experience. Furthermore, children's voices in the conferences reports were not strongly represented, in the social worker or other practitioners' reports. Reports for children in large families were often repetitive and duplicated information.

There are several possible explanations for the lack of child focus in the reports prepared for conference. How the individual child is experiencing neglect may not be reported due to practitioners' worries about sharing the information with others, and reluctance to make judgements on paper, preferring to do so in conferences instead. Similarly, they may not feel comfortable in reporting children's views in this way. It may also be indicative of the different professionals' attitudes towards the purpose of conference and their role in it.

Chapter 7: Child, Parent and Family Participation in Child Protection Conferences

Introduction

This chapter sets out the study's findings in relation to the important issues of child, parent and family participation in the child protection conferences in cases of child neglect. Attendance at conference is one aspect of participation, and it is vital that children and parents are well-prepared, enabled and supported to participate effectively and in a meaningful way, as the previous chapter has discussed. Children may also contribute to the conference process without attending, and make their views known through forms or other methods which will be discussed. It is vital that parental and family participation in conferences is orientated towards consideration of children's needs and safeguarding child welfare. This thesis, in addition, strongly supports the importance placed on effective and comprehensive participation of children and young people (or effective and comprehensive representation of their concerns and views) in conferences as central to child-centred practice.

Children's participation and parental participation within conference are examined in this chapter. Data from the conference sample is considered, exploring children's participation in the conferences and how their views, feelings and experiences were obtained and represented. In examining this, it draws on models of participation outlined in chapter two (Hart 1992). However, such models, which were often developed in youth or community work settings, do not always easily apply to child protection processes which have greater elements of the use of statutory child protection powers on the part of professionals and involve severe concerns about child welfare requiring 'muscular' and 'timely' interventions in families when necessary (Parton 2014). Further, participation in the child protection arena has to consider both the welfare of the child and their rights, as well as the parents' rights and their welfare (Healy 1998; Healy and Darlington 2009). This chapter examines these issues. It also considers how parental participation can be a key factor in ensuring that information sharing and decision making in conference is child focused. It considers the nature of participation in the conferences within the dataset and the views of practitioners.

Children's Participation in Conferences

This section will consider the practitioners' opinions on children's participation and involvement in conferences and the data collected from the conference dataset in respect of this.

Children's Participation in the Conference Dataset

Of the fourteen conferences examined, seven included children over the age of five, and six included children of 12 and over. The remaining seven were mostly babies under the age of one although one was for nursery age children aged four, two and a baby. Using this age division is somewhat arbitrary, but it has been chosen as it aligns with the age banding used in the consent process for the research (as discussed in the methodology chapter). On this basis, there were seven conferences where children's participation was highly possible. Some basic information about children's participation in the conferences is provided in Tables 7.1 and 7.2 below.

Table 7.1: Child participation in the conference dataset – by family

	Conferences	Number of conferences
Some children from the family attended	R3, R9	2
Wishes and feelings forms read out	R3, ICPC2	2
School-aged children, no formal participation	R4, R7, R8, ICPC3	4

Table 7.2: Participation of school aged children in the conference dataset – by child

	Number of children	%
Child attended conference, with assistance	2	8.3
Child attended conference, no assistance provided	1	4.2
Wishes and feelings forms read out	2	8.3
School-aged children, no formal participation	19	79.2
	24	**100**

Table 7.1 shows that of the seven conferences concerning school aged children, there was child participation in three of them. Children attended two conferences, both of which were reviews. In two conferences a 'wishes and feelings' form was used to enable children's opinions to be directly conveyed to the conference. This was a standard form

used by the LSCB that comprised four sections titled: 'I would like the meeting to know:'; 'I want to ask'; 'This is how I feel'; and 'Finally I feel…'. This form was used in two conferences in regard to five children and coincided with the use of children's advocacy service. Table 7.2 shows that the majority of school-aged children in the conferences in the sample did not contribute their views by any formal participation methods of attending a meeting, submitting a written report for the conference or being represented by an advocate. This low level of formal participation is in keeping with levels found in other small studies of children's participation in child protection conferences (Cossar et al. 2011; Sanders and Mace 2006). A continuum of involvement was evident in the conferences, including prior consultation and discussion of the children's views by practitioners, through to their direct participation in the event. Children's attendance at the conference, a key way in which the event could be child-centred, was not part of the majority of meetings in the sample.

Children's Attendance at Conferences in the Conference Dataset

Children were present in two of the fourteen conferences in the sample: Review Three and Review Nine. The two conferences where children attended and participated in the meeting had a different approach to children's participation. Although they had the same conference chair, and both reviews included children of a similar age, the families did have different social workers. In Review Three, the children's involvement in the meeting was structured, based on the format used for previous reviews and the chair agreed this with the parents at the start of the conference. In this the two children who participated in the meeting joined the event for only a limited section, in the agenda item discussing their developmental needs, and they remained in the waiting room for the rest of the meeting until returning to hear the outcome at the end.

Formal procedures had been used to gather the children's views, through the use of a 'Wishes and Feelings' form' which had been completed with an advocate at school prior to the meeting but these were not made available to the researcher. The absence of the paperwork for these forms suggested that perhaps they were treated differently compared to other conference reports. For example, a decision may have been made by the chair to not make these forms available to all practitioners and parents prior to the meeting, and perhaps respecting the children's wishes to do this. The forms that the children had completed for two previous reviews were available in the files seen by the researcher. These were also completed with the children's advocate and detailed how all the children were not happy with children's social care being involved with the family. Both boys

stated that they wanted a new social worker. For the first review, the daughter had said she felt *"upset and frustrated that my family is getting stressed"*.

The audio recording of the same conference in the dataset indicated that at this review, the children were comfortable talking in front of the practitioners, some of whom had been working with the family for almost two years. This was apparent in the humour they used, in sharing jokes about their siblings, and the length at which they spoke. The 'developmental needs' section of the meeting, which they attended, lasted for 20 minutes (Child 3) and 26 minutes (Child 2). The chair asked Child 3 how she would like to contribute and the 15 year old contributed throughout this section. A dominant topic was this girl's feelings about a recent argument, which was referred to in the social worker's report and caused debate and discussion in the meeting. The chair initiated this discussion by inviting the girl to explain why she was upset. Although this was a difficult topic, the girl was able to explain her point of view, with support from the social worker. The girl also made her views known about the condition of the house and how this was negatively affecting her. Before she left the meeting the chair asked the girl if her form could be scanned onto the computer system, which implied that a wishes and feelings sheet had been completed, but this was not available in the documents for the researcher. Child 2, who was 13, also attended this meeting. The chair was more directive in structuring his participation, and requested comments, first from parents and then the practitioners present. The child did contribute to discussion, however, by offering comments and questions throughout. After this he was invited to make his contribution, using the format of him reading out his report, presumably submitted as his 'Take Part Form'. In doing so, he referred to his feelings about the household conditions, his mother's health, contact with his father, his medication and his wish to not be a subject of a child protection plan. It is also of note that this child shouted a jubilant 'yes' when he returned to the meeting for the section to be informed of the meeting's outcome – which in this case was that a child protection plan was no longer required.

In Review Three there was evidence that the children's views were heard, were recognised by the chair and were influential in informing decisions and actions. Their views about their home situation and the neglect they had experienced were directly sought. A number of factors could be identified which could explain why this was the conference in the sample with the greatest level of participation by children. There was intensive family support work offered to the family, from a specialist project worker as well as a social worker and in addition to this the children had an advocate representing their views. The review conference was held after the children had been on a child protection plan for almost two years, thus there had been time to build relationships with

the children and family to facilitate this work. Practitioners had clearly made arrangements to gather the children's views via the use of the advocacy service. However, it was not clear whether it was the social worker or another practitioner, such as a teacher, who had made these arrangements. The same chair chaired the meeting as for previous reviews and they ensured children's participation was sought, valued and an expected part of the conference process. With regard to the two eldest children, their participation in conference was not simply a way to inform, or make their views known, on matters such as the need for a plan or their preferred social worker, but also in contributing to the discussion about how the neglect had affected them and impacted on their daily life. This form of participation aligns to Hart's level five of children being 'consulted or informed' (Hart 1992) or Shier's third level which is 'children's views are taken into account' (Shier 2001). This applied to all three children who made their views known via the use of advocacy. It could be argued that by attending the conference the two older children were on the way to the fourth level of Shier's model where children are 'involved in decision making process'. However, whilst they were present in the meeting, they were excluded from the section of the meeting which discussed whether a child protection plan was still required and their parents remained in the meeting throughout. Despite their exclusion from this part of the meeting, the children's views that the home conditions and, for the boys, their health had improved, were used as evidence that the situation was better for them, backing up the decision that a child protection plan was no longer required. They were however, informed about the decision immediately after it had been made, when they were invited back into the meeting. This indicates that the meeting respected the children's need to hear this result and suggests a sense of accountability to them. The children's contribution to this conference made it a child focused event

The other conference where a child attended was Review Nine. Here the eldest of the four children in the family was present and remained in the meeting with her mother up to the point that her mother decided to leave, and she left with her. The chair checked whether she would like to stay at the start of the meeting and the young person and social worker confirmed this was the case. The chair noted that this would mean that she might hear upsetting information and that her siblings would also be discussed and said she could leave the room at any point. In this way, the young girl was being treated as a mature, independent person capable of making her own decision about whether to participate in the meeting.

A key difficulty in the review period had been this girl's school moves and her attendance at school. During the 'developmental needs' part of the meeting she was asked explicitly for her views on three occasions, twice in regard to attending school and once about her

relationship with her mother. However, she did not provide much detail in her responses, which were very brief and often just one word, requiring prompts from the chair. This suggests that her preparation for conference had not been very extensive (for example, no advocacy support was used) and that other methods to elicit her contribution may have worked better – such advocacy or a written report. The case file information for this family did not state that any wishes and feelings forms or similar exercises had been undertaken with her or any of her siblings during the eight months they had been on a child protection plan. Thus whilst the conference process was listening to the children (Shier's level one) where they had made their views known, they had not been enabled or supported to express their views (level two) so their participation did not advance beyond this first level. The eldest daughter was present for most of the conference, including when the decision to retaining the child protection plan was being discussed. However, she was present in so far as she was listening to the discussion, but the discussion was not based on any contribution, therefore it could be argued that her participation was not meaningful, particularly when compared to the earlier example of Review Three. This illustrates that the idea of a 'rung' or progression of participation as proposed by Hart (1992) and Shier (2001) can be useful in setting out the necessary work which is required to involve children in decision making processes.

Professionals' Views on Children's Attendance

Children's attendance at conference was reported by many respondents to be rare. In seeking to understand this, one factor which emerged was professionals' ambivalence about the benefit of children and young people attending the conference. Minute takers remarked that children's attendance at conferences was unusual but on occasion it had been useful and encouraged the meeting to the focus on the child's experience:

> ...and then you get the child's views and then the child goes off. So that bit's different and I suppose sometimes they'll refer back obviously if the parents are there, they'll refer back to them and say "well you know Jimmy said this - what do you think?" and that does actually get the parents thinking a bit more. You know because the child has made their views known. (Minute Taker 6)

This shows how children's presence and contribution could be used by the chair to constructively challenge parents within the conference. Chairs also reported that children's attendance at conferences in cases of neglect was rare, but could be positive:

> ...but for neglect cases, I can't think of a case where a child's attended a conference for neglect when it's about them. But when I have had young people attend I've found it really beneficial because if they feel brave enough they're able to put their view across. (Chair 2)

This comment raises questions about whose role it is to foster such 'bravery' in children and whether child protection conferences about the child should be meetings which require the child to be 'brave' in order to participate in this way. Sufficient preparation and attention to the process could enable children to participate in the meeting in ways that acknowledge their fears about the process and seek to reduce their anxieties. This was apparent in Review Three in the sample where advocates were involved in preparing and supporting the children. However, the study did not seek children's views and experiences about participation in case conferences, so it was not possible to examine if they felt courageous, fearful or any other emotions during the meetings they attended.

Other practitioners demonstrated commitment to a child rights perspective, particularly in relation to the participation of older children, stating that they should be given the opportunity to attend decision making meetings about them:

> Well it depends on the ages you see. I'm thinking of some young teenagers 10, 11 up, who it can be a really cathartic experience for them because they know all this stuff's going on, there's suddenly all these people have turned up, suddenly all these people are asking them weird questions and they know that there's some kind of meetings and they don't know what they are, and I think you know to have that opportunity to come, because they know that there's this person. They all get told that this person called the chair will do this this and this. (Chair 4)

Similarly, this chair emphasises the right of older children to participate and also notes how the child's participation is associated with securing positive outcomes for them:

> ...their views need to be represented and sometimes the best way to achieve that is for them to actually attend and I think that is particularly the case with older children, not just because they are near-adults and they have rights and so on to be heard in that way and often have the social skills and psychological strength to do it, but also actually you can't protect older children without engaging them in their own protection. (Child Protection Manager 1)

Chairs felt that children's attendance was low and was an area that needed 'more work'. They discussed how they included children in conference when they did attend, not only in their verbal contribution, but also by encouraging them to write down their thoughts if they did not wish to speak during the meeting. They also emphasised the importance of meeting with a child beforehand who expressed an interest in attending conference to help them decide if it was appropriate (as detailed in the national guidance discussed in chapter four). This did not seem to have happened in any of the conferences in the sample.

Some practitioners, including some chairs as well as police officers and teachers, expressed concerns about children's presence at a child protection conference as it could have a negative impact on them:

> Well to come and to sit there and to give, to be asked to participate in a
> professional meeting, a lot of the time they have to walk out they're so visibly
> upset and then they can't get the point across that they want to. And obviously
> with court room situations we video for the reason that that is best evidence, and
> you know in some respects I think can some other way be used other than
> physically putting the children in that room, for them to put their point across?
> (Police Officer 1, Focus Group 5)

One chair, who had a background in policing rather than social work, the latter being more
common, cautioned about the detrimental effect of children listening to the information
shared, and stated that other methods of children's participation in the proceedings were
preferable:

> I must say I am not a fan of children attending conferences because sometimes
> there's a lot of people there and you don't know how people, well how parents in
> particular are going to behave and once they're all in the room together you can't
> control that (Chair 3)

The professional background of this chair may explain their protectionist stance towards
child involvement in conference, yet other chairs did also consider the child protection
conference to be a difficult event for children to attend. They noted that the conference
could provoke strong emotional reactions in parents, which could lead to difficult
situations or behaviour, such as anger or upset. This consideration may be more of an
issue in the case of ICPCs compared to review conferences, where practitioners have had
less time to build a relationship with the parents prior to the conference. This reflects
opinion expressed in other research studies (Bell, 1999, Birchall & Hallett 1995). Whilst as
Bell (2011) notes, practitioners must consider the impact of the information shared at the
conference on the child who is present, others (Sanders & Mace, 2006) argue that adults'
views about the impact of the meeting on the child should not be a reason for limiting their
participation. Their research found that a flexible approach to children's attendance and
participation in conference can promote participation and that this must be combined
with sufficient preparation of children prior to conference.

Preparation of children, and considering the best format for participation in conferences
were discussed by the chair below, who said that if a child expressed an interest in
attending conference they would try to meet with them before the meeting to help decide
if it was appropriate:

> I will always ask as part of my role, either has the child been invited or where's the
> child contribution for conference? Has the child completed a 'Take Part Form' or
> has the child asked you to represent their wishes and feelings? And if the social
> worker thinks about it enough beforehand they can have a conversation with me
> about you know child X, young person X is thinking about coming to conference,
> what do you think? So then at least I can have that discussion about, well I'm happy
> for them to come to conference or I'm not, if I'm not what the alternative offer is
> which is to meet with the child to have a discussion with the child, or to look at

how we manage the child being at conference so it's not damaging to them so that they can contribute safely. (Chair 4)

This work is part of the chair's role specified in local and national guidance (as detailed in chapter four). Such guidance is rooted in a consideration of what is in the best interests for the child, in protecting them from the perceived or potential dangers from attending conference and making sure they can 'contribute safely'. However, it also recognises the rights and the agency of the child in noting that children should be spoken to and asked about their views prior to conference – and that concerns about their welfare should be informed by a commitment to doing this. This is a child-centred approach which positions this task as important work that must be done as part of the conference process.

I know sometimes when children have been involved, they'll have just, literally just have them in for, say what they want and then the child will leave rather than maybe be subject to what all the concerns are. It depends on the child really because it could be seen as abusive to subject them to all that, but on the other side you want to get what their view is and opinions are. (Minute Taker 3)

The link between children's participation and a child focus to the meeting was explored in interviews and focus groups with practitioners. Many comments came from minute takers that participation, either at consultative level or through being involved in decision-making of children at conferences, could bring a greater degree of child focus to the meeting:

You tend to get much more truth of the matter if the child is there. (Minute Taker 12)

Yeah because that's the only time that you probably see that it's highlighted that the child doesn't like the way that mum and dad are constantly arguing, and though you probably know that it sort of brings it home because it's there in black and white. And some of the drawings that they do are quite explicit. (Minute Taker Supervisor 2)

This may reflect that this is the only time these administrative workers encounter the families. However, this may also provide a different view on children's participation in conferences, and the view of administrators or business support staff which is not often heard in child protection research. However, others felt that a conference could still be child focused without the child's participation and that this could be achieved by the practitioners eliciting children's views and representing them at the meeting, not necessarily through the children attending the meeting or completing a set proforma. The way in which children's views are represented by others at conferences is considered in the next section.

Use of Children's Advocacy Services in the Conference Dataset

A children's advocacy service was in use and was encouraged in the City LSCB area. The views of children were presented by advocates in two conferences in the sample (Review Three, and ICPC Two). In both cases, the worker from the advocacy service represented their views which appeared to have been gathered using the 'Take Part Form' as a basis for discussion with the child. The documents for both conferences do not refer to the decision to use advocacy workers for the children, nor did the conference meeting. Therefore it was not possible to ascertain whether it was the chair or social worker's decision to facilitate their participation in this way.

In ICPC Two, an advocate from the advocacy service attended to represent the views of the older children. The older child, who was 17 was too old to be the subject of a plan, yet her views were listened to by the chair because she had completed a form for the advocate when they visited the house. This indicates that the views of the young person on family life were being given some consideration by the meeting. Such inclusion of older siblings was not seen in other conferences in the sample, such as Review Eight where the eldest brother of the family was reported to be acting in a parental role but was not included in the assessment or meeting. In ICPC Two the views of the 17 and the 14 year old girl were also put forward. Both girls' wishes and feelings forms expressed their wish to not be subject to a plan and defended their mother. They referred to the incident which had led to the conference and discussed her drinking.

> We are perfectly fine and have been for the past 14 years before you were ever involved, I don't know, what happened with my mum at the pub that day because there has never been a situation like that before and by the time I got home erm about how after the phone call she was OK as if she'd only had one or two drinks. (Older daughter's statement, ICPC 2)

The chair then commented on this immediately after the second child's statement was read out:

> I think one of the points that I would say about that is she said when you returned home you were fine, as if you've only had one or two drinks and I know from previous involvement that {older daughter}'s been very aware of the amount of alcohol that you've drank and that speaks for itself really, she, she erm has quite a lot knowledge about your alcohol misuse doesn't she? (Chair, ICPC 2)

Therefore, although the young woman made her contribution to conference to petition for no children's social care involvement with the family, the chair used her contribution as evidence of the negative impact of the mother's alcohol use on the children in the family. It was not clear whether the younger children in the family, aged six and eight, had been given the option to participate when the advocate visited the house as this was not commented on in the meeting. The advocate simply stated after reading out the 14 year old's statement that she *"wasn't actually asked to see the other child"*, referring to the 17 year old who completed a form which was heard. It was not apparent who requested the use of the advocacy service for the family.

In Review Three, the children had all met with the advocate to completed wishes and feelings forms prior to the conference. The advocate accompanied the two older children to the meeting and also read out the youngest child's wishes and feelings form. For this child, who had autism, the advocate commented that obtaining his views in the school's sensory room had been difficult. His comments were about life being better at home, what activities he enjoyed with his father and his wish to do 'cool' things with his social worker.

Whilst the use of advocacy in the sample was only found in two conferences, there was evidence of how formal structures could be used to enable children's participation in the meeting. There was flexibility in using the service, either as a way to put forth their views in their absence, or to facilitate their attendance. Utilising mechanisms to support participation in such a way were strong indicators of child-centred practice. In addition, in the examples seen, the advocacy could be used to evidence the impact of the neglect on the children, which is a further marker of child focused practice. Practitioners could also represent the views and opinions of children in conferences in other ways which are discussed in the following section.

Representation of Children's Views in Conferences by Others: Conference data

Several social workers discussed what they perceived as the difficulties of engaging with children in some conferences. This was the case in ICPC Two, where the teenage daughter did not want to speak with the social worker for the family, and her views on the situation were read out by an advocate (as discussed above). In the conference the ease with which she spoke to the advocate, compared to the social worker was evident and commented on

by an exchange in conference between the chair and the advocate. Furthermore, the use of advocacy meant that despite her reluctance to engage with social workers, there was at least some representation of her views within the conference. However, in Review Nine, where such work had not been done with the child, there was minimal representation of his views. It appeared that those present had not been able to speak to him and to discuss his feelings or views about his current home life. This resistance indicates that significant persistence and different approaches are needed, particularly in engaging young people in their child protection plan. There was no-one at the conference or involved in the core group who had a good working relationship with him. This relationship is key to being able to ascertain the child's 'authentic voice' (Archard and Skivenes 2009b). The conference discussed that he enjoyed activities at the youth club but there was no one at conference, or involved in the core group, from this youth club. Similarly, no advocacy work had taken place with the children in this family.

There were families where the social worker appeared to have developed a good relationship and communication style with the children in the family, and was able to represent their views at conference. This was seen in both ICPCs and reviews, so did not appear to be simply the product of a longer working relationship between the child and practitioner. For example, as discussed in the previous chapter, in ICPC Three, which was an initial conference following an incident of neglect with police involvement, the social worker's report referred to the children's views about the home situation, based on her discussions with them at the time of the police incident and then again, after the children had been returned home to live with their mother following a period of temporary care with their grandparents. In Review Seven the social worker was able to report directly what the children had said about their home life, and he reported that the two boys were 'smiley and friendly' now that they were used to him, and would speak to him during his home visits.

> Chair   OK, how's erm {Child 3} when social care have visited?
>
> Social Worker: Actually very engaging, I mean one to one he'll just tell you all sorts of things [laughs] just won't care, but he's just always smiley and friendly and um, I had a chat with them all upstairs in their room last night, and he was telling me about how he'd had a bath last week and he was in there with {Child 2} and {Child 3} had pushed him on the taps and he'd hurt his leg.
>
> (Review 7)

Whilst the social worker stated that they appeared '*happy*' overall, the information was not used to describe the children's feelings about the situation and how it was affecting them. The social worker did not present their views about their lives, but instead, the children's reported speech was used to provide evidence of the neglect and to offer a

different version of events than the one put forward by the mother. For example, reference was made to the children's descriptions of the frequency of baths or details of which family members visit the house. It may be that due to the young age and poor development of the children the social worker had decided not to directly discuss the children's feelings about the situation with them. It was not clear if any direct work had been done with the children to elicit their views about their home situation, other than visits from the social worker.

The chair could promote the representation of children's voices within conferences by directly asking for their views. Within the recorded conferences one of the five chairs was observed to ask about this as a matter of course, for example in commenting that a seven month old baby was too young to have done any 'work' with the social worker. Nevertheless, asking about this work, did not lead to this work taking place, as Review Eight demonstrated. In this review, the chair and the social worker acknowledged that the large family size had made it difficult to speak with children individually. The senior social worker present commented that once the outcome of the meeting was known, 'direct work' to ascertain the children's views would start. The children's worker who would be allocated this task was also present at the conference. Yet it is of note that the minutes of the first three-month review conference (six months prior to the sample conference) also stated that this work was required. These minutes also note that due to a lack of staff, a permanent social worker was only recently allocated to the family. This suggests that structural problems to do with staffing and resources available in children's social care were also affecting the ability of workers to be child-centred. Despite this, the perspectives of the older children were occasionally referred to within Review Eight, with the majority being for Child 8, a 12 year old girl who frequently absconded from school. A worker from the youth offending service discussed her possible motivation and feelings as an explanation for this:

> I've talked to her about exploitation; her response is I'm not that stupid. She doesn't see it as a real threat, she rings us. (Youth Offending Service worker, Review 8)

Thus in this conference, unlike in Review Nine, the professionals who were working with the young person were able to represent her opinion in the meeting.

In some conferences although the children's views had been presented in the reports, they were not referred to within the meeting. In Review Four, the social worker's report referred to the 14 year old girl's views on home life and her relationship with her mother and older sister. The views of her younger siblings (two of whom were of primary school age) were also mentioned, insofar as noting that they *'do miss'* their brother who was in

residential care. However, these comments about family life were not brought up in the meeting by the social worker, or asked about by the chair. The conference data overall, therefore, indicated variance in the degree to which practitioners were able and willing to represent the children's point of view within the meeting.

Practitioners' views on mechanisms to represent children's views in conferences

The interviews with practitioners explored their perspectives about the 'child participation forms' and advocacy services used to promote children's participation and represent their views and experiences as well as other practices and mechanisms in this aspect of conferences. Many chairs stated that formal mechanisms, such as these, could encourage practitioners to seek children's views:

> I think what needs to, and we've talked about this, I think it needs to be a specific agenda item, so that the workers know, how has the child been consulted? (Chair 5)

The inclusion of an agenda item to consider children's views was argued for by Schofield and Thoburn (1996) back in the 1990s but was not routine practice in the LSCB areas studied. More broadly this aspect of practice and structures within child protection conferences is significantly under-researched. Good practice in this area could promote children's rights and a child-centred approach.

Practitioners were asked if the forms used to assist them in engaging and communicating with children about their welfare and needs were useful and effective in eliciting children's views and perspectives as illustrated in the extract below:

> Int: Is that another thing that can help to keep the focus on the child?
>
> Chair: I think it does because they're in the room with you aren't they? Because their wishes and feelings are on this bit of paper that I've read out or I've asked someone else to read out and it's there and people can see that, and they've drawn a picture for us or whatever and depending on their age or the things they've written down, they're there aren't they? They are their wishes and feelings in their own hand sitting on that table for all to see.
>   (Chair 7)
>
> Yes, yes it does because you can see the child's... you've got the child's perspective on it. You know if it's a document from an older child who's really got thoughts about this then it does, I think it really draws the focus back, it's a really effective tool I think if it's used properly. (Minute Taker 4)

The way in which the child's wishes and feelings forms were used in the conferences were explored with practitioners. Some chairs said they treated the document as a report, that is to ensure it was tabled for discussion within the meeting along with others from all participants (except parents, who did not have a 'report' or a wishes and feelings form but

were expected to attend conference). Others felt that there were times when it would not be useful to read it out, and chairs and social worker stated that they consulted with young people about how they wanted their views to be expressed in conferences. In the conference sample the wishes and feelings forms which had been completed for children were always read out.

The social worker below described how she used the completed forms and incorporated an explanation of the conference processes to children and gained their views. She stated that this work included checking with children how they wanted their information to be shared.

> We use a lot of consultation papers about their wishes and feelings, what do they think. But normally children five and over I normally work with them with the plan, they actually know that it's a plan and it's kind of rules really that we all have to work to. And I do talk to the child about "you know we've got that big meeting soon". They don't necessarily understand whether they're at risk of significant harm, but they understand there's a big meeting and I do quite often say "{I have] to write a really big piece of homework, can you help me with the homework?". And I always say, "what you write on the homework sheet mum can see, or shall we not show mum?" and I always give that advice. Normally you'll get something from the child then about "I don't like it when dad does this" or "this is good about mum". (Social Worker, Focus Group 5)

Others gave examples of when children's forms were used effectively in conferences, and noted that this would reflect the direct work practitioners had done with the children in this activity:

> [worker] brought this to conference, and they really understood what it was all about, and I think it was because she'd sat down and she'd talked to them and they were very aware of the situation, and all that, and I mean those sheets we could have just cried couldn't we? (Family Resource Worker, Focus Group 4)

Thus the use of such reports could bring a greater child focus and consideration of the child's experience for parents and practitioners in the meeting when the child was not present. This indicates that the work with the child to complete this was critical. In contrast, when completing this form was not facilitated by a worker, it could lead to other challenges:

> er, I think probably when they've not worked so well is when they've been allowed to complete them at home when there's been no workers there and it's been the parents' influence into what goes down which makes interesting reading because it's usually "I do not like the social worker and I want social care to go away and leave us alone, and it's their fault that we're on plans". You can kind of sense that actually there's been a - parents have influenced the comments. (Chair 2)

This illustrates that it is difficult for children to express their experiences of home life, and to convey how the neglect has affected them. The support of a worker who the child trusts and can work with is critical, if their true feelings are to be conveyed to conferences.

Archard and Skivenes (2009b) describe this as listening to a child's "*authentic voice*" (ibid. page 396) and emphasise the importance of ongoing work with children to allow them to develop and put forward their own views, which may be in opposition to that of their parents or social workers. Children's understanding of their situation and experience of neglect presents an additional challenge to workers when conveying these views. Many of the comments made by workers about children's participation were not specific to working with children who have experienced neglect. However, one worker did comment that a particular difficulty in cases of neglect can be that the child may be so accustomed to their circumstances that they do not perceive the problems in the same way as the practitioners:

> We do have 'take part forms for the young people. Now they don't, the difficulty is for a child of a certain age they don't really understand necessarily what the concerns are […] for children to try and sort of understand that we are concerned that their needs are being neglected when actually they've never known anything different, how would they know what we are aspiring to for them, on their behalf. They wouldn't have those aspirations because obviously they've been brought up in 'this is what life's like' their home conditions are like that, so it's quite difficult as a concept almost. (Social Worker 1, Focus Group 4)

Although this worker was discussing younger children, their remark chimes with the research findings of Rees et al. (2011) who studied adolescent neglect. They found that children may have a different understanding of neglect to professionals and comment that children may not recognise their experience as neglect.

There was also criticism of the use of the children's participation forms. For example, the chair below questioned whether the purpose of the form was to ascertain children's views about the need to be on a child protection plan or their overall views of their current life and family circumstances:

> I think sometimes there's a real gap between what we say in terms of wishes and feelings, and actually what we want which is an understanding of what it's like to be that child in their life. So I think what you get is this sort of pursuit of something that's absolute gibberish to children, which is "do you think you need to be on a child protection plan, what do you think of this?". Because I think that's an adult way of thinking, it's not a children's way of thinking. 'Do I love my parents? well of course I love my parents', I'm not sure what social workers sometimes expect children to say. (Chair 9)

Staff reported that the forms were not always used and some felt that children could get bored with completing the same questions for every conference. Other formats for gathering and representing children's views were suggested by this chair:

Well things like erm you know writing a letter to conference, writing a report to conference with the older kids or doing a tape recorded interview that sort of stuff. Or for the, you know for the social worker or somebody to do a piece of sort of play work or something to, to give the child's views rather than being dry 'what makes you happy, what makes you sad' all that sort of stuff. You know they're good questions to ask but it is a bit dry. (Chair 3)

This indicates that chairs had useful knowledge and could make suggestions about what would constitute a more child-centred way to include children in conferences. Yet there were barriers to using these in practice, which was evident in the low use seen in the sample and reported by practitioners.

An independent children's advocacy service in the City area was another mechanism which could facilitate the participation of children in conferences. As discussed above, this was used in two conferences in the sample. Chairs and minute takers said that there had recently been a drive to encourage uptake of this service particularly at the ICPC set up stage and practitioners in the area were positive about the availability of the advocacy service:

Yes I've had a few meetings where that's been very good and they've come and give the views of the young person and usually they've gone through a sheet with them. (Chair 6)

I think that when it's done right I think that works really, really well (Police Officer 1, Focus Group 5)

The role of the chair to encourage participation and refer to this service were issues raised in interviews. One chair, who had previously worked in the local authority as a service manager, remarked that she reminded social workers to use the advocacy service when she first took on a conference:

...just reminding workers that if they're struggling for time that facility's available, some people take that up very well, other people just don't and I flag it up when I agree to a conference, can you consider how you're going to make sure the child's views are represented and if you need them to attend. (Chair 5)

However, another chair, who was new to the post and the area, said that they did not see it as their role:

I would expect that someone would tell me but I don't ask I'll be honest with you, I don't ask if children will be coming along (Chair 9)

This shows how the act of gaining a child's views can be omitted in child protection processes if it is left to one individual to arrange and that there is some lack of clarity about which professionals have responsibilities in these regards. The manager of the

chairs in the City area stated that they were trying a new proactive approach to promote the use of advocacy, in directly referring cases to the service themselves:

> Rather than leaving it for the social worker to request it and to make that contact we are actually being proactive and passing that information through to [advocacy service] for them to make contact with the social worker. (Child Protection Manager 1)

Thus the provision of advocacy in this way can recognise the challenges of time pressures on social workers and also treats advocacy as an expected right for children rather than an optional extra that only happens if there is sufficient time. The findings of this study echo those of Sanders and Mace (2006) and Bell (2011) who highlight the key role of the conference chair in facilitating children's participation in conferences.

Parents' Attendance and Participation in Conferences

Having examined children's participation in child protection conferences and practitioner perspectives about this; the second half of this chapter examines parental participation in conferences. It will consider the attendance and non-attendance of parents in the conferences in the sample, practitioners' views on parental attendance; how challenges in parental participation in conferences can influence the child focus of the meeting, and practitioners' views on this.

Parents' attendance in the conference dataset

The majority of conferences in the sample (12/14) had at least one parent present for all or part of the meeting. Mothers attended 12 of the 14 conferences in the sample. In five cases, the father or step father attended the conference as well as the children's mother. There were two conferences where no family members were present. Furthermore, there were two conferences where another relative attended in a supporting role for the mother.

There were ten families in the sample with a father or fathers involved with the children to some degree. In five cases the fathers or step-father was present at the conference. In a further five meetings the father of one or more of the children was involved with the family to a varying extent but did not attend the meeting, and as noted above, in two conferences no parent was present. Reasons for this non-attendance, usually reported in the conference by the social worker to the chair, included being at work, or, as was seen in two cases, the father was sporadically involved in family life, but avoided meetings with the social worker and other practitioners, and effectively opted out of the child protection process. There were four cases where no father or father figures were involved in the

family and thus they were not included in the conference. In one case, the father's contact with his baby and ex-partner had been actively discouraged due to the risk he posed to the mother and child. In other cases, the mother had not retained contact with the children's father/s after separation. This complexity of family life and father involvement resonates with the key themes and studies reviewed in the earlier chapters of this thesis. It indicated challenges posed to conferences, and child protection processes more broadly, in understanding and assessing the child's world and ensuring a comprehensive picture of their life and experiences of family and personal relationships are gained.

There were three conferences where parental – mother and father - non-attendance was a factor: two conferences where neither the mother nor father attended and one conference where the father had one of the three children subject to a plan living with him, but did not attend the meeting. In these instances, with the exception of a mother who was at home looking after her sick child, the family's social worker reported difficulties in engaging with one or both of the parents. These are discussed further below.

The attendance of other family members at conference was rare among the conference sample. In two conferences the mother was accompanied at the meeting by a family member, in one case the children's grandmother, and in another the unborn child's great grandmother. In both cases the grandparent's role within the conference was more supportive than contributory. Where they did contribute, it was to support positive points made by the social worker or parent. None of the parents in the conferences were supported by advocacy workers although in one conference support from a parent mentoring service was suggested by the children's advocate during the planning section of the conference. In some conferences the support given by wider family such as grandparents and aunts was discussed, but these family members did not attend the meeting nor had they participated in the assessments.

In Review Eight the mother's relationship with the fathers of the children was reported to be difficult and these men were not really involved in the family. However, there was an older child, aged 19, who lived at home and was reported to have a significant role in caring for his many younger siblings. His absence from the conference was notable and support for him to attend and participate did not seem to be in place or considered. To not include one of the children's main carers in a meeting about them, appears to be an oversight, and one which reduces the capacity of the conference to consider the lived experience of the children. Hence this could be seen as failing to take a child focused approach. It was not clear whether this omission was because the practitioners did not want to encourage his role or had a limited notion of 'family' participation in their assessment and work with this family. It may also have been the case that workers had not been able to develop the mechanisms

to support this family as the practitioners described difficulties (in their reports and in the conference) in engaging with the mother and children in this large and *'chaotic'* household.

Practitioners' views on parental participation in conference

> The whole process, the child protection process is quite clear, it's all systemically there for them [practitioners] to follow but it gets skewed because you're dealing with human beings and you're dealing with their competing needs and you're dealing with their emotions (Chair 4)

Parents' emotional responses within conferences were identified by practitioners as presenting a challenge to remaining child focused. Reasons given were that the formality and the duration of the meeting could add to the tensions experienced by the parents. Respondents stated that parents could be in a highly emotional state at conference, namely: angry, upset, anxious and scared, and these emotions required management both before and during the conference to ensure that the meeting could retain its purpose of discussing the child. The impact of such emotions on the conference and on the work of conference was described by chairs, minute takers and focus group participants.

One type of emotional response of parents to the conference situation, or information shared, was of anger. Practitioners commented that parents could *'rant'* or be *'explosive'*. Such a response or behaviour from the parents could detract from the child focus, both in taking up time at the meeting, and in diverting the topic of conversation away from the child towards the parent. It is of note that the terms of 'battle', 'arena' and 'fight their corner' were often used by practitioners in comments about parents' interaction in conference illustrating how adversarial and challenging the conference setting can be:

> Sometimes the parents get so locked in to, particularly on initial conferences, into the battle -with professionals to prove their innocence etc. that actually they don't want to talk about the child at all so I think it's more often the parents that divert away from the child. (Chair 3)

> I've experienced a lot of parents coming who are there to fight their corner and to not have their kids on this register. And so the dynamic in the room is already pulling between, and that again I think deflects the focus on the child because it becomes, managing tense situation between a professional and the parents. And erm that's a real balancing act and I can understand that you end up pretty focused on what can be an explosive or difficult or aggressive person in the room, and trying to keep them at least behaving well enough to get through a conference. (Probation Officer, Focus Group 2)

A family worker also said that they felt a need to contain and manage the parents' emotional responses within conferences because they could have harmful impacts on the children during the conference and afterwards:

> So we're all aware that you, you don't want the child to leave with these parents that are so annoyed, you try to bring it down, it's, it is difficult when the parents have the reports and they're not happy with you and they're out there gunning for you (Family Support Worker, Focus Group 2)

This highlights the need for pre-meeting briefings and support for parents, as discussed in the previous chapter, and the importance of post-meeting support for parents and children. The challenge of managing information shared at conference so that the impact of the neglect on the child could be discussed, was highlighted by several respondents, for example this minute taker said:

> You know because I think you have got to be careful, with parents there's certain things I think you don't want to hear but, erm it's difficult isn't it because they can fly off the handle as well and storm out and then you've upset the situation and then you've got a social worker who's got to go into it. (Minute Taker 11)

This illustrates that conferences can discuss difficult topics, which may provoke strong response in parents. However, it could be argued that with sufficient preparation beforehand, this should not come as a shock to the parents. Some practitioners noted that it was important for parents to 'hear' what was said in conferences and to be aware of the reasons and concerns which indicated that the child required a child protection plan. However, others spoke of managing the amount of information discussed in a meeting – not wanting to 'go over everything again' in order to keep the parents calm and able to get through the meeting. Thus a balance has to be struck, and there was an element of withholding information to ensure that the conference ran smoothly. Examples of this were seen in the conference sample and are discussed in the next section. Again, the role of the chair seems extremely important in handling families' participation in conference and keeping the conference focused on child welfare decisions and considerations. Their work has to incorporate this participation into an event which also has set procedural goals. Nonetheless, it could be argued that a child-centred conference is one which results in a considered decision for the child or children, including discussing the planned work with parents. Thus, to manage their participation in the event effectively is part of a child-centred approach.

In other cases practitioners highlighted that whilst parental anger and emotions were a challenge in some conferences in others it was inability of the parents to prioritise the child's needs which caused difficulties in conference. This family visitor remarked that their work aimed to find a balance between addressing the parents' difficulties which may be affecting their parenting and which contribute to the neglect of the child, but also trying to keep a child focus:

> A lot of time it's so difficult in working with families that parents have their own agenda, and it's bringing it back to the focus of the child. Because you go in there

> and they will rant what's going on for them and we say "ok we can support you with that, to benefit the child and keep it focused on the child." And a lot of times it's their needs are greater than the child (Family Visitor, Focus Group 3)

The discussion in this focus group then went on to cover the challenges in responding to families experiencing multiple deprivation and disadvantage, and of working with migrant populations where there may be additional language and cultural factors which impact upon the parents' ability to access support. The extent to which the wider family context was discussed in conferences is explored further in the following data chapter.

Examples of challenging parental participation in conferences

There were examples of parents who could be classified as 'difficult to engage' with practitioners within the conference dataset. The mother of the children discussed in Review Eight was said by the practitioners to have manipulated the agencies involved with the family to divert attention away from the difficulties the children were experiencing. This was discussed within the recorded conference and detailed in the social workers' report. The mother arrived late for the conference and left after thirty minutes to attend a hospital appointment with the youngest child. During her time in the meeting she questioned the content of the social worker's report, using other worker's comments to defend herself. When her parenting capacity was discussed towards the end of the meeting, when she was no longer present, practitioners discussed how she was difficult to work with, and had manipulated events and appointments to appear "*proactive*". In this conference there was a lack of information about the children's daily lived experience and the lack of work to discover the children's views on their lives was also commented on by the chair. Decisions were based on practitioner judgements about the presentation of the children, and the parents, rather than consideration of the children's experiences and views.

A further example of a challenging experience of parental participation was in Review Nine. The direction of this meeting appeared to be highly parent-focused in the way in which the mother's anger, hostility and difficulty in cooperating with services dominated the discussion towards the end of the meeting. The social worker's report also seemed to be focused on the mother's difficulties rather than the impact of these on the children. For example the final analysis section of 'ongoing risk of significant harm to the child and need for a child protection plan' discussed only the mother's emotional state and engagement with the recent plan (as grounds to lower to Child in Need level) rather than stating how the risks to the children have been reduced regarding the household hazards, chaotic environment and 'a range of unmet needs and safeguarding issues' which were highlighted at the end of social workers report for the previous ICPC. Within the conference the discussion of the continuation of the plan centred on the mother's ability to work with the

practitioners and the extent to which she would do this if not forced to by the child protection plan. Although the challenges that the children were presenting were stated, such as the older children not attending school or being on 'acceptable behaviour contracts', the amount of time spent discussing what work could be done to address this was minimal in comparison to that spent on discussing the mother's engagement. An example of this is the discussion of the need for a plan, where the social worker spent 2 minutes 30 seconds outlining what work was required for the four children and at what level this should be, which is followed by 3 minutes 50 seconds of 'going round the table' discussion about if this should be at child protection plan level, after which the mother stormed out and six minutes were spent discussing her cooperation with practitioners. The mother's anger was evident in this meeting when she left the meeting early, following the threshold discussion about whether a plan was still required for the children. During the exchange the chair commented on her difficult body language, and before she left the room the mother stated that it was "*time for me to get a solicitor*". This behaviour was then used by practitioners as a typical example of how difficult it was to work with this mother. The decision making was discussed in terms of what the mother needs to do to demonstrate a 'real engagement':

> {mother} leaving the meeting the way that she has, is highlighting the concerns that people have got about is there a real engagement or isn't it a real engagement and she's got to demonstrate that she can continue to work with agencies. And the concerns that came to the conference in November were very worrying, very worrying indeed (Chair, Review 9)

Prior to this, the meeting did appear to skirt around some of the subject matter, however it was not clear whether this was to keep the mother 'on side' or because her 15 year old daughter was in the meeting.

There were also other conferences where work with the parents had been a problematic, due to difficulties with their understanding of the concerns and co-operation with the plan. In these cases, work was added to the on-going child protection plan to address this. For example, in Review Seven the use of the Graded Care Profile with the family was specified as a tool to further investigate the mother's difficulties in being able to meet the children's needs.

Practitioners' views on parental non-attendance

As discussed above there were two conferences in the sample where no parents attended and a further five where fathers who did have contact with their children did not attend conference. In these cases the non-attendance was often associated with poor engagement of the parents in the child protection processes which was discussed the previous data

chapter. Chairs and minute takers were asked if there was a difference in the child focus of a meeting when parents did not attend. Such meetings were rare, as this minute taker comments:

> I'd say it's rare really that there isn't a parent, at least one of the parents in attendance (Minute Taker 1)

However, in keeping with policy, parents would be absent from the legal section of initial child protection conferences. There were also occasions when they would not attend, as seen in two of the conferences in the sample. When this did occur, respondents said that there was a difference in the tone and in the flow of the discussion in the meeting. Practitioners stated that in these cases discussion of the concerns was more *'forthright'* or 'open' and one minute taker noted that more 'technical' language was used.

> Yeah I mean the idea is that you, if parents are there everybody is supposed to be open and direct and honest, about what the concerns are but I think as in any case if the parents aren't there people tend to be a lot more open and honest (Minute Taker 2)

When parents were not present, participants in the study described the dialogue within conference as more '*gossipy'* or '*chatty'* and discussing '*hearsay'* about the case. This was evident in ICPC Two in the sample where there was discussion about the parents' relationship status in the legal section, in relation to recurrence of domestic violence and the mother's accounts of recent events:

School Nurse:	Is there any chance he can get support, because she wants, obviously-
Teacher 1:	- I'm not clear about that, is she in a relationship with him?
Teacher 2:	I don't know
Chair:	I don't think it really matters to be honest
School Nurse:	There's this problem between her and {dad}
Chair:	They spend nearly all day every day with each other so whatever you define as a relationship they're together a lot of the time and there's a potential for conflict, the children are there lot of that time so there's the potential for them to be [harmed during that conflict so it doesn't]
Teacher 2:	[A lot of people at school have seen them out and about together]
Chair:	[-really matter] what you say about the relationship. So the view from social care then…

<div align="right">(ICPC 2)</div>

One chair recalled a case where discussion about practitioners' difficulties working with the family altered the tone of the meeting in their absence:

... they were erm quite a confrontational family and could be quite aggressive towards professionals at times. They didn't come to the conference and I had to work extremely hard to ensure that the conference didn't turn into a group supervision. Because there were issues coming out, it was difficult, certainly with one professional, to actually get them to be quiet, because it was just all spilling out. (Chair 7)

Once again, this illustrates the key role of the chair in ensuring that the conference retains its focus on considering the needs of the child. The minute taker below also stated that there could be greater discussion of risks and worries when the parents were absent from a meeting:

Er, it's a lot smoother when the parents aren't there and I think erm some agencies maybe talk about things that they wouldn't have done if parents were there so there's more that goes into the confidential, but a lot of that can be like hearsay and that so... (Minute Taker 5)

This quote above illustrates the second point which was that some minute takers felt that when parents were not present the meeting ran more smoothly and was perhaps more child focused.

It's more focused on the child when there's no interruptions definitely yes, you haven't got somebody disagreeing with you. Professionals can say what they want to say. I mean professionals say what they want to say anyway but you'll have a parent come in and go "well that's not right I didn't do that" and they explain, whereas if they're not there, then you know all the information about the child is given. (Minute Taker 6)

I think they are much more specific and detailed in terms of what's going wrong for the child examples of where parents have not acted appropriately that sort of stuff. (Chair 3)

A chair commented that they would view non-attendance as an indicator of the parent's likelihood to engage and co-operate with the work outlined child protection plan, although the conferences in the dataset illustrate that there may be other reasons for non-attendance:

Well if parents are not there you have to make a judgment of whether the conference can go ahead without the parents being there. By and large you will let the conference go ahead. If parents are not attending and you will comment on the summary, potentially a clear indication of their lack of willingness to engage, and so that has to be overcome. You look for evidence and warning signs and a conference where the parents have not attended with no reasonable explanation gives you a clear indication of you know... (Chair 8)

Separated parents also posed another challenge to the management of parental attendance at meetings. Chairs and minute takers felt that the conference could be fragmented when a decision was made to exclude parents from some sections of the meeting, or to duplicate agenda items for each parent. Examples included where there

were tensions between parents, if there was more than one father to the mother's children, or if there had been domestic violence in the relationship.

> The logistics of managing that and what information each of those people should be able to have is difficult. And sometimes that's kind of landed on you as they arrive, I've got a call from downstairs saying I've got mum in the waiting room, I've got dad in the other room, I've got somebody else downstairs, I had that a few weeks ago, and mum says she's brought her new partner and doesn't want natural father in the meeting. Just a bit of a nightmare really. (Chair 6)

For chairs, the focus or flow of the meeting could be broken by these interruptions. The respondents did discuss it, but incorporating children's views and participation into such a meeting for families with multiple parents would add further factors to consider. Conferences are dealing with often complex family lives and considerable skill is required to ensure that these aspects are managed well by the chair. The very nature of bringing together separated parents could itself add to the tensions and difficulties of the meeting and increase the likelihood of anger and raised emotions.

Conclusion

This chapter has examined child, parental and family participation in the conferences and the approaches, implications and challenges which are associated with involving parents and children in a child protection conference. It has considered how the participation of children and parents in conferences influences the degree and nature to which they are child focused.

Children's participation is a key part of a child-centred child protection conference. Professionals stated that children's participation could encourage a child focus. However, their formal participation in the conferences in the sample dataset was low. Where children did participate in the conference and contribute effectively, this was associated with positive working relationships with the family and time dedicated to preparing and supporting children in making their contribution. The provision of an independent advocacy service for children had facilitated this positive participation. Children's views could also be represented by others at conference, but due to difficulties of workload and timescales the structured in-depth work to uncover children's opinions or 'wishes and feelings' did not always take place as practitioners would like. There was evidence that practitioners recognised the importance of children's participation and that this could lead to a more child-centred conference, however the existing structures or pre-conference processes to facilitate this were not always used.

The participation of parents in child protection conferences in cases of neglect was a challenge for workers in some cases. Practitioners stated that parents' emotional responses in conferences could cause the '*misdirected gaze'* (Akister 2009) – an excessive focus on parental issues and practices in comparison to the analysis of children's needs, welfare and rights. Other challenges arose with non-engagement and non-attendance of parents in the conferences. A lack of attendance from parents could result in a change in the tone of the meeting when only practitioners were present and could have an impact on the child focused nature of the information shared in the meeting. Some of these issues arising from children's and parental participation (or not) are discussed further in the next chapter about the information discussed and analysed in child protection conferences.

Chapter 8: Conference Practice and Processes - Child focused Analyses and Assessments?

Introduction

Based on the empirical findings of this study, the previous two chapters examined and evaluated in what ways and to what degree pre-conference reports and preparations were child focused in their aims and orientations as well as approaches to, and problems with, children's and parental attendance and participation in the conferences themselves. Examining further the empirical data and themes that emerged in the study, this chapter examines and evaluates the analysis of child welfare, needs and rights within the child protection conferences mindful of the significance of the Assessment Framework and concerned with the focal issue of child-centredness.

The information shared about, and analyses of, children's needs, parenting and parenting capacity, and family and environmental circumstances will therefore be examined in relation to both the initial (ICPC) and review child protection conferences. The conference conversations will be examined in relation to the agenda items, the time spent discussing particular issues and the nature of discussion based on the Assessment Framework (also see Appendix 3 – the Assessment Framework). The analysis within this chapter applies and develops the arguments about 'child focused' approaches, orientations and practices within conferences established so far in this thesis. These arguments include an emphasis on comprehensive child welfare needs and risk assessments as well as attentiveness to understanding children's needs and circumstances from the child's point of view and their daily lives and experiences. Building on the findings presented in the previous chapters, several cross-cutting themes continue to emerge about practices and processes in child protection conferences such as the systemic challenges for child-centred practice; the significance of the role of the chair and the challenges of child-centred practice in relation to some specific characteristics of particular child protection cases and issues, such as multiple but varied concerns about child neglect within large families. Appendices Three and Four are useful reference sources for this chapter as they provide overviews of the Assessment Framework and conference sample.

Duration of conferences and proportion of time spent on agenda items

As explained and detailed in Chapter Four, to generate some basic indicative data about the 'black box' of child protection case conferences the study quantified how much time was spent discussing certain items and issues within each conference. This provided one source of data about how child focused conferences could be said to be, in considering the time spent explicitly discussing and considering children's needs, views and welfare. The analysis of this data also more broadly illuminated the time spent discussing each of the agenda items for the conferences – providing further indicative data about what the chairs and those involved in practice spent most or little of their time considering and talking about.

Overall, the average length for a conference within the sample was one hour and 17 minutes. On average, though, initial conferences (ICPCs) were slightly longer lasting one hour and 28 mins compared to the average for review conferences which was one hour and 14 mins. However, the number of children discussed in each conference varied. Two of the three ICPCs were meetings discussing large numbers of children (one of six children and one of four children, each with a range of ages from a baby to teenagers). The sample consisted of six single child or 'baby only' conferences and eight where more than one child was discussed ('multiple child' meetings). Overall, conferences where more than one child was discussed were longer than those discussing a single infant or child. The average duration of a single child, 'baby only' conference was only 50 minutes whereas for multiple children conferences lasted on average an hour and 47 mins. This suggests additional time was dedicated to discussing each child in conferences involving multiple children and young people, and concerns about their welfare. However, conference practices in this regard is an issue returned to below.

As indicated earlier, ICPC and review child protection conferences follow an agenda agreed by the LSCB as well as national guidance (see Appendix 5). All of the conferences in the study followed a similar structure, which differed according to whether the meeting was an ICPC (n=3) or a review conference (n=11), however, in practice the time spent on agenda items across conferences varied as illustrated in Table 8.1 below. The table shows the time spent on each agenda item expressed as a percentage of the total conference time, and details the range and mean for each agenda item.

Table 8.1: Proportion of time spent on agenda items in the conferences

Agenda Item	Range of conference time (%)	Mean proportion of conference time %
Introductions	1 – 9	4
Reports	0 – 14	3
Previous concerns	1 – 21	12
Child's developmental needs	3 – 62	36
Parenting capacity	7 – 38	19
Family and environmental factors	4 – 22	9
Decision making and planning	5 – 25	12
Closing comments	1 – 13	6

Table 8.1 shows that the greatest proportion of time in the meetings was spent discussing children's developmental needs and parenting capacity issues. Children's developmental needs took up between 3% and 62% of the time spent in conferences but the mean average figure was 35% of the conference time. The time spent on the discussion of parenting capacity ranged between 7% and 38% with an average of 19%. This data is also shown in Chart A1 in Appendix 7 that details the percentage of time spent on agenda items in each conference in the sample. There was a relatively small amount of time (12%) spent on discussing whether a child protection plan was required, and if so, what this should consist of. The time spent on agenda items was compared by conference type although the small sample sizes mean the data should be approached with caution. The mean figures for each agenda type were broadly similar although there was slightly more time spent on the discussion of parenting and family and environmental factors within review conferences. (See Table A2 in Appendix 7 for further detail).

Comparative analysis was also carried out between conferences for multiple children and 'baby only' families. Table 8.2 compares the mean amount of time spent on agenda items in 'baby only' and multiple child conferences in the sample. This shows that a key difference was in the time spent discussing 'previous concerns'.

Table 8.2 Mean proportion of conference time used for agenda items – by family size and type

Agenda Item	Mean Proportion of Conference Time (% of total minutes)	
	'Baby only'	Multiple children
Introductions	4.8	2.7
Reports	4.0	1.7
Previous concerns	15.9	8.9
Child's developmental needs	14.9	51.5
Parenting capacity	26.8	12.1
Family and environmental factors	11.1	7.9
Decision making and planning	14.4	11.3
Closing comments	8.1	5.1

More time was spent discussing previous concerns within the 'baby only' conferences. This reflects that in these cases the S47 enquiry beginning the conference process was triggered when the mother was pregnant, due to worries about the risk of harm to the baby, based on the parents' previous care of other children. Within 'baby only' conferences this discussion took up on average 15.9% of conference time compared to a mean of 8.9% in multiple children conferences. This table also shows that more time was spent discussing children's developmental needs and proportionally less on parenting capacity and family and environmental factors in conferences for more than one child. The implication that this had for the child focused nature of the conferences is returned to below.

Discussion of Children's Developmental Needs

This section presents data analysis of the agenda item of the meeting which considered the child's developmental needs. This agenda item was based on the Assessment Framework, which incorporates seven sub-domains of children's needs. As noted above, the majority of the time within the conference meetings tended to be dedicated to this agenda item indicating to some extent a child-centred focus. Within this section of the conference the chair would typically ask for information to be presented with regard to most of the sub-domains of this element of the Assessment Framework, often beginning with health, then

education, followed by a discussion of behaviour and relationships and the other aspects of this domain. However, across the conferences some aspects of this part of the Assessment Framework were discussed in greater depth than others.

Issues related to child health were discussed in all conferences and practitioners tended to emphasise physical health, concerns and unmet needs:

> {Child 3}, born 39 weeks gestation, erm her growth was last recorded in May, erm her growth was satisfactory, no concerns whatsoever she maintained her growth lovely. Development was last checked in June and her development was appropriate and satisfactory for her age. There's no on-going medical concerns for her and again mum did get an appointment to get her immunisations up to date. (Health Visitor, ICPC 3)

In many conferences, the discussion of health needs could take up a large amount of conference time even if it was not the prior identified primary area of child welfare concern, especially among the 'baby only' conferences. This suggests that children's physical health and development were considered critical to the child's wellbeing. This may also reflect the specialisms and key roles of the practitioners who were present, such as health visitors and school nurses.

There were two conferences where the physical and mental ill-health of the children were primary child welfare concerns and thus required attention within any subsequent child protection plan. Discussion of health was greatest in these two conferences. An example was in Review Three, in which the medication routines for two children with Asperger's syndrome and ADHD in the family were discussed. Several practitioners contributed to the discussions, including the family intervention project worker, the school nurse and the social worker. For both children the connection of their medication to their sleeping patterns, concentration and performance at school were raised by the practitioners and explored with the parents, with the mother also contributing to discussions. The older boy who was present was asked by the chair to discuss how taking the medication affected him, and he commented on the positive impact it had on his ability to concentrate at school. In this case, the children's requirement for medication and the impact of the parent's difficulty to meet this need was explored. A connection was made between how neglecting to administer and manage children's medication on the part of parents impacted in detrimental ways on children's welfare and well-being in their daily lives.

In contrast, the discussion of the neglected health needs of the children in Review Seven could be evaluated as less child focused. The health visitor, representing her School Nurse colleague, spoke of the concerns about Child 2's developmental delay and the difficulties in achieving an assessment to refer him to a paediatrician.

> In terms of the growth review it is clear that he looks out of proportion in his height and weight, and {School Nurse}'s concerns with regard to his eating habits because he will take sweets and inappropriate drinks with him. We've not really heard him speak very clearly and his behaviour when we've tried to put him on the scales has been almost toddler-like which I think is borne out with when he's attended school his behaviour would fit that of a younger child. (Health Visitor, Review 7)

How this was affecting him, for example, in terms of his daily life and his education was not explored in further depth in the conference. Although his 'toddler like behaviour' was noted by the school, possible connections between seeking help or treatment for the developmental delay through the assessment process and ensuring he was able to attend school and benefit from an education was not made. These aspects of his life were discussed separately and whilst the chair did bring them together in their summary at the end of the conference, the specific nature of the multiple outcomes for the boy in these regards did not seem to be clear within my analysis of the qualitative conference data. This analysis indicated the boy in this case was treated as a separate set of 'needs' or 'unmet needs', rather than a whole person whose needs and welfare in one domain impact on needs and welfare in another. Further, although the boy was five, his views were not explicitly sought or presented in this meeting or the paperwork, which may have been as a result of his developmental delay, however it did contribute to the lack of a child-centred focus in this case. Thus the discussions in this conference could be evaluated as insufficiently child focused in several respects: there was an absence of child participation and there was insufficient analysis and consideration of implications of unmet needs for child welfare, development and daily well-being.

As with health, the educational development of children was always considered in all of the conferences. For school-aged children common topics were about their experiences of school and welfare at school rather than their learning. For example, topics included difficulties children were experiencing at school, their physical presentation at school, school attendance, lateness and academic progress. Parents' encouragement of school attendance and learning was a particular feature in many conferences, such as in Review Seven, discussed above, where the five year old boy did not have a school place and the mother's difficulties in arranging this. Encouragement for school work was discussed in ICPC Three, where there were particular worries about one boy who had which followed this exchange between the chair and one boy in the family as this extract illustrates:

> Chair: why does he have additional needs, are they because he has learning difficulties and he's likely to be behind, or is it felt to be around him not being provided with the opportunities to develop the skills?
>
> Teacher: I think it's more around the opportunities to provide the skills.
>
> <div align="right">(ICPC 3)</div>

The suggestion here seems that the 'opportunities to develop the skills' indicates a failing on the parents' part rather than the school's. This then led to a specific disagreement between the teacher and his mother about the support they both provided for homework and reading. For pre-school aged children, discussions of attending nursery and community groups such as playgroups, and having opportunities to play were relevant to these discussions related to education. For example, in Review Eleven the social worker drew on observations from this home visits as evidence of the positive interactions between the seven month old baby and his parents, which promoted his cognitive development:

> ...and you can tell that he's getting lots of stimulation and play at home because of how he is, he's quite bright he's quite forward he always responds when you speak to him (Social Worker, Review 11).

Emotional wellbeing was another sub-domain of the 'children's developmental needs' part of the Assessment Framework. Analysis of the conference data found that where the impact of parental neglect on a child's emotional well-being was made explicit, this was usually in relation to domestic violence affecting the children, or in terms of past events, rather than current circumstances. In ICPC Three, for example, the response of the eldest child in the family to a domestic violence incident was reported by the social worker:

> ... he was quite upset in the car about what had happened to the point that he said he'd tried to be quiet and keep one of his sisters quiet when you two were arguing that afternoon, which you know is a hell of a lot to have at that time he was ten, to have on his shoulders. He said home wasn't very nice place (Social Worker, ICPC 3)

This incident triggered the s47 investigation leading to conference and resulted in the children being moved to live with their Aunt for a few weeks whilst the couple separated, which presumably was intended to prevent the children being exposed to domestic abuse in the home. However, as discussed in the literature review chapters, problems continue post-separation (Stanley 2010, Stanley et al. 2011). Yet within this conference, the problems were discussed a past problem rather than current feature of family life. This finding suggests that practitioners may find it difficult to discuss or identify the emotional impact of neglect, as these were both aspects which could be framed as something other than ongoing neglect – that is, a past event or as the by-product of domestic violence.

A difference in the discussion of babies and older children was apparent in regard to discussion of the child's emotional and cognitive development, in particular when there were 'single child', or more accurately 'baby only' conferences where there was limited discussion of this aspect. Discussion of a baby's daily activity was limited to generalised comments such as that they were "in a good routine" and noting that they slept and fed well. There were few comments about babies' emotional and behavioural development,

but when they were made it was typically commenting on their 'good attachment'. However, what this was understood to mean by the social workers or health visitors was not often explained. For older children, more detail was provided about their education, emotional and behavioural development and relationships with family and friends.

Overall, there was less discussion of children's developmental needs in the areas of identity, their social presentation and self-care skills. Such items were rarely addressed in the form of a specific question from the chair compared to the questions routinely asked about education, health and relationships. For example, the conference with the greatest discussion of identity covered 3% of the transcript. The Assessment Framework defines this domain as the child's *"sense of self as a separate and valued person"* (Department of Health et al. 2000, p19). Where identity was discussed it was often in relation to the child's temperament and interests. For example, in ICPC Two five children were discussed in the meeting, and the social worker clearly had met the children and was able to talk about the three year old as being '*very headstrong'* and the mother agreed that she was '*very opinionated'*. The social workers' reports for ICPCs used a form which included a prompt for identity and this item was always addressed. Typically, identity was referred to in terms of children's contact with their father (in cases where the parents had separated) and in regard to their ethnic background – indicating a very narrow view of this domain. For example, in Review Six the report stated:

> *[*children] are white British and it appears that they are being raised within the norms and values of the white British culture (Social Worker's report, Review 6)

. However, what this culture consists of, and what this means for the children were not elaborated on in the report. Overall, the discussions of identity did not refer to how the children's experience of neglect had impacted upon their sense of identity and self-esteem as a child and young person of a particular age growing up in particular and generational social-cultural circumstances. These findings resonated with those discussed in earlier chapters arising in Thomas and Holland's study of core assessments (Thomas and Holland 2010). This study also found minimal discussion of identity in reports and where it was recorded this was usually in jargon which they describe as the 'any child' approach. A limited consideration of identity was also found in Horwath's study of child protection plans and reports in cases of neglect (Horwath 2013; Horwath and Tarr 2015). The absence of this detail may reflect that the practitioners had not engaged with the child in an in-depth, personalised and sociological way that allowed them to fully consider their character, sense of self and social identities. The greater discussion of other aspects of development, such as physical health and education, may also reflect the greater priority given to these pressing unmet needs within cases of child neglect among these practitioners.

The discussion of the meeting was examined using principles from conversation analysis (as described the methodology chapter). Analysis of the coded segments or 'turns' of conversational text and dialogue were undertaken and the frequency of each was cross tabulated by the topic area of the Assessment Framework being discussed. Mothers frequently contributed to discussion of their children's developmental needs and often spoke for the longest periods in these aspects of the meetings. For example, in discussion of child health, mothers on average spoke for 40% of the conversation; and in relation to child emotional and behavioural development they spoke for 43% of the conversations. This suggested that mothers were treated as a key source of information in these areas, sometimes answering direct questions. It also suggested mothers might be more comfortable discussing these topics compared to others. There were two items of the developmental needs 'triangle' where mothers were not the main contributor – these were education and social presentation. In both cases education staff spoke the most on these topics. When children were present at conference they were most likely to speak about their relationships with their family and friends, and their educational experiences and welfare

When the contribution of other practitioners was considered, there was greatest diversity with regard to the discussion of the children's development overall. Education workers, including teachers, were most likely to contribute to this agenda item rather than the sections discussing parenting capacity or family and environmental factors. Children's health, education and relationships were always discussed whether they were considered to pose a possible difficulty or risk or not. Furthermore, practitioner information was often presented in a factual way without the discussion of how any deficiencies or difficulties were impacting on child welfare and well-being. This could mean that a lot of time was taken near the start of the conference discussing general items which were not a risk. This is not to argue that a wholly risk-focused, deficit approach to information sharing should be adopted, but rather to note that this 'silo' thinking, of discussing a checklist of items concerning a child's health or education, can lead to limited consideration of the child as an individual being and the collective impacts of unmet needs and welfare concerns for children and young people overall. A child-centred approach should comprise a fuller and holistic picture of the individual child and their needs, and it appears is difficult to achieve. The 'checklist' approach to conference discussion at this stage of the conference could partly be due to the position of this agenda item at the start of the meeting, perhaps all practitioners feel the requirement to contribute at this stage. Another reason for this could be that some workers are more confident in discussing their direct involvement with the family, through outlining facts about the child's life as they are aware of them and less confident about contributing to other elements of conference discussion. This highlights

the key role of the social worker to provide a holistic overview of the child's need in their conference assessment.

The chair's role in guiding discussion about the child

A key theme that emerged from all data sources was the role of the conference chair in promoting child-centred discussions and analyses during the conferences. The chair's role was influential on all parts of the conference, but with regard to this section of the meeting, they could shape the discussion of children's developmental needs through their use of summaries and in their style of chairing.

At the time of study, summaries within conferences had not long been introduced by the LSCBs and had replaced use of verbatim minutes produced by administrative staff. Therefore, the chair summarised the discussion at the end of each agenda items for the minutes apart from in the case of the children's developmental needs where a summary would typically be made after each individual child had been discussed.

Some chairs and focus group participants stated that the summaries provided an opportunity for the chair to ensure the focus of the meeting remained on the welfare and concerns of children and young people. Chairs commented that they could reflect the discussion which had taken place and to some extent contribute to analysis by emphasising what they perceived to be the key points. One health visitor stated that the use of summaries ensured the purpose of the meeting was retained and that the sections of the meeting were coherent:

> They're fantastic and they keep a grip on that meeting and they do do their best to pull it all together and keep focused, and their summary often, their summaries are fantastic (Health Visitor, Focus Group 3)

The 14 conferences were chaired by five different chairs and personal styles of summarising were noted. Some chairs used longer summaries which recounted particular incidents already discussed at length. Others were more succinct and concentrated on the overall picture for the child, such as this one from ICPC Three:

> Conference has heard that {Child 5} is a little boy who appears to have additional emotional and behavioural needs. That he has, he has been affected by the domestic violence which he's witnessed and this has been, and he has talked explicitly about him not liking the arguments and is pleased that there is no arguments, that there are no longer arguments taking place at home. He is performing below expected levels in school. But you say that's likely to be as result of his emotional and behavioural difficulties (Chair, ICPC 3)

Interview respondents also reported that chairs had different approaches to summarising. One chair stated that they always tried to begin with positive comments before moving on to the negative aspects. Minute takers noted that summarising could be a difficult task for some chairs, and that the quality of summaries varied. A small number of chairs did state that they found this aspect of their work particularly challenging.

> I hate them, because I just find that there's so much information and I have to, I'm always conscious that I might miss something out (Chair 2)

> I think it is much harder than you first imagine it will be (Chair 9)

Chairs and minute takers highlighted that a poor summary would be one which repeated all the information set out in the agenda item, rather than condensing or analysing it. A repetitive approach was felt to take up too much time and could lead to participants 'switching off'. One chair stated that this had been an area of work identified for development, and the comments from chairs on this suggested that it was an area of work that could benefit from further training and support. In both areas, the chairs spoke of the minimal training they had for their role, usually shadowing one or two conferences before having to do it themselves. Furthermore, in the County area, the opportunity for informal peer support was also lost as the chairs were not located in the same office.

Chairs discussed their approaches to summarising work in conference. One spoke of intentionally using new language, perhaps to avoid repetition, as mentioned above. Another chair (Chair 3) said she summarised within the child's developmental needs section, providing a summary after every sub-section or area, such as health or educational needs. In some instances, the chairs reported they would omit summaries when time was a factor, such as in meetings discussing many children which is discussed later in this chapter.

Some focus group respondents said that the summary part of the meeting was an opportunity for the meeting's participants to reflect on what was said and correct any errors or misunderstandings, yet others stated that they may not feel confident in interrupting and challenging the chair in this way. This highlights the way in which the dynamics of the meeting can affect the way information is discussed and shared and the influential role of the chair.

Chairs had their own style and approach to chairing conferences. Some identified that they saw it as their responsibility to ensure that the meetings remained child focused. Chairs stated that their preparation was critical for conferences, particularly when multiple children were being discussed. Two chairs from the City area said they used the 'resilience matrix' (Daniel, Wassell and Gilligan 2010) to stay focused on the key issues in conferences and thus to remain child-centred. They either created a matrix in preparation

work prior to the conference, or in the case of this chair cited below, produced a sheet per child, and combined all children on to one sheet:

> I used to take a plain piece of paper in and what I used to find is my thinking used to be quite random. I, it was very easy for me to fall into the same traps that I found were problematic for workers so what I tend to do is to take in pre-printed sheets and to make notes in regard to risks, vulnerabilities, strengths (Chair 9)

This approach was evident in the conferences studied. Chairs also discussed their tactics in eliciting the information and the level of detail required . For example, some chose to seek input from different practitioners prior to the social worker's contribution:

> I leave the social worker to last, I do that because their report addresses all concerns, and I think in terms of making the conference work and sort of starting off as you mean to go on and starting off on a multi-agency footing, I think if you are, my view is if you allow the social worker to focus on things like health and education, leaving health and education with nothing to say, that actually from the get go what you do is you lose your multi-agency edge. So for that reason I go to all the other professionals first. (Chair 9)

This chair shows that they were aware that some viewpoints could dominate the discussion, and may compromise the variety of information gathered. However, such an approach whilst striving to be multi-disciplinary, does not guarantee that the information sharing is child focused. Other chairs stated that they preferred to structure discussion around the Assessment Framework, considering each aspect for each individual child. Thus, discussion of the child's health needs would be signalled rather than simply asking for each health professional's view, as this chair notes:

> ...obviously some professionals are used to that, because I've had people say "Well you haven't asked the health visitor point of view" but I don't, I do it on the child rather than on the professional. (Chair 3)

Finally, this chair described how her way of focusing on the individual child was to put her own choice of questions directly to the parents:

> I'll often say, can somebody, and I'll say to parents "tell me about, who is your little girl, who is she? What's she like?" because I have no idea. And that's often quite nice because if parents suddenly have a huge grin on their face that tells me a heck of a lot. So I generally will ask that question of parents. (Chair 4)

This demonstrates that chairs can use their role to ensure the individual child is kept in mind during the conference when do not attend.

Chairs could also guide discussion and ensure the conference was child focused in enforcing the agenda of the meeting.   A third aspect to the 'curtailing' work of the chair was to make sure that the right information was discussed within the relevant agenda item. For example, if parenting capacity factors were mentioned in the section outlining

the child's development needs this should be curbed. This was identified as a factor by both chairs and practitioners in the focus groups:

> ...people don't know the difference between the child's needs and the parenting capacity, and they just all get rolled into one. So we'll be sitting talking about the child and they'll say well this child hasn't got any routines and boundaries. I say "Oh --is that the child's fault? No it's a parenting issue, well let's leave it 'til parenting then". What I want to know is what, but actually it's really, really common for the professionals to talk about parenting in children's needs. Now that is possibly another way that children's needs get missed. It's what is this child's current needs? (Chair 9)

This practice was observed in the conference sample, particularly by one chair who was prone to pointing out that the topic was straying from the set agenda item. They did this in three of the four conferences they chaired, yet only one other of the five chairs did this in their meeting. An example of this could be seen in the chair's reply to a housing support worker in Review Five:

Support worker:	Yeah she's always really clean, she keeps her really clean there's no concerns and appropriately dressed we disused that as well and explained baby's temperature and how it drops quickly and things like that and we took all that on board. So that has been a big change there.
Chair:	Ok some of that will come in the next section as well as it is about mum's ability to listen to advice so
Support worker:	Mmm
Chair:	But overall you're not seeing any significant concerns for {child 1}'s wellbeing?
Support worker:	No, no

(Review 5)

Discussion of the child's daily lived experience

The research sought to explore how the conference discussed and learned about the child's daily lived experience within child protection conferences in cases of neglect. It is argued that consideration of the daily life of the child and how child neglect concerns can have detrimental and wide-ranging implications for children and their welfare are critical features of child-centred practice. Without this, the meeting will not be able to define how the daily care and life of the child is expected to change, which are core goals for child protection plans. Considering the child's needs in terms of what happens on a daily basis can facilitate the formulation of tangible, specific and measurable goals and changes among families and services. The consideration of this has been set out by Horwath (2007)

whose 'checklist' for this dimension of conferences was applied in the analysis. The consideration of the child's day was not a specific agenda item, although it could be raised as a topic of discussion through the questions asked by the chair or others in the meeting. Within the conference data, the extent to which the conference members provided information about the day of the child and their daily lived experience varied. Overall, discussion of the child's daily life was not a prevalent topic of discussion in the conference sample. Coding of the transcripts showed that in conferences with the most discussion of daily lived experience, items coded with this covered no more than 10% of the transcript. Several factors were identified which influenced the extent to which the child's daily lived experience was discussed, these were: the reasons which had led to the original conference; the level of engagement of parents in the conference process; the age of the children; the nature of the risks considered; the extent of involvement of practitioners and the size of the family. These will now be considered by examining the conferences with greatest and least discussion of the daily life of the children.

The two factors identified with the least discussion of the child's daily lived experience were in 'pre-birth' conferences and those where there was a low level of degree of engagement of the parents with practitioners. There was least discussion of the child's daily lived experience when conferences had been convened due to concerns about previous parenting of the parents, often the mother. In the majority of these cases, the conference had been convened prior to the child's birth because the mother had previously had children removed from her care due to neglect. This may indicate that workers struggle to consider what daily life is like for a pre-school child, or baby. Whilst the value of attending group activities with the child were frequently promoted, discussion of what the parents did with the baby or toddler the rest of the time did not take place in these conferences. This could be because in some cases, the lack of concerns did not require such a level of detail to be provided. If this is the case, this raises questions about the purpose and function of child protection conferences in such circumstances.

A low level of parental engagement in the conference resulting either in no attendance, or partial and hostile participation in the meeting was also associated with low discussion of the child's day and life at home. Whilst in eight of 14 conferences either one or both of the parents did not attend, the key factor was the combination of both non-engagement of parents with practitioners and not attending the conference. There were three conferences where this happened. One example was Review Six, where the father of two of the three children was reported by the social worker to be very difficult to engage in the assessment process. He had not participated in work set out in the child protection plan such as attending formal parenting sessions and had not been in for home visits. The social

worker's report noted that the father took all comments about his parenting as criticism and reacted angrily. The chair commented that there was a lack of information about the daily life of the child living with him as a result of the father's non-attendance at conference:

> OK so {child 2} is currently in {father}'s care and {father} has not attended the meeting today so we haven't got a view of Father about {child 2}'s day to day life and routines. (Chair, Review 6)

The social worker appeared reluctant to discuss the impact of the father's parenting on the child in an in-depth way in this conference. Whilst the father's care was questioned and had been subject to significant assessment and discussion prior to the conference, in this meeting the present impact on the child was not fully discussed. There was a court hearing due in the coming weeks to decide the child's residency, and a decision of the conference was that if the child was to go to live with his mother, then a child protection plan would not be required. Therefore, whilst a plan was deemed necessary for the meantime, the reasons for this were not discussed in great depth. It could have been the case that the practitioners did not want spend time discussing the father's parenting and actions for the plan which would only apply for a matter of weeks. Another reason could have been that due to the acrimonious relationship between the parents, the social worker wished to keep criticism of the father to a minimum, particularly given that he thought the court would decide to switch the residency of this child to his mother at the next hearing. Either explanation - being process-driven or trying to avoid conflict - resulted in a lack of focus on this child's experience within this meeting.

Another example of limited discussion of daily life was in Review Two. Here the social worker also commented on difficulties in arranging appointments with the mother - who was homeless and living out of the area. This had led to a lack of assessment of the baby's current living situation and a lack of information about what was happening for her on a daily basis:

> ...when I've visited her I've not picked up that there's been any smell of alcohol or she's not appeared intoxicated or anything but I'm only seeing her for a fraction of the time and what she's doing outside of that time is quite difficult to really get a true picture (Social Worker, Review 2)

The reduced level of detail about the child's day emphasises the importance of parents' contribution to child protection conferences and of pre-conference work to secure their attendance at the meeting.

There was greatest discussion of the daily routine and life of older children, compared with discussion of children under 12 months of age. Those working intensely with school-aged children, such as workers from the Family Intervention Project, Youth Offending

Service or social workers, were able to give the most detail about daily family life for the children. The length of involvement of practitioners with a family was also a factor. Some education staff were able to provide rounded knowledge of the child and family, not only providing information about the child's academic progress but also giving detail about their arrival at school, their behaviour in playtimes, interactions with peers and reporting the child's speech.

> There's very rarely a case where there's a professional there that can say "well this, this and this happens" that's only probably if you've got somebody from a multi-agency team or a home help going into the family and actually overseeing that morning routine, or the teatime routine. Where perhaps a family support worker from the MAT team will be there at teatimes to just check what the children are eating and see what their night time routine is. (Minute Taker 4)

Where there were concerns about neglect threatening the safety of the children, this led to a greater discussion of the child's daily life in specific terms. Worries about a child's anti-social behaviour outside the home generated a greater discussion of the family's daily life in the meeting. This may be due to discussion of children's adherence to behaviour orders, or concerns about their activities away from home or school. However, this detail was not always available, and in some cases, such as in the case of Child Eight in Review Eight, the discussion highlighted that the workers did not know where the 12 year old child was going when she was truanting, and there were concerns about her becoming involved in offending or being sexually exploited. Other concerns focused around risks within the home, such as in the cases of current domestic violence, where more discussion of daily life often concerned the contact between mother and her partner/ex-partner. Other safety issues discussed included the risk of sexual abuse by a convicted family members and concerns about safe sleeping and cot death. This suggests that risks which were concerned with safety were easier for the conference to talk about. Perhaps this is because aspects of daily life which were related to specific incidents were easier to relate to and discuss in the conference. This reflects research such as Buckley (2003) and Ofsted (2014) which found that in many cases conferences can focus too much on incidents rather than the holistic, cumulative impact of neglect on the child.

There were some gaps in assessment identified within the conference sample which emerged through discussion of the children's daily life in conference. For example, a child was reported in the social worker's report and in conference to spend three nights a week at her grandmother's house and the school report stated she "*prefers*" to do this than to be at home. The chair's questions led to information emerging in this conference (Review Nine) that the social worker had not visited the grandmother's house nor was she included in the conference.

Where information about the daily life was discussed in conference, this was often in response to questions posed by the chair. This highlights the central role of the chair in shaping the information at conference, as discussed in the previous section. For example, in Conference Five, whilst there was a relatively large amount of discussion about the children's lived experience compared to the other conferences, most of this came as a result of the chair asking about the sleeping, eating and routines of the individual children rather than their developmental needs. The children were discussed as individuals and their roles in the large family were mentioned. Also, the mother and social worker spoke of the positive changes to parenting and household circumstances. There were no on-going concerns about the children and the decision was that no further children's social care involvement was required.

The discussion of the child's day was not a standard question, or a part of the agenda, and thus probes for more details about this were a chair's individual style and choice. This was discussed in interviews with practitioners. Chairs were asked if they thought considering a day in the life of a child would be a useful approach in conferences. Some responded stated that they would only adopt this approach of questioning if they felt it was appropriate. Chairing style may be to not include this type of detail, preferring to have an overview, in order to keep the conference to time:

> I don't know whether it would be feasible in the conference given the time frame you've got but I do think it's a really useful tool because I don't think people put themselves in the position of the child enough really to understand their experience and I think it is really quite powerful if you can do that. (Child Protection Manager 2)

Other chairs were clear that it was not part of their role to elicit this detail in conference, but could be collected by those working with the family, as this comment illustrates:

> That is the information that they [family support workers and social workers] need, within a conference meeting there would not be many occasions where you would drill down that deep. The conference meeting, I say many times, is never going to resolve issues, this is not a meeting where, in reality, solutions are going to be found. What you're doing is signposting towards resolving issues, so you're identifying concerns, you're identifying progress which is important in many ways in every way, as what the concerns are. (Chair 8)

However, it could be argued that when this level of detail is omitted, the conference members, including the parents and child, may not have sufficient information about child welfare and actions to better safeguard child welfare. Some chairs commented that asking further questions about the child's day was a way to get beyond the common phrases frequently within conferences by practitioners:

I do I try and, because you do get a lot of general comments made and sometimes I try to be more specific about things. You know I've asked the parents, tell me what is a normal typical day for this child, particularly I've done that for younger children, you know they'll talk about instability and people use words like that and lack of consistent boundaries and routines and you just kind of churn off these phrases and I say, "OK then you tell me". (Chair 6)

This chair stated that they did need to ask additional questions in conference in order to gain an understanding of the child's home life and their day, but tried to keep them to a minimum due to the time pressures of conferences:

I mean a lot of the time it comes down to the timing in conference, you haven't got the time to sit and go through what time does John go to bed what time does he…. So there isn't, it doesn't ask you that on the agenda but particularly neglect cases so I can get a bit of understanding of what's in the household, what's happening, what's preventing the parents from making sure the children go to bed on time, been bathed and fed and everything. I do kind of say just tell me what you've observed when you've gone there, is it chaotic or is there a sense of there are some, there is some kind of routine in there. (Chair 2)

This does suggest that the information about the child's daily life could be lacking in the information provided at conference and could provide a greater child focus to the meeting. However, this information does not have to be verbally presented at conferences by practitioners and could be incorporated into the reports produced by workers specifically for the conference and in the social workers' Core Assessment report.

Taken together, the conference and interview data indicated there was limited discussion of the child's daily life and welfare within conferences. It could be that this type of assessment and discussion took place outside of conference, in the core group or in one to one support work with parents. Within conference any understanding of what daily life is like for an individual child has to be generated from the separated discussion of their needs, as outlined in the Assessment Framework. Information was scattered across the agenda items, and the sense of what a daily routine was for the children was not always clear. There was greater discussion where there were 'current' concerns not previous ones as in the pre-birth conferences and where practitioners have been working with the family intensively, or for a long duration - such as from family intervention project workers.

This suggests that an opportunity to focus on the child in a child protection conference was missed. Without knowledge of what life is like and how the impacts are felt on a daily basis, the conference will not then know how daily life has changed for the child, which it could be argued, is the core purpose of the child protection plan. Considering the child's needs in terms of what happens on a daily basis, can provide an opportunity for specific, measurable change. Exploration of the child and family's day to day life also provides an opportunity to identify protective factors. As Brandon (2008) notes, the child's experience

of the neglect is affected by dynamic, interconnected factors, and these can be positive as well as negative.

Discussion of Parenting Capacity

The research sought to explore the extent to which discussion of parenting capacity in conferences was child focused. Parenting capacity refers to the ability of parents to meet their child's developmental needs (HM Government 2010) and was an item on the conference agenda, following the discussion of the child or children's developmental needs. Parenting capacity forms another side of the Assessment Framework 'triangle', which incorporates into its sub-domains the issues of basic care, emotional warmth, safety, stimulation, guidance and boundaries and stability. These sub-areas were again used as a framework for analysis of the discussion. This analysis sought to assess children's individual experience and the impact of the neglect on them was considered.

The average proportion of conference time spent on the parenting capacity section of the meeting was 19%. When the different family types were compared, it could be seen that discussion of parenting capacity in single child or 'baby only' conferences took up 27% of the meeting time but for families with more than one child this proportion decreased to 16%. There was some variance by conference type, with slightly more time spent on discussion of this in review conferences compared to initials (a mean of 19.6% in reviews compared to 14% in initials). This pattern held true irrespective of whether the conference was an ICPC or review.

The conference data showed that discussion of parenting capacity and what factors affected parents' ability to meet their child's needs was discussed as a general topic in conference, usually without explicit reference to the six sub-domains of this section of the Framework such as 'basic care' or 'ensuring safety'. When the data presented in conference were examined, it could be seen that there was frequently a discussion about the parents' basic care, what stimulation the child was given by their parents and the parents' capacity to ensure the child's safety. There was comparatively less discussion of 'guidance and boundaries' and stability, which may reflect the issues in the sample as many were conferences for young children under the age of one. Contribution in this agenda item was dominated by social workers, who were the main speaker when discussing the aspects of parental provision of basic care, emotional warmth, guidance, boundaries and stability. This reflects findings of Buckley (2003) in her study of ICPCs, who found that social workers were most concerned with parenting capacity compared to other practitioners.

Parenting capacity: examples of discussion in conferences

Two of the sub-domains of the parenting capacity side of the Framework of basic care' and 'emotional warmth' are now explored to provide examples how the discussion took place within conferences.

Example 1: Basic Care

Parental capacity to meet the basic care needs of their child was a key factor examined in all the conferences. The Assessment Framework defines this as

> ...providing for the child's physical needs, appropriate medical and dental care... [ ] includes provision of food, drink, warmth and shelter, clean and appropriate clothing. (Department of Health et al. 2000 p21)

The coverage of this across the meeting transcripts varied from less than one per cent to 20%. Five conferences had minimal discussion of this, covering 2% or less of the transcript and ranged between 6% and 9%. Review Three was an exception with 20% of the meeting's discussion on this topic.

Information about basic care was provided from a range of practitioners. Social workers (including senior social workers) comprised 28% of the conference codes/turns and health visitor and school nurses accounted for 21%. Education staff provided less information about parental care at 8% of the turns. There were also comments from those working with the family and parents such as the family intervention project worker, adult social worker, family visitor and refuge workers. Mothers provided information in seven of the 12 conferences where a mother attended, with their 'turns' accounting for 22% of this code. Fathers were involved in the day to day care of children in eight of families in the conference dataset, and attended conferences in five cases yet in these five conferences where fathers attended, they only contributed to discussion about basic care in two conferences. In some cases, this reflected the parent's general disinclination to speak at conference, in others this could be seen to be as a result of direct questions put to the mother rather than the father.

A conference where there was most discussion of parental basic care of children was Review Three. This meeting discussed the home conditions, responsibility for jobs in the house and the provision of food for the teenage daughter when the rest of the family was away. The two children provided information about their parents meeting their basic care needs, speaking in six of the 28 extracts. The discussion of this aspect of parenting capacity may have been due to a recent argument which had caused the daughter some upset, and the chair and other workers attempted to address this in the conference. That the

conference was able to discuss this with the girl present indicates a child-centred approach.

Another conference with a significant discussion of basic care was Review Six. Three children were discussed in this meeting, two who were living with their mother, who attended the meeting and one with their father, who did not attend. There was a contrast in the parenting and basic care provided by the parents. The health visitor for the children living with their mother, states that the mother is 'meeting all their needs well' for both children, for example:

> She's up to date with her injections she's always clean and appropriately dressed, you take a lot of pride in her and the way that she looks, very good attachment, no concerns regarding attachment at all, very good interaction. Erm you're providing all of her needs well, in a warm and loving environment and again it's all good. (Health Visitor, Review 6)

Immunisations, being clean and '*well presented*' and dressed appropriately were taken as signs that the child's basic care needs were being met. For the other child, living with his father, the mother provided details about the father's lack of care such as describing the state of his clothes and general cleanliness:

> He gives him drinks of tea out of bottles at the age of two which I think is absolutely inappropriate, he should be drinking out of beakers, just little things like that, he's not dressed to the standards that I would dress him to. His clothes are small, his shoes are small. When he comes to my house he's always dirty and grubby I always have to bath him and put clean clothes on him. (Mother, Review 6)

Whilst these two conferences did provide clear examples of the basic care of children being deficient, the discussion of parenting capacity in others was vague and not specific about the impact of the neglect on the child. An example of this was found in Review Two: here the social worker stated that the '*basic needs are just not being met at the moment*' but they did not make clear how this was affecting the child. Although it was noted that there were no concerns about the baby's health or presentation, how they were being affected, or could be affected by the lack of consideration of their basic care needs was not made clear:

Social worker:	because she's having so many house moves there's an issue that I'm going to have to follow up today was making sure she's got the travel cot from the sister's house and er we've purchased milk for her on Friday, just all these basic needs of {child} are just not being met at the minute
Chair	There's on-going concerns that {child}'s basic needs are not being met by her mother and that's due to not only to a chaotic lifestyle but the fact that there's no stability

(Review 2)

This excerpt also shows that in this case the chair did not challenge such vague phrasing and did not ask the social worker to explain what 'basic needs' meant. Perhaps this tacit understanding was assumed as all members of the meeting were practitioners and no family members were present. Yet without this discussion in the conference, which can be incorporated in to the child protection plan, the details of what must change for the child may be difficult to achieve. A key aspect of child-centred practice must be to consider the impact of the circumstances on the individual child.

Example 2: Emotional warmth

The second example of the discussion of parenting capacity provided is of emotional warmth. The Assessment Framework defines 'sub-domain' this as:

> Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement (Department of Health et al. 2000, p21)

The parents' capacity to provide emotional warmth is one aspect of their relationship with their child. As noted in the literature review, the theory of the importance of a child's attachments to primary carers (Bowlby 1969) has been widely applied to consideration of care giving and the positive influence that a loving, responsive relationship has on a developing child. Furthermore, Crittenden (1999) has suggested that there are different typologies of care giving (disorganised, emotional or depressed neglect) which can be observed in cases of neglect that have different manifestations in child's behaviour. Thus in a conference about a child who is suspected to have experienced or has been experiencing neglect at home, one would expect there to be considerable discussion of this aspect of parenting capacity. Nevertheless, there was limited discussion of emotional warmth and stability in every conference, taking up at most 5% of conference time. Social workers provided most information in this code, accounting for 38% of codes, with health

visitors being next frequent at 11%. Mothers also spoke frequently about this (30%) whereas there was only one conference in which the father provided such information.

There were few discussions of negative emotional impacts on children among the conferences. It seemed practitioners were reluctant, unmotivated or unable to offer negative opinions about lack of emotional warmth in the meeting. In some cases difficulties were discussed more explicitly in the reports rather than in the meeting. Yet this potentially neglects the issues of emotional neglect and abuse within child neglect cases. As discussed above, the chair of conference played a key role in eliciting information from participants about the children's experience of neglect and how it had impacted on them. In Review Three the majority of comments about emotional warmth were by the chair. In one extract the chair asked the eldest child, who was present for some of the meeting, if she felt loved and she replied that she does. This chair also commented on evidence that the parents showed 'emotional warmth' and noted that there were 'good attachments' between the parents and children, although no more explanation was given for this phrase. Such terms were not used by the other professionals in the meeting itself, although the attachment was discussed in the social worker's report. Finally in setting out the decision of the conference to the parents, the chair referred to the 'love' and affection in the household, cautioning that this could not outweigh the negative impact of the house conditions on the children:

> What we're hearing is that the children actually love you, you know you clearly love your children, but they can't continue to live in an environment that's not fit for them, and you need to really take that more seriously (Chair, Review 3)

Within Review Six there were eleven extracts concerning the parents' capacity to meet the children's emotional needs and there was a contrast between the parenting given by the mother to two of the children, and that received by Child 3 who lived with his father. In five of the eleven extracts the social worker made a contribution of information and in four the mother spoke. Six of the extracts discussed the positive relationship between the mother and her son (Child 2) with comments from the social worker on the improvement in this relationship. Again in this case, as with basic care, the difference in parenting between the mother and father was discussed. The mother's parenting strengths were recognised, in the health visitor and the mother's discussion of the bond between the mother and her baby, and the health visitor talked about the home as a 'warm and loving environment'. In contrast in the two comments from the social worker regarding the father's capacity to meet Child 3's emotional needs were more negative. In one he noted that the father's reluctance to take up offers of parenting support indicates a lack of awareness of the child's emotional needs:

> ...he doesn't accept as a parent what he needs to do to enhance his understanding of what Child 3 actually needs regarding his emotional needs and his development. (Social worker, Review 6*)*

The data analysis found this statement was the most negative comment amongst the whole sample on this topic. The social worker also noted that Child 2 appeared disturbed upon leaving the mother's care at contact visits:

> Because I'm sorry to say the last two occasions I've brought him back from the contact he's become hysterical leaving {mother}'s care. So that's shown me that he's not totally happy (Social worker, Review 6)

Nonetheless the understated phrasing here of '*not totally happy'* suggests that the social worker has carefully chosen their words. Such understatements were also observed in other conferences, it could be that the impact on the child was not made explicit because this is too difficult to convey and presents a challenges or difficulties to the worker/parent relationship. This connects to a broader theme regarding the discussion of the impact of parental behaviour on children which is explored below.

Child focused discussion of parenting capacity

Finally, in considering the type of information shared at conferences on parenting capacity, it is of note that the extent to which this was child focused information varied. As detailed in the examples above, the research found that the task of analysing the information about parenting capacity, or extrapolating what this meant for the child and 'joining the dots' between how an absence or deficiency in parenting capacity impacted on child welfare, was primarily key roles among social workers and conference chairs – indicating limited holistic child-centredness among many other practitioners. Contribution from other staff about what the parents' difficulties or issues had to do with their parenting capacity and what this meant for the child was often lacking. There were a few exceptions to this, such as when workers from the family intervention project or primary schools were able to comment on how factors connected with parenting capacity impacted on the child. This may indicate that workers who work intensely with the family, and see both the parents and the child, are able to provide greater detail. It may also be the case that these particular individuals had been better trained or had more experience of child protection procedures and knew what to expect from the conference. Research by Baginsky (2007) has found that teachers lacked the training and confidence to participate fully in child protection conferences. In some cases the non-social work practitioners were able to provide detail about family life, parenting capacity and other environmental

factors, and in relation to some factors, such as child safety, health visitors were the major discussants.

Where the impact of the parental behaviour and neglect on the child was not explained, there are some possible explanations as to why this was the case. This detail may have been omitted because the workers lacked the depth of knowledge about the family to discuss it. The difficulties which workers from adults' services had in providing information which focused on the child were highlighted by staff in focus groups and interviews:

> I find with the adults' services that sometimes they stick very much to what they feel their remit is, and they say "you know I work with the adult I don't work with the child, I can only comment…" and they won't try to look or discuss it in the sessions. Because you know like with the drug workers it'll be very much how they're using and not anything else (Family Visitor, Focus Group 6)

Managers from adult-orientated services did comment that child protection conferences served as a reminder to consider and hear about the child's perspective in the family, particularly when their work with parents may not bring them into contact with the children:

> I just think practice becomes very removed from children, um particularly if you've got parents who are beginning to be suspicious they certainly won't bring the kids in once they know that safeguarding is on the horizon, whereas once upon a time we'd have had lots of kids in our waiting room, now particularly our work in drugs substance misuse side, they don't bring the kids anywhere near us. (Probation Officer, Focus Group 2)

Thus some adults' services workers may have to make additional effort to ensure they keep the 'child in mind' in conferences.

The pivotal role of the chair to maintaining a child focus in conferences was a theme which emerged in both the recorded conference data and the interviews with practitioners. The social worker below commented on how the chair could manage discussion of parent's parenting capacity to ensure that the children's needs were kept to the fore:

> … what you're asking about, about the focus on the child because sometimes obviously in your assessments you will talk about the parent's needs or the parent's childhood and sometimes that can be talked about and you kind of think "well I know that's terrible and difficult but we'll deal with that and we need to look at…" and you can't ignore it but I think with some chairs they may twindle off with, but certainly other chairs they'll say "well that's something you can discuss with there and we'll put that on the plan that you need adult support or bereavement support" (Social Worker, Focus Group 5)

As discussed in chapter seven, parent's participation in conferences could sometimes obscure a strong focus on child welfare in the meeting. Chairs commented on parents'

deliberate "manipulation" of the discussion to divert attention from the concerns about the child. This was most likely to occur in the agenda item discussing parenting issues and parenting capacity. One chair described how managing this was a key task:

> A lot of parents are able to manipulate the meeting in the way that they want the meeting to go so you know they can take over and divert away from what the specific concerns are about the particular children as well. So that's the role of the chair to get that managed (Chair 6)

Such challenges were also apparent within the conference data. In one instance (Review Three) an adult mental health worker attended the conference but did not give details about the way in which the mother's mental health affected her parenting capacity. Whilst they stated they would monitor the poor home conditions, it was not clear what the root cause of these were. Also within this case the psychology report for the father, which was not available in the conference file, was reported in conference to be limited in its scope, and the social worker questioned how it had been requested and what had been assessed in relation to the father's ability to provide basic care and household cleanliness.

It could be that practitioners simply regarded the provision of such things as education and supporting school attendance as a given, a 'good thing', and the dangers of not providing or meeting these needs were perhaps seen as so obvious as to not require stating. In other cases, for instance in discussing difficulties in meeting the child's emotional needs, it could be that the impact on the child was not made explicit because this is too difficult to convey and presents a challenges or difficulty to the worker/parent relationship. A combination of these two factors may apply in the avoidance of detailing the 'historical concerns' when a child was subject to a child protection plan due to mother's previous parenting and removal of older children from her care. In these cases, the previous difficulties were perhaps seen as obvious and considered too painful to 'rake over' again. The discussion in ICPC One illustrates this point to some extent; in this pre-birth ICPC the concerns about the child were as a result of the mother's previous parenting. The mother was happy to talk about the circumstances which had led to the removal of her previous children, in response to the chair asking about the reasons for the conference at the outset of the meeting she answered:

> ...I've made many mistakes and thankfully I've come through that now. But I did neglect my child and he got hurt through that, and I totally take blame, you know it was the lifestyle that I was leading, and at the time [sort of laugh] I didn't believe, I hated social services, 'why've they took my baby?', but obviously now I've come to understand and respect them. (Mother, ICPC 1)

However, in comparison to others in the dataset, this conference was striking in the frank discussion of the mother's parenting. It appeared that talking about her neglect of her

children was easier because this was a past event or behaviour, rather than an ongoing situation.

In summary, the discussion of parenting capacity within conferences was usually dominated by contributions from the social worker and the mother. There was an absence of information about how poor parenting was affecting the individual child's welfare and wellbeing. This may reflect a lack of information or confidence to present such detail in the conference meeting when the parents, and perhaps children, were present.

Family and Environmental Factors

The data analysis considered the extent to which the discussion and analyses of family and environment factors focused on an assessment of child welfare, children's needs and children's views.

Family and environmental factors did not consume a large proportion of the meeting, with an average of 9% of conference time spent on this agenda item. Overall there was little difference between the mean time spent on this item in 'baby only' and multiple children conferences. There was a difference seen between review and initials with slightly more time spent on the discussion of family and environmental factors within review conferences compared to initials. Mothers were the main contributor to the majority of discussions of family and environmental factors. When the counts or 'turns' in the conversation were considered, in relation to the sub domain topic areas, social workers were also key contributors to this. An exception was discussion of housing which was dominated by social workers and housing officers.

As with parenting capacity, this agenda item was not always broken into all 'sub domain' topic areas. Discussion of family and environmental factors always referred to family history and functioning within conference, but the extent of coverage varied. Within some conferences family history and functioning was discussed briefly, and for five conferences it covered between 2 and 4% of the coding. In others, it covered 17-18% of the conference coding (Conferences One, Eight and Nine). When the codes were analysed by who was talking, it could be seen that mothers provided the bulk of information on this topic, with 43% of the codes. Social workers, including senior social workers, made up another third (35%). Where they attended the conference the five fathers and the two children who came along also contributed to discussions.

There was limited discussion of employment, income and the family's access to community resources. Employment and work were only mentioned in six of the fourteen conferences in ten exchanges. Coverage of the transcripts of this code was low at between 1 and 3% of the whole transcript. However, it could be the case that these were 'fixed' items, which were unlikely to have changed since they were discussed in the first conference (in review cases), or in the social worker's report.

Family income was mentioned in 11 of the 14 conferences. As was seen in discussion of employment, this topic was not a lengthy matter for discussion and usually only covered 1% or less of the whole conference transcript, with the exception of two conferences where it was 3% and 4%. Analysis of the reports indicated that the majority of families lived on a low income, but that in few cases this was linked to the neglect of the child/children's needs. Links were made between income and meeting the 'basic care needs' for children, both positive and negative. In Review Eleven the health visitor noted that despite the family struggling financially they were putting the baby's needs first by ensuring he had the right equipment:

> We talked about weaning next time I was there, they'd got the highchair which makes a huge difference, so that demonstrates that you're making his needs a priority, obviously finances are never that good, but that his needs are priority. (Health Visitor, Review 11)

Difficulties in meeting housing costs were discussed in three conferences. These ranged from the mother's problems in replacing smelly carpets (in Review Seven) to thousands of pounds of arrears (in Review Eight). In these exchanges, information was provided by housing workers, refuge workers and social workers, as well as the mothers. There were three conferences where the housing difficulties and costs were related to domestic violence. An example of discussion of financial issues was Review Two. Poverty was a key concern for this family and was discussed throughout the conference. At the beginning of the meeting it emerged that the mother was unable to attend because she had no money to travel. Later in the conference the social worker commented that it was difficult to contact the mother because she often had no credit on her phone. The social worker also noted that children's social care had provided money to buy formula milk for the child. Within the short section discussing family and environmental factors the links between the financial and housing situation are made by the chair and social worker:

> Yeah, so financially it's highly unlikely that {mother}'s going to be able to raise the right amount of money to secure a permanent property in [place], that then raises significant concerns about what's going to happen in the meantime, and {Child 1}'s development is going to be impacted by what's going on around her and if {mother} continues this nomadic lifestyle, she's not going to engage in the right services that are going to support her to make improvements that we had had evidence of when she lived in [area]. (Chair, Review 2)

Yet whilst this extract shows that the housing and financial circumstances will impact upon the child, there is still vagueness in the description of this. It was not made clear exactly how the baby's development would be affected, except to say that her mother would have limited access to 'services' – presumably support services although what these were was not explained.

There were three conferences where the family's social integration in the area received significant discussion within the meeting. It is perhaps of note that two of these were conferences where a child protection plan was not deemed necessary. For instance, in ICPC One, a comment was made about the positive influence of the parents' church community and the support it offered to them. There were also concerns about parental drug and alcohol use in Review Five, where the mother's friendships and social integration was a consideration, taking up 10% of coverage of the conference transcript overall, and this conference had the most discussion of family and environmental factors overall. The topic was discussed by both the social worker and the chair asking the mother direct questions but it is of note that 'the concerns' or the risks posed by this to the child were not made explicit by the social worker

> … she's saying she has her own needs in terms of associating with {partner}'s friends because she was missing him, so she felt that going to the {support centre}, you know she could talk to other people there about {partner}, but she did not seem to accept the concerns that, you know we had about the people that go there. She did tell me that she was meeting {name} and {name} there and he is known to use alcohol but {mother}'s quite insistent that he doesn't drink alcohol when she is with {child 1} but (he's) somebody that's actually known, he doesn't even live at the {support centre}, he's classed as homeless person. (Social Worker, Review 5)

Similar discussion of parents socialising with drug and alcohol users, in particular street drinkers were also had in Review Seven. However, these concerns were not considered in terms of their implications for children and their welfare. Although there was a suggestion that this could impact on the child, for example, in noting that alcohol drinking does not happen when the mother and baby are with her friends, comprehensive consideration of substance misuse and child welfare was limited. It was not clear whether the practitioners thought that the baby might be harmed and how this might happen. A possible explanation for the lack of discussion of the impact of the circumstances on the child and for not making a connection between environmental factors and child welfare was that the dangers in associating with street drinkers, or drug users were perhaps perceived by practitioners as to be so obvious as to not require stating. However, without this, the conference once again can miss the chance to focus on what the child's needs are and to consider how the neglect is impacting upon them. Furthermore, such specification of the impact on the child can be an opportunity to engage parents in important discussions and highlight child welfare concerns to them in a clear way.

Standards of home conditions were acknowledged by practitioners to be difficult to quantify. This was a topic of concern in two conferences. In Review Three the way in which improved conditions had positively affected the children was clearly stated by the chair, social worker and FIP worker. Yet whilst this positive change was acknowledged, what was not clear was what 'deterioration' of these conditions would look like, and how this would be signified, despite the warning that this would lead to more severe action and legal proceedings by children's social care. Review Five also had discussion of housing conditions, in this meeting a kitchen was described as unfit for preparing the baby's milk, but the implications and potential impact on the child of this was not explained in the conference or report, although the health visitor did note that this had been discussed with the mother:

Health Visitor	… er there's been, at least a couple of times when I say I've visited and there's been used nappies on the floor, erm used milk bottles on the floor the kitchen has not been in a fit and hygienic state to be able to be making the baby's milk in there, on one occasion {Mother} actually shut the kitchen door and told me not to go in and she physically stopped me from entering because she said she was appalled at the state of the erm kitchen herself. The whole flat was untidy so it wasn't just the kitchen at that point. That's actually been observed as well by members of staff from {refuge} leading to her failing the flat inspection on one occasion
Mother	Passed two, failed one, just thought I'd add that
Chair	it's very important you have to –
Health Visitor	and that was discussed with {Mother} the importance of hygiene for the baby especially when you're making…
Mum	My flat is spotless now.

(Review 5)

In such discussions, the chair could elicit more detail from practitioners. For example, this chair stated that they would ask for meeting attendees to consider the impact of the home conditions on the child:

> I link it up, ok so the house is scruffy – what does that mean for the children? (Chair 3)

Thus the chair can help to retain a child focus in the way this information is considered by the conference.

Featherstone et al. argue that there is currently a "*shocking neglect of the role of poverty and deprivation in families' difficulties*" (Featherstone et al. 2014, p96). The minimal discussion of economic factors in the conferences, that is discussion of the family's income and employment situation is impact having on the child, would seem to support this. This

has also been found in other studies of conferences (Buckley 2003, Farmer and Owen, 1995). Furthermore, this (limited) attention on the individual's circumstances and agency can mask the structural deprivation and societal neglect the family is experiencing (Featherstone et al. 2014; Hooper et al. 2007; Horwath 2013). Bell (1996) suggests that practitioners find it difficult to be confronted by the evidence of neglect in conferences which they are not equipped to redress. This may explain why the meeting does not consider such aspects in more depth – there is a sense that nothing can be done.

Practitioners' understanding of family and environmental factors were also narrow in other ways, for example, in considering the support from family members. Whilst grandparents and a great-grandparent attended some conferences their contribution to the discussion was minimal. For example, as noted in chapter five, one child in the family in Review Nine regularly stayed at her grandmother's house and was reported to prefer to stay there rather than at home with her mother, but her reasons for this were not explored in the conference. In Review Eight, whilst the oldest brother in the family was reported to be 'like a dad' in his care of the children, he was not treated as such within the assessment process, and did not attend the conference. Difficulties in ascertaining the nature of family relations was observed in Review Seven, where the social worker noted within the conference that they were unaware that the mother's elder daughter, and two children who were also subject to a child protection plan, had been living in the house for the last ten weeks. Family relationships can be complex, and not necessarily straightforward and this can present a challenge to child protection social workers as Saltiel's (2013) ethnography of child protection assessments found. Assessment of such complexity in times is further exacerbated when workers are operating with high caseloads and considerable time pressures. The ability of the conference to be child focused, and to consider what the daily lived experience of the child is like will be compromised when this information is not available.

Keeping the Focus on the Individual Child in Multiple Children Families

Where there were multiple children in the family, the focus on the individual child could be affected detrimentally in a number of ways. Analysis of the conference dataset and interviews with practitioners identified several key factors which could affect the meeting's focus on an individual child and their welfare. These factors were: that an increase in the number of children discussed affected both the time spent on a conference and the proportion of time spent on individual agenda items; that individual children could be 'lost' within the meeting because conferences were likely to focus only on

children with presenting needs and that it was harder to convey a picture of family life and family dynamics; and finally, there was an increased number of practitioners involved in a meeting. These will now be discussed in turn.

Meeting length and fatigue

Long meetings were a feature of multiple sibling conferences. Conferences for 'single children' families were much shorter than those discussing more than one child. There were five multiple children' meetings which discussed children living in large families of four or more children. However, the average time for the five 'large' families was comparable to the 'more than one child' conferences, at one hour 39 minutes. Thus, whilst conferences with the most children in were amongst the longest, other factors may have contributed to the length of the longest meetings. For example, Review Three was the longest in the sample as a result of the active participation of the children in the meeting - with contributions either from an advocate or their own attendance. Another example was Review Seven which lasted one hour 37 minutes and discussed three children, including one had developmental delay, and whose mother required a lot of support to be able to meet their needs.

With a longer meeting, there is increased chance of fatigue in practitioners and family members, and this could be a factor in poor or rushed decision making towards the end of a two hour meeting as participants' concentration begins to wane. The duration of the meeting may also impact negatively on the engagement of parents and children in the conference process. Horwath (2013) notes that duration of meetings may be detrimental to the quality of information discussed. Practitioners discussed the fatigue and loss of focus in meetings. One chair said that as 'professionals' they should all be able to cope and concentrate for a length of time, but the impact of this on family members, in particular parents who usually attended was acknowledged by some such as this chair:

> But people can start to get a little bit jaded and I'm very aware that sometimes minute takers are hammering away there on their laptops. But no, as far as I'm concerned we are in here to do a job of work and we will get all the information that we need however long it takes in order to be able to get the risk assessment. (Chair 7)

Another chair stated that he aimed to keep meetings short particularly to avoid this difficulty:

> I aim to be done within the hour, not so much the initial conferences but the review conference where there has either been significant progress or significant failings that have brought about removal of children or procedures you can condense that down. You've got to be so careful of not talking about things for the sake of it, you're not focusing on the key objectives. (Chair 8)

Through analysis of the conference sample and observations conducted during the study, there appeared to be a policy in the 'City' LSCB area of ensuring that meetings did not last more than two hours, which was linked to the room booking system in operation in the building. This time limit may have also reflected ideas about ideal lengths of a meeting as in ICPC Three the chair stated that she intended to keep the meeting to no more than two hours because:

> ... it's more than enough for me and I do it as a full time job, so I imagine that parents will struggle for more than two hours. And actually to ask to take the information in. So I just ask that people are mindful of their contributions and to keep them to a minimum. I'm not asking people not to say things, I'm asking people to keep their comments as tight as possible (Chair, ICPC 3)

This also illustrates the key role of the chair in managing the conference, and that there is a balance to be struck in having sufficient time for each agenda item and not exhausting participants with a long meeting. Minute takers reported that meetings discussing large numbers of children could be challenging and that it was harder for them to concentrate and to undertake their work:

> I think it's inevitable that it's harder to concentrate, harder to be as thorough, but some do I think. But sometimes you come away from a conference and you kind of can't separate the children in your head. (Minute Taker 7)

Whilst many respondents noted that it was, as the above quote says, '*inevitable*' that meetings for more children could lead to increased challenges, there were few strategies or approaches in place to tackle this. Chairs and minute takers in the City area noted that a double slot or additional time could be made available for some meetings:

> So we will use, with large sibling groups we will try, we will often book a double slot for the conference. But actually people are flagging after an hour and a half two hours, it's not good to have a conference going on longer, but how you make sure you look at each child as an individual, because if you think about what I just said about threshold issue, actually you do have to look at each child as an individual, because some children are amazingly resilient, just because a parent is not doing x and y and z actually it might not be having a significant impact on the child because of a variety of factors really. (Child Protection Manager 1)

This practice was not seen in the conferences for meetings in the dataset discussing many children, instead, in the conference sample longer conferences process-driven and made to fit the usual time slot, indicating that the decision to extend into a longer meeting was not often taken. Factors influencing the decision to keep to a set time slot could be due to room availability or the practitioners' workload and other duties.

Time spent on agenda items in multiple children conferences

A difference was found in the time spent on the various agenda items for conferences where more than one child was considered. The conference data showed that the proportion of time spent on particular agenda items was often different when discussing large numbers of children. Compared to conferences for smaller-sized families, a greater amount of time was taken to discuss the developmental needs of the children, and therefore the time spent on discussing items such as parenting capacity and whether the threshold was met for a plan was reduced. Comparison of the time taken to discuss each child within the 'children's developmental needs' section of the meeting showed that for the 'single child' meetings this agenda item took between three to ten minutes, accounting for between 10% and 19% of the total meeting time. In the 'multiple child' meetings each child's developmental needs were also discussed individually, and this task took up more time, as might be expected. However, this increase in time also had an impact on the amount of time available to discuss other agenda items, as most meetings operated within a two hour time limit which reflected the constraints of the room booking system in the building. Thus the conferences considering 'multiple child' families had less time available for other agenda items. In the 'multiple children' meetings the section discussing the child's developmental needs accounted for between 40 and 62% of the meeting time. The average time spent on this part of the agenda in these 'multiple children' meetings was 51%. In some conferences the time spent on these tasks appeared inadequate and other aspects of the meeting, such as planning were cut short. In these instances, the attempt to keep the focus on the child by fully exploring their developmental needs compromised the other functions of the meeting. Whilst practitioners may have preserved the quality of information discussed about the individual child, the other functions of the meeting – to decide on the need for a child protection plan, and to create a plan that positively influences the child's daily lived experience – were negatively affected. Thus there may be a negative result overall in the quality of conference that a child in a multiple sibling family receives.

Overlooked or 'invisible' individual children

Within the 'multiple child' conferences there was variance in the amount of time spent discussing individual children. In a number of cases more time did appear to be spent on the discussion of older children and/or the children presenting with the most difficulties. For example in Review Eight, which discussed ten children, a difference was seen between the older and younger children, with more time being spent on those aged twelve and over, and within these four, the only two children who remained on a child protection time had the most discussion time. Discussion of the needs of the two children who remained on a plan took 12 minutes, compared to three and a half minutes discussing the baby of

the family. Similarly, ICPC Three spent more time discussing the school-aged children in the family, than their younger siblings. The older boys were reported to have been affected by the witnessing domestic violence and caring for their younger siblings. The trigger incident for this conference was involved the police responding to concerns about the baby of the family, about whom little was said.

Practitioners acknowledged that there was increased likelihood that the focus on individual children could be lost in the multiple children conferences. Many said that the conference agenda and process could act as safeguards to prevent this happening in providing structure and prompts in the meeting. The practice of considering each child's developmental needs on an individual basis was identified as a key aspect of the structure. This quote, from a family support project who was working with the whole family, shows that they thought this structure would ensure that they spoke about each child on an individual basis:

> I think, when I've gone to the case conference with this family with the seven children, I find it very helpful to have that structure. Because we'll talk about this child - health, education, and then we talk about this child. then agencies like myself, because I work with them all, I have to input on a one to one, so the chair will say to me, sort of like when each child has been done "and what have you been doing". So I then discuss all the children, (Family Intervention Project Worker, Focus Group 5)

There was no particular rule observed in the conferences or reported by the chairs as to the sequence of discussion, that is, whether children were discussed youngest to oldest or in the opposite order. Some practitioners felt that this could mean that the children spoken about last would receive less attention:

> I suppose there is a danger the further on you go, the less you start saying. (Chair 5)

> What I tend to find is that sometimes say 4, 5, 6 children in the family you know you'll start off with the first one or maybe the one they've most concerns about, you'll have quite a big bit of them but then by the time you get down to the last one you've got probably two or three lines. That I have noticed. (Minute Taker 3)

One chair noted that considering each child individually could lead to repetitive contributions from practitioners:

> ...but you have to be a bit careful of not getting repetitive. And we do have larger families of 8, 10, 12 and then you can tie yourself into the absurd, you have to be, especially when you get the very large families, because a lot of time when you get the very large families, it's an indication of parents not having an ability to manage...[ ]...so to tie a meeting up, just going through, right we'll talk about this child we'll talk about this child, you're not serving any purpose and so you know you will say to professionals, once we go through each of the children, let's shout out positives, concerns, negatives, changes. (Chair 8)

The greater amount of time spent discussing the needs of older children was explored with practitioners and conference staff. Some suggested that it could be associated with a lack of difficult or 'externalizing' behaviour in younger children, where the cumulative impact of neglect was less apparent:

> it's the younger ones basically who haven't shown any signs of impact, haven't felt the impact perhaps, so they kind of get lost at the bottom, but it's widely recognised I think that once they get older they will start exhibiting the same sort of behaviours and demonstrating the same needs, so they have to concentrate. (Minute Taker 12)

Some chairs stated that they were aware of this issue and would switch the order of discussion to ensure that younger children received sufficient attention:

> Then by the time we get down to the younger ones, people think 'oh no there's nothing to, no concerns' all the rest of it. I am mindful that that is the case so what I do is that if - there are certain points that I need to ask, particularly about the younger ones then I will start with the younger ones first. (Chair 2)

This was observed in the conference sample where in two of the eight meetings discussing multiple siblings the chair began the discussion with the youngest child. However, in the cases where this strategy was used, the proportion of time spent on discussing the older children still exceeded that spent on their younger siblings. For example, in Review Eight, where the two eldest children had involvement with youth offending services due to their criminal activity (such as shoplifting and assault) and truanting, discussion of these difficulties covered 15% of the conference time. Furthermore discussion of the needs of the two children who remained on a child protection plan took 12 minutes, compared to three and a half minutes discussing the baby of the family. In this meeting the discussion, particularly regarding child eight, was dominated by a Youth Offending Service worker, who had not submitted a report prior to conference. There were concerns about this girl, and the practitioners agreed during the meeting that she was most at risk and in need of a Child Protection plan, compared to her younger siblings who were made subjects of a Child in Need plan instead. Practitioners showed some awareness that the impact of neglect can manifest in different ways for older children, such as being at risk of sexual exploitation. At the time of research there had been recently published government research on the indicators of adolescent neglect (Rees et al. 2011). Also within this conference there was discussion of how the oldest daughter's difficult behaviour affected her other siblings, as they had to search for her when she went missing. This indicates that the chairs have to use their judgement to find a balance between ensuring that the most risky behaviours are considered, whilst not obscuring or losing the focus on children who are not presenting with such externalised and immediate difficulties, but may be

experiencing neglect in other ways. The discretion of the chair, in deciding how to order structure and order discussion of many children in conferences can also be critical.

As noted earlier in the chapter, summaries were a way to round up key points about the child's needs before moving on to the next. Some chairs said that they would dispense with this in conferences for multiple children to save time:

> One of the tricks that I do use, certainly on the longer conferences when I think people are starting to lose focus, is I'll not summarise. So we'll do child A and I might summarise, by the time we've got down to child C or D, and then sometimes to keep people's focus and to keep the flow going, I'll not do the, but what I'll do is immediately after the conference with the minute taker and we'll do C, D, E parents and whatever. So it's all there. (Chair 7)

This lack of verbal summaries was observed in one of the conferences in the conference dataset. This was for the largest family in the sample, with ten children considered within a two hour meeting. In this instance the chair announced their decision not to summarise at the beginning of the meeting, stating that this was to save time:

> OK I'm not going to summarise after each child but I'm writing brief notes after each one otherwise people have got to listen to the same thing over and over and over again. I will do it for the, what we normally do I summarise for the minutes but I think it's just going to take too long, people have got to leave by 1 o' clock. (Chair, Review 8)

However, in this conference, not only were the summaries of the children's developmental needs omitted in the conference, but so was the discussion of what actions and outcomes were needed, which had implications for the plans created by the conference. This is discussed in the next chapter. Thus whilst the chairs may have had a good intent of wishing to conserve the time and concentration of meeting participants, omitting the summary did not allow for the chair's opinion to direct the meeting and ensure that key elements of the child's individual circumstances were recapped before moving on to the next child.

Meeting size

Meetings concerning multiple children could result in greater number of practitioners present at the conference. Research has shown that the number of practitioners present at meetings can be a source of anxiety for parents and children who attend meetings (Farmer and Owen 1995, Buckley et al. 2011, Bell 2011 Cossar 2008, Corby et al. 1996). This in turn can influence the ability of the meeting to focus on the child. Some chairs commented that they had observed this in their practice:

> Chair   Mmm the other thing is if you've got a lot of children, you're going to have a lot of agencies, you know the more children you get, the bigger the meeting is, it seems that more the anxiety levels sort of feed off one another and erm people seem to be raising things and being more concerned about 'this is very concerning'.
>
> Int   So you mean the whole group tends to get a bit more -
>
> Chair   - Yeah, yeah, everybody gets whizzed up a bit
>
> (Chair 6)

Thus the child focus could be affected because the dynamics and context of the meeting were compromising its function which is to enable the staff to consider analyse and make decisions in a calm way. This was noted by Bell (1999, 1996b). An alternative impact of large meeting sizes was that, rather than conflating the concerns, practitioners could disengage from sections of the meeting:

> Erm you see it is difficult to keep the focus because people who aren't involved in the particular child, you can almost see them thinking "when's my turn to go or what's this to do with me?", but our procedures say we have to treat children individually and there is a danger of lumping all the children together and not seeing that they all have individual needs and what might be right for Jonny who's thirteen isn't necessarily right for Tommy who's two and the risks will be different and the vulnerabilities will be different. (Chair 5)

As might be expected, Review Eight had the most practitioners in attendance as ten children were considered, and in this meeting there were 13 practitioners present. In four other meetings between seven and nine practitioners attended, and of these four, all were discussing multiple siblings, and three were large families. The range of multiple needs within a family was evident in Review Eight. The large number of agencies involved in the family was recorded in the social worker's report and acknowledged in discussion between the chair and this worker toward the end of the meeting, after the mother had left. There was discussion about how the mother could manipulate the many professionals involved, as a way of deflecting the attention from the situation. Here the quote from a social worker in response to the chair exemplifies this discussion and shows how the focus on the child could be lost within this case:

> … that's what happens when you're one to one with her, she'll say something and half of my time with this family is spent ringing round other professionals checking out what she's said instead of focusing on the children. (Social Worker, Review 8)

Later the chair notes that:

It's one of the challenges of working with a big family because you do inevitably have an enormous number of professionals involved and there's always that potential for people to play people off against each other and miscommunicate things or tell you one thing and tell you something else and sort of manipulate situations. (Chair, Review 8)

The practitioners' discussion of this when the mother had left the conference indicated that the staff needed further opportunities to meet to discuss how to work with this family, which could not necessarily happen in meetings such as conferences and core groups when the mother was present.

Conclusion

This chapter has considered how the information shared and discussed about the child, parent and family and environmental factors at conference was child focused. It showed that the time spent on the discussion can affect the child focused nature of conference by squeezing out the time available for other agenda items. Children's developmental needs were always discussed, regarding health and education but there was inattention to some aspects of the assessment framework such as discussing their identity and family/environmental factors. Furthermore, how problems in these areas were affecting the child was not always made clear.

The lack of detailed breakdown in the discussion of parenting capacity could be due to the fact that this section of the triangle was not so not so easily broken down into practitioner roles as child-development issues were. It may also indicate a lack of practitioner confidence in discussing such matters. However where all the aspects of the parenting capacity triangle are not discussed this can result in a 'lopsided' triangle (Horwath 2002) and the child and their needs may not be given full attention.

There was limited discussion of some aspects of family and environmental factors which are of relevance to the consideration of a neglected child. In particular, there was a lack of consideration of employment and income. Factors which might be considered as marginal to the role of services and therefore less easily addressed by them, such as the family's income and housing, were often not so extensively discussed. So rather than discussing the poverty the child is living in, which the worker is unable to change, and may be difficult to discuss with the family, instead they only discuss the issues which are within their remit and professional role. This may mean that what family life is truly like for the child, what their day to day life is like is not fully considered by the conference. Furthermore, the extent to which the neglect they are experiencing can be alleviated by the actions decided

upon in a child protection plan may not be considered. The planning work of conference is discussed in the next chapter.

The degree to which the children's daily life was explored in conferences was examined. It is argued that to do so is a way to be child-centred and explore the child's lived experience of neglect. The conference data showed that there was little discussion of the children's daily life and where this did happen it was usually as a result of the chair's probing questions. There was more frequent discussion of the daily lived experience of the child when the child was older and there were ongoing concerns.

Finally, the chapter set out how conferences discussing multiple siblings can be at risk of losing their focus on the individual child. Longer, more complex meetings can make it harder to give adequate time to individual children. In the conference dataset the chair's summary and the time spent on planning were reduced in meetings for multiple children. In addition, individual children can be 'lost in conference due to the volume of information presented, and practitioners reported that ascertaining the views of children in larger families could be difficult. The following chapter will consider the way in which the information gathered for and discussed during the conference is analysed and informs the child protection plan.

Chapter 9: Conference Practice - Child Welfare Decision Making and Planning in ICPCs and Reviews

Introduction

The key defining feature of a child protection conference, setting it apart from other multi-agency meetings, such as core group meetings, is that its purpose is to decide whether the threshold is met for a child protection plan, and if so, to establish the outline of this plan (HM Government 2010 p161). This chapter will consider how child focused child protection conferences were in undertaking this task. The meeting agenda for the LSCB areas (see Appendix 5) described this part of both the initial child protection conferences (ICPC) and review conferences as the 'analysis of ongoing risk of significant harm to the child and the need for a child protection plan' and it was then followed by 'decisions of conference'. As discussed in Chapter Four, difficulties with child protection planning have been highlighted by a number of studies. These problems include a lack of detailed outcome measures (Farmer and Owen 1995, Farmer and Lutman 2012) and clarity of roles for professionals (Gibbons et al. 1995, Hallett 1995). Furthermore, Horwath (2013) argues that the planning and decision making discussion in conferences provides a critical opportunity to convey to parents what aspects of parenting, home life and family life need to be improved for children and young people, and their roles and responsibilities in these regards. This thesis argues that child focused planning should be based on a comprehensive assessment of child welfare, children's experiences and children's views. It should seek to promote actions orientated towards improving child welfare and promoting children's rights.

The chapter begins with considering aspects of decision making and planning in conferences which the practitioners interviewed identified as challenging. It then proceeds to explore the particular ways in which categorising child neglect in conferences can be difficult, with reference to the practitioner's views on this and the data gathered from the conference recordings. Whilst the City and County areas operated conferences within the same statutory framework and had shared LSCB procedures, differences in approach to the style of planning in conferences were apparent, which are explored. The chapter concludes by considering the factors which may affect decision making and planning in child protection conferences for large sibling groups and in long-term child neglect cases.

Practitioners' Views on Child focused Decision Making and Analysis in ICPCs and Reviews

As noted in chapter five, the quality and child focused nature of analysis within conference was reliant on the information shared at conference by practitioners and family members. This would be particularly important for ICPCs which are usually bringing together practitioners and families for the first time, compared to reviews where the practitioners had been able to establish a working relationship with the family and information would have been shared at core group. Yet at any point in the conference process the absence of information – either not contained in reports or as a result of non-attendance of family members or practitioners - could affect the ability of conference to fully assess the potential risk of significant harm to the child. Sometimes staff may simply not have had time to fully prepare for the meeting, nor had enough time immediately prior to conference to read reports, as this health visitor states:

> I don't think there's always enough time when you've got to go through, you attend and you arrive and try to read all the reports, I don't think there's always sufficient time to really analyse what everybody's put in the reports to be honest. To look at all the risks from all agencies. (Health Visitor, Focus Group1)

This can affect practitioners' capacity to assimilate the information and could affect the ability of the conference to consider each individual child's needs.

Another factor identified in the interview data was that practitioners had different understandings of their roles in child protection conferences. There was an expectation amongst some practitioners that they should bring their analysis of current concerns to conference and contribute to decisions, but they commented that others only shared information. This was reported in chapter six which showed that discussion of the impact of the neglect on the child in the conference reports and discussion was limited. This was a frequent criticism from chairs, for example:

> I think you will often find people saying: "Well I thought I'd share it at the conference" and you think 'Well that's a very bizarre thing to do' because actually the conference isn't here, it's not a forum to develop an assessment, it's a forum to develop a plan, it's a forum to make a decision, to make a very specific decision. But I think actually people come to the conference wanting to gather information. (Chair 9)

Some comments in the focus groups confirmed this perception that conferences had an information sharing and an assessment purpose. This may be more likely to happen when practitioners are not members of the core groups:

> And actually I do think, for us, with a predominantly adult perspective, it is one of the few times we do directly connect with what people who see the child regularly have to say about the child. So I do think I will say to them make sure you do read everything that's in front of you at conference. (Probation Officer, Focus Group 2)

Some senior social workers and chairs suggested that staff were not confident in providing an analysis, which may be due to a lack of training or a reluctance to express an opinion about poor parenting to the families.

> I think people need support in analysing their information and making a risk assessment with that information, and going back to what about the impact on the child what about the consequences for the child, how the child views it. More than sitting in a, meeting and sharing it, it's the analysis (Social Worker, Focus Group 1)

> No, people are quite happy to present factual stuff about an adult, they have this or they have that they're not always as confident about saying about how that might be for the child. I think that might depend on which erm, agency they're representing (Chair 5)

One chair argued that when conferences were not focused on the impact on the child in this way this could result in a lack of clarity about future actions. In particular, parents could be confused about the content of the plan and what they were expected to do following the meeting:

> I think they need to get clear messages in order to understand what they need to do, what needs to change. I think if you do a mini-core-assessment you're not giving a clear message to the family and it think that makes it difficult (Chair 9)

Whilst many of the social workers recognised their key roles in undertaking these holistic assessments of child welfare, some felt they were not sufficiently assisted by other practitioners to do so. Furthermore, one chair commented that social workers were not always able to contribute in the conferences with the detail and depth of analysis needed. She suggested this was due to a lack of reflection and assessment, and that this leads to greater work having to be done in the conference meeting itself:

> …actually their sort of opportunity to deconstruct that assessment, and to understand what it means, that's a gap in terms of social worker…the reflection in terms of what it means. So when it comes to conference what you do is you just get an outpouring, they just tip their assessment on to the table, and you sit there and sort of wade through the bits of the assessment and look for the risks and look for the vulnerabilities and make sense of them in that way. (Chair 9)

This indicates that greater training and support is needed for practitioners to manage this key issue. Confidence and knowledge in use of thresholds was another factor. Some chairs and social workers also suggested that workers attending conferences could find making a decision about the level of risk to the child difficult. One social worker stated that the chair should be more specific in their direction in conference, instead of simply asking for practitioners' views:

They just say to people "So what's your...?" it doesn't say, what's your assessment of risk, what's the impact of that on the child? And almost having that is going to help people think that way. Then once people are used to that way of working and they're thinking about it within their practice and they're thinking about it before they come to conference. (Social Worker, Focus Group 1)

Some chairs said that this was their approach:

Yeah drawing out, yeah is that is, is that at that particular level, and asking people what are the risks. Because I think just the word concern just gets bandied about so much (Chair 6)

Another chair commented that they would ensure that all those present at the meeting contributed to the decision making and planning section of the meeting:

...people have said "Oh I don't think I'm really in a position to comment because I only work with this child" or whatever, and I've said to them "Part of the conference, I want to know your risk assessment and I want to know your view around whether or not the child requires a child protection plan. Sometimes they um and ah and they're not sure and I'll say well that's fine have a think about it and I'll come back to you, but we won't leave the room until I've got everybody's risk assessment, everybody's nailed their colours to the mast and everybody's contributed something to the child protection plan if we have to sit there all day. (Chair 7)

This chair made efforts to ensure a collective approach to risk assessment considerations in conferences.

Categorising and Specifying Child Neglect in Conferences

A central function of the child protection conference is to collectively decide whether the child had experienced (or is likely to experience) significant harm as a result of neglect. If this is the case, a child protection plan is required. At this point of the meeting the main category of concern for the plan should also be specified. Thus, a discussion of the extent and nature of the child neglect would be expected to take place. The interview and conference data found that this act of specifying and categorising child neglect could be challenging for both the practitioners and the family.

As explored in the literature review, neglect is a complex and contested concept and operational definitions of child neglect can vary (Daniel 2015; Horwath 2007b). Practitioners can also differ in their understanding of the term (Piper 2013). This challenge was noted by respondents in interviews and focus groups. For example, one chair stated that, compared to other types of maltreatment, there may be more 'generalised comments' and 'subjectivity' in conferences concerning child neglect:

> They're the ones where people are going to have much more generalised comments about and the ones that are perhaps harder to evidence and people are sort of erm giving you lots of information that might be more prone to be more, they're more subjective aren't they that's the whole thing really. (Chair 6)

Moreover, this subjectivity could include specifying the degree of harm that the neglect had caused the child – which is key to deciding whether the threshold was met for intervention at a child protection level. Some practitioners identified that certain 'extreme' cases were easier to decide upon:

> … the easy ones are the very extreme neglect of babies because they're potentially life-threatening apart from anything else. (Child Protection Manager 1)

Multi-agency communication regarding definitions and thresholds was also discussed by practitioners in the focus groups. Some workers felt that the threshold for action could differ between services. This health visitor stated that they found it 'easy' to recognise child neglect but what they considered neglect may not meet the threshold for action at a child protection level:

> It's easy for a health visitor, I think, to pick up when there's neglect. However, convincing another agency where there's neglect is a different kettle of fish, because unless that child, unless there is evidence of significant harm, often social care will not take it on board under the category of neglect, and to escalate that problem. (Health Visitor, Focus Group 3)

Chairs and focus group participants noted a difference between identifying the physical neglect of a child and emotional neglect and/or harm. There was a suggestion that practitioners were more confident in evidencing physical neglect, as this comment illustrates:

> yeah, I think it's people are generally, and probably this includes myself if you can see a physical consequence of a situation you're more likely to be confident about saying this is neglect. You know, constant head lice, raggedy clothes, dirty clothes, losing weight. What I think people are less able or less confident about is the emotional harm on children. So they might end up mixing up the categories there. (Chair 5)

The challenges workers experience in categorising child neglect have been noted in the literature (Horwath 2005a; Horwath 2005b; Horwath 2007a; Piper 2013). Horwath (2007b) terms this the 'practitioner domain' when assessing neglect. She states that consideration must be given to how worker's perceptions, emotions and role can influence the task.

Related to the difficulty of common agreement on terms and thresholds for child neglect, was the ability to communicate this to the parents. As discussed in earlier data chapters,

practitioners stated they could be reluctant to use the word 'neglect' in reports which should be shared with parents prior to conference. In one focus group, a social worker spoke about the difficulties in discussing child neglect and what constitutes good enough parenting in the conference meeting. The quote below demonstrates that it can be an uncomfortable experience for both parents and workers:

> It's all about whether somewhere on this scale of what's good enough, are you there or are you there? And I think for parents in the room the fact that they feel very judged, probably about neglect maybe even more than other things and erm it's quite hard to look someone in the eye and say it's not good enough. (Social Worker, Focus Group 2)

Practitioners and other workers explained how the parents' response would indicate that they interpreted the term as a reference to the physical care of their child. The breadth of the definition could also present challenges as this minute taker noted that parents understanding of the term could often be limited to physical neglect:

> I don't know whether you've seen our agendas, we've got the categories on there because people sometimes they'll say "I don't neglect my children, you know I get them dressed nice and I get them to school" and you have to point out that neglect can cover this huge, it's not that you don't look after them, you're neglecting them in a different way. That's what parents don't realise (Minute Taker 2)

In this quote the minute taker also refers to the practice of having the categories of child abuse and neglect used for a plan on the table for reference in the conference. (This was only used in County LSCB and not City). Parents equating neglect with only physical aspects of the definition was also found by Piper (2013). This is a narrower definition compared to that used in *Working Together* (HM Government 2010) as discussed in chapter two. Some family support workers said perceptions of this could be informed by media representations of child neglect, such as television advertisements for children's charities:

> So their impression and their understanding of that word and that context is actually influenced a lot by the media. (Family Resource Worker, Focus Group 4)

As noted above, the emotional implications of the term for parents was noted by some workers. For example, this chair emphasised the importance of clarity in definitions to avoid misunderstanding:

> I think, well it's better if it's spelt out, because it's just a word that people put their own interpretation on and I think you know it is quite hurtful to hear, you're neglecting your kids. People interpret that as 'I don't love my kids', which you know that's not often, very often not the case [laughs] you're not doing this, this and this, and you're doing those things but because you're not doing these things and those needs are being neglected. (Chair 6)

If the workers do avoid using the term 'child neglect' with families, then the use of it within conference setting could be powerful, as some chairs and focus group respondents noted. This worker comments on the categorisation process and suggests the stigma which can be attached to the term:

> So the way that the chair actually uses that moment is very important, because the word might not have been uttered, but the parent has to suddenly realise, they might suddenly realise, they might think 'gosh I never realised I neglected my child'. But from then on, throughout the rest of that child protection process that category has been singled out and made official. (Education Welfare Officer, Focus Group 4)

The interview data found that practitioners can find it difficult to discuss child neglect and to use the term with parents and children. Other research has demonstrated that the category of neglect can be a difficult for parents to accept. Farmer and Owen (1995) found that parents often '*hotly disputed'* (ibid. p186) the category assigned in the child protection conferences they studied. Glaser (2002) notes that, in discussing emotional abuse and neglect, where the parents displayed no intent to harm the child, the use of words such as 'abuse' and 'maltreatment are '*unnecessarily pejorative*' (ibid. p700) and that:

> ...there is a linguistic and conceptual dilemma between a wish and need to protect children from harm, and a reluctance to label or blame caregivers who hold a primary role and responsibility in the child's life (Glaser 2002 p700).

Sykes (2011) found that mothers resisted the neglect 'label' whilst practitioners found this lack of acceptance of the definition to be challenging and evidence of their resistance to change. Respondents in this study noted that their concept of neglect may differ from parents'. This was also found by Piper (2013) who explored how child protection practitioners use the term. Piper notes that where there is disagreement between parents and practitioners on what constitutes child neglect, the mismatch between perceptions and problems can result in parental resistance. This can then lead to a lack of child focus as the child protection process is centred on addressing the resistance rather than the problems that child is experiencing.

Analysis of the conference data showed that there was most explicit discussion of child neglect in the decision making section of the meeting. There was sparing use of the word 'neglect' within the conferences: a count of the word frequency found that in 12 of the 14 meetings in the sample there were between one and five uses of the word 'neglect' or 'neglects' across the whole meeting. In two conferences the word was used more frequently at 12 times. There was no noticeable difference in this by conference type, as one of these conferences was an ICPC and the other was a review. The most discussion and use of the word 'neglect' in conferences occurred where there was some debate about

categorising the plan as child neglect. For example, in ICPC Three, there was debate about the term, and the chair uses the phrase of '*low level*' neglect. The family worker who had previously been working with the family disputed it was child neglect and argued that the problem was domestic violence not cumulative neglect. The chair argued that the accumulation of incidents pointed towards neglect. The senior social worker also joined in the discussion:

Chair	As I say I'm not talking about high level neglect here that's not what I've picked up, I've picked up low level
Senior SW	[I suppose in a way] because neglect's quite a big word in itself isn't it? because it can have so many different dimensions really,
Chair	It is
Senior SW	But is suppose the impact of domestic violence can lead to there being slightly neglect of different areas can't they?

<div align="right">(ICPC 3)</div>

This expression of a 'low level' or 'high level' of neglect was not used in other conferences or referred to by other practitioners. However, the degree of child neglect was quantified in ICPC Three, where the social worker states:

> … we have to acknowledge it's probably slight neglect because at the end of the day that's what the police was going to charge you with wasn't they {mother}? (Senior Social Worker, ICPC3)

Here the police definition of child neglect was used as a way to discuss the categorisation and to be more specific about what had happened. It is of note that the conferences with the most discussion of the categorisation of neglect were ICPCs which followed a section 47 enquiry due to police concerns about neglect.

There was resistance to the use of the term child neglect, and the judgements made about this, in some families. For example, in Review Five the mother disputed the category of neglect, stating that she preferred the existing categorisation of emotional harm:

> I might have emotionally harmed her in the first few weeks but I didn't neglect her (Mother, Review 5)

The social worker and chair then debated whether the child was at risk of neglect or emotional harm because of the mother's parenting, and agreed on the existing categories of neglect and emotional harm. This discussion was perhaps easier because the mother said at the beginning of the agenda item that she thought the plan should remain in place.

In one instance in the conference dataset, the lack of debate of the plan's category highlighted the fluidity in categories of child maltreatment. In this case, the ICPC was

triggered by police involvement in a neglectful incident where the baby was left alone. The children had previously had a child protection plan with a category of emotional abuse, and the social worker's report for the conference referred to the previous plan being for '*concerns about neglect*'. Their report recommends a new child protection plan for the children because *'without continued social care support the children will continue to be at risk of emotional harm and neglect'.* However, the conference had only one use of the word 'neglect' which was referring to the daughter disputing the social worker's use of the term in her wishes and feelings report. There was no debate about the type of harm in the conference and at the end chair stated the categories for the plan were physical and emotional harm:

Chair	Think they meet the grounds for a plan then, everybody thinks that all the children meet the grounds for the threshold for a protection plan to be met. And the categories would be considered to be physical and emotional for all the children?
Senior SW	That's right, it doesn't mention categories...
Chair	No but that's what I would say! [laughs] I don't know if it says that but yeah. So erm in terms of social care's plans in relation to this....

(ICPC 2)

This suggests that lack of the use of the term 'neglect' may relate to the chair's own point of view about which category should be used and the direction provided by them during the conference. In this meeting, the chair was directive and the quote above shows how she did not permit any discussion of the definitions or categories of harm, by moving the discussion on to the content of the plan. This may not affect the interventions and services provided for this family, however it does raise questions about the way in which domestic abuse and neglect cases are categorised and managed within the child protection system, and whether the extent of child neglect is being masked by categorising cases in this way. This case also highlights the use of different approaches to assigning a category for the plan. In the area from which the conference sample was drawn, a secondary category was permitted but in the other area it was not. Within the County area chairs noted there could be a challenge in deciding on a single category.

The previous section detailed the practitioners' challenge in discussing child neglect with families. The conference data have shown that neglect was not often explicitly discussed in conferences. The absence of this discussion may reflect a difficulty which practitioners have in using the term, and in wishing to avoid upset and confrontation with families in conferences. Where it was discussed this was to negotiate and clarify the category with the parents. This has parallels with the research of Piper (2013) which found that practitioners did not often use the term in their office practice, and that in conference

minutes it was only used at the discussion of categorisation. Piper notes that negotiating a shared understanding of what neglect is, and how the child may or is being harmed by it is essential when working with parents. Hence my study indicates that the child protection conference offers an opportunity to start these discussions with parents and to be more child focused as a result.

Approach to Planning in City and County LSCB Areas

A key difference that emerged from the interview and focus group data was that the LSCB areas had a different approach to the construction of the child protection plan within conferences. This in itself could influence the extent to which the conference and paperwork was child focused. *Working Together* guidance at the time stated that when the initial child protection conference decides that a child protection plan is required, the conference should provide the outline plan:

> The initial child protection conference is responsible for agreeing an outline child protection plan. Professionals and parents/caregivers should develop the details of the plan in the core group. (HM Government 2010 p175)

However in practice, interpretation of what constituted an outline plan varied between the two areas studied. In the County area, child protection staff reported that it was the role of the chair to ensure that a plan was drawn up in conference. As noted earlier in this chapter, chairs from this area spoke of how they expected all staff present to contribute to this. Conference staff noted that fatigue and long meetings might result in practitioners being reluctant to contribute to this section, as this minute taker states:

> ...quite often it does tend to be led by the conference chair, which you know, I think that's what other professionals think, they just sit back and think 'I've done my bit now'. Whereas what they should be doing –'what I want to do is, what I want to see that this child does this has this, this and this and I would want to make sure that that was in the plan'. (Minute Taker 4, County)

In this area chairs perceived their part of their role to be gaining a contribution from all meeting attendees about the plan, including parents. Furthermore, they noted that they had a structure to work within when constructing child protection plans, and that this could ensure that the child and their welfare were the central focus. Although plans from this area were not part of the dataset, chairs reported that these were based on the Assessment Framework, covering actions related to outcomes for the child's development, the parent's and wider family and environmental factors. The use of the Framework to guide the formation of plans in County was felt to make it easier to draw up the plan by the chairs in this area but one cautioned they were mindful that plans needed to be focused and not too broad:

> We have to be careful a little bit on the plans, and it's easy to slip away from this but it's only about things that are of relevance so you've got why the decision has been taken, you've got what the broad key, focus areas have got to be and then your plan reflects delivering on them. (Chair 8, County)

Chairs spoke with pride of their work involved in creation of plans, with one stating:

> …people walk out of that room with a clear, focused plan I hope (Chair 4, County)

The minute takers and chairs also commented that having to produce a plan for each child in the family, and upload it onto the integrated children's system within 24 hours, meant that there was an individual focus to each plan.

> That's when the plan comes in, because that's when you start focusing on each child separately… for each child they're going through, they're putting what needs to go on the plan basically (Minute Taker 2, County)

> I like to be very specific about what needs to change and what everybody's going to do to bring about that change (Chair 3, County)

The role of the chair's summaries within conference was discussed in the previous chapter. One minute taker in the County area noted a correlation between the quality of summaries and the plan produced at the end of the meeting, stating that those who had difficulty with this task, could write outline plans which '*can be a bit vague'* (Minute Taker 1).

Within the City area, practice had changed with regard to who was responsible for producing the plan. The chairs who had worked in this area for some time spoke of a previous chair-led format in the LSCB area. The current procedure was for the social worker to bring a plan to the conference, attached to their report. The chair would then make recommendations at the end of the meeting for additional items to be added to this. Minute takers described how actions specified would be recorded in the minutes, rather than altering or creating an actual tabular plan. In reviews these would be added at the end of the document,

> Yeah the recommendations is usually, I'm trying to think now, I suppose it's a kind of wordy version of the plan, it's almost like, you know the plan should be a chart, so the recommendations are like' it's advised that so and so will engage with blah, blah, blah services'. (Minute Taker 7, City)

> We've just listed them, you know these are the actions and then the next meeting they should put it into the plan… (Minute Taker 6, City)

Thus the onus was on the social worker to develop this outline plan with the core group. A chair based in the City area commented on this process:

> …the social worker's responsible for bringing a plan erm, some forget, so my role would be to make recommendations of an outline plan and then they make more specific points the core group or the next core group meeting. (Chair 5, City)

However, one chair, stated that they had written outline plans themselves when these were not provided:

> Chair   I haven't been, I'll be honest I've been giving them an outline plan, which is probably two, three, four points. I'm not sure, again I'm not sure that that's the right thing to do.
>
> Int.   You've been given that or you're giving it to them?
>
> Chair   I'm giving them an outline plan which is, I will give them some outcomes. So I will say 'this child needs to be protected from risk of sexual harm from people who pose a risk. This child needs to have an understanding of keeping safe.
>
> <div align="right">(Chair 9, City)</div>

As noted in the methodology chapter, there had been a considerable change in staffing in the City area, with an entirely new team of chairs coming into post during the fieldwork period. The number of new staff may account for this uncertainty evident in Chair Nine's quote. The manager of chairs in the City area stated that she had tried to standardise practice by requiring chairs to state the recommendations of the plan during the conference. Minute takers reported that they had recently observed this. However, the manager noted that whilst the chair would do this, it was the role of the core group to set timescales for outcomes.

> ...what we've agreed is that we're going to agree as the group the desired outcomes[..] The actual 'What are we going to do?' – the actions, will then follow, that's for the core group to develop. (CP Manager, City)

Chairs and the manager discussed the variable quality of plans produced by social workers in the City area. One chair in the City area criticised the quality of plans which had outcomes which did not relate to the major risks identified in the meeting. She suggested that an alternative model which she would occasionally use, would be to have plans created by the chair to demonstrate the benefit of creating and using better quality plans:

> We're some way off social workers developing good plans. They're not even using plans. So actually I wonder if there is a benefit in actually getting to a stage where plans are there and then starting -to work on using plans, and once they've had the experience of using them, once they see the value of using them, actually they may then be able to write them. (Chair 9, City)

Another difference between the areas was in the chair's remit regarding the imposition of time frames for the child protection plan. Whilst chairs from both LSCBs recognised the importance of having time scales in the plan, chairs from the County area said that they tried to specify time frames in the plans they created. This chair's quote demonstrates how the planning in conferences in the County area was collaborative and detailed:

... it's got to be done in the room and they all sit and hear every blow by blow bit of the plan and that's an opportunity to say that won't work, that's an opportunity to say "Oh I can't do it by then, can I do it by this time? (Chair 4, County)

In comparison, in the City area, staff, including the manager of the chairs, commented that this was not part of the chair's remit. Instead, staff in the City area expressed that it was the role of the social worker's manager to monitor and impose appropriate timeframes on the work. This chair from the City area reflected on their role in plans:

Yeah probably I mean we should be a bit more prescriptive like that, because saying to somebody you need to make a referral through and then they don't do it for three months of the plan and then there's a waiting list and by the time you come back again it's not actually happened and the people have only just been seen and yes they've had their first appointment with so and so and then you tend to say "Well not enough's changed" and everyone's going to come back and say "We need another period on the plan". People are using the time too much rather than having it pinned down. (Chair 6, City)

The role of the core group to add to and implement the plan is stipulated in *Working Together* (2010) as:

...the core group is responsible for developing the child protection plan as a detailed working tool and implementing it within the outline plan agreed at the initial child protection conference (HM Government 2010 p172).

Echoing this, a key phrase used by the chairs was that a child protection plan should be a 'working document' for the core group to use to guide work with the family and child in the time between child protection conferences. Within the City area there were comments that this did not always happen:

Sometimes people don't come with a plan to review or the plan that they bring is er, or you're looking at the old plan where a lot of circumstances have changed and you think it's not actually being a working document if it's out of date, you know we're talking about not having any contact with this particular person and actually she's moved on from that one to that one to somebody else now so why are we still mentioning all that, we're not concerned about that, it's been dealt with. (Chair 6, City)

You'll look at the plan and you'll think 'Well that was the plan when it started a year ago' (Minute Taker 12, City)

This suggests that difficulties within the overall child-protection process contribute to a lack of child focus in inadequate, out of date plans for children. One problem which can result is that in the absence of a functional plan, cases can 'drift' as this chair noted:

They're not amending, they're not doing, it's not a functional document and that's the reality, is that this is not a functional document it's not something that's been used in core groups, they meet together and they have a chat about what's going on. (Chair 9, City)

In the County area, chairs and minute takers had more of a direct role in the creation of the child protection plan. That is, minute takers would note the actions discussed in the meeting and together with the chair ensure that these points were compiled into an outline plan, rather than leaving the outline plan to the social worker, which was procedure the City area. Chairs in this area also spoke of the plan as a 'working document' from which tasks could be 'ticked off' and stated that evidence that the plan had been used should be obvious from the additions and amendments made to it between meetings:

I kind of say in conference, you know this is about my child protection plan, I would expect now the work to be done within the core group. And when the plan comes back and we look at it when we review it, I'm always very reassured when it looks nothing like the one that I've done previously because I know that it's been worked on, elements have been successful, new things have arisen as you've gone through and things have been put in and that's fine, it's a working tool and it should be ever-changing (Chair 7, County)

I mean I explain to parents is the core group is where everybody gets together, the most important people there are parents, that's where you look at the plan, look at how it's going, tick bits off that you've achieved, add new bits, so that it's a living, it should be a living document not just something that I write at a conference and everybody files in a filing cabinet. (Chair 3, County)

In the County area, one chair explained in detail the note taking and planning they did prior to a conference to consider the outcomes and work required for the child protection plan. Minute takers in this area also commented that some chairs would sometimes use the time after the meeting to reflect on and add to the plan. This was in contrast to the approach commented on by a City minute taker that the plans could be simply a list of tasks without considering overall outcomes for the child:

Well because certain things might have been mentioned you might end up with just a list of things to do rather than this is the outcome this is how we're going to do it and this is who's going to do it. So you might just get 'attend such and such, do this, do that, do the other' (Minute Taker 6)

The notion of an 'outline plan' or 'recommendations' for a plan could be flawed because the degree of detail provided on this would not be sufficient for the core group. But if they were not then added to afterwards, as Working Together prescribes, then the core group would be left without sufficient direction to steer their work. One social worker noted that the outline plans would not be updated by core group and could remain vague, thus missing the opportunity to detail how the child's daily life was being impacted upon by the neglect they were experiencing, and what needed to change:

Social worker	... in terms of flesh on that there's very little. It may say the children's attendance at school needs to be improved, it won't say you need to get the child in by 9.15 it doesn't have that sort of... or all health appointments must be, it doesn't really say, we need that, parents need to know what's expected of them and they need to know how they can achieve it, and we can say to them you've done this.
Int.	So do you see that as core group's job to then add to that?
Social worker	I think that's the expectation, it's not happening as much as it should do at all and we don't tend to adapt our plans, we kind of leave those wishy washy statements in our plans.

<div align="right">(Social worker, Focus Group 1)</div>

Examples cited by these respondents of vague jargon in plans were when they did not specify the exact requirements of 'attendance at school' or 'putting the needs of your child first'. As the quote shows, there was also a discussion here about the distinction of roles between core group and conference in confirming the exact actions of the plan and who is responsible for them. This was also noted by a minute taker from this LSCB area:

> ...other people don't so that it comes down to the chair, who's made notes as he's gone along so, like missed vaccinations, missed health report, dentist, he'll just scribble a little note down and then he'll bring all those points out but it rarely is a fully contributing thing and it does all seems very rushed. (Minute Taker 10, County)

 In another focus group, one practitioner suggested that the style or phrasing of the outcomes in the plan could impact on the extent to which they were child focused:

> ...trying to make the plans more focused on the individual's responsibility, because the planning, is there some way that the plan should reflect more what the child to achieve as an outcome, say... I will be at school, I don't know even if there's a way of writing them even in the voice of the child. (Probation Officer, Focus Group 2)

In summary, the data demonstrated variance in the approach to the production of child protection plans within the two LSCB areas. This could be as a result of chairing style, local policy or practitioners' own attitudes and understanding of the functions of their planning role in conferences. This could result in child protection plans being created which did not set out child focused outcomes, which related to the individual child's daily life.

Decision Making and Planning in the Conference Dataset

This section considers decision making and planning within the conference dataset. It draws on data in two ways: from the transcripts of the conference and the written child protection plans produced. The 'threshold' discussions during conferences about what

level of intervention with the family was required (that is, as part of a child protection plan, a child in need plan, or through the provision of universally available support services) and what this work should consist of, were usually integrated and therefore have been considered together in the analysis of this dataset. Secondly, written plan data were sought for all cases. However, not every conference resulted in a child protection plan and even where one was required or already in use in in review conferences, the standard and type of plan produced varied. Child in need plans were not available in the files for any cases. Therefore, the analysis focuses on the planning activity of the conference including the reference to plans produced where possible.

Time spent discussing risk, decision making and planning
As seen in the previous chapter, the nature of the meetings could affect the time spent on agenda items and have implications for the capacity of the meeting to focus on an individual child. This was most apparent when conferences were discussing more than one child. The time spent on the threshold discussion and planning section of the meeting was analysed in comparison to other agenda items. The majority of conference time was spent discussing the child or children's developmental needs and factors affecting parenting capacity. Whilst this method of considering the conference has its limitations, it can provide an insight into structure and organisation of the conference event. The decisions made in this section would of course reflect the discussion in the rest of the meeting, when participants and the chair may refer to actions or interventions for the family. For example, in the chair's summary at the conclusion of the other agenda items such as parenting capacity and the children's developmental needs. Time spent on planning and decision making indicates how the planning task is situated within the rest of the meeting's procedures or tasks. Moreover, the time spent on this agenda item is of interest as it is this function of conferences that distinguishes it from other child protection meetings. The key defining purpose of the conference is to decide whether a child protection plan should be put in place. The attention and weight given to this part of proceedings may be indicative of the conference's commitment to a child-centred process, which is about creating a child protection plan which ensures they are protected from harm in the future.

Compared to other agenda items in the conference, less time was spent on the discussion of whether the child or children were at risk of significant harm, and if so, what the child protection plan to address this should consist of. In approximately two thirds of the conferences in the sample (9/14) the time taken to discuss whether the threshold was met for a child protection plan and, if necessary, discuss the required child protection plan,

took less than 12% of the total meeting time. This is comparable to Farmer and Owen's (1995) research which found that 9% of time was spent on planning in ICPCs.

The conference judged to involve the most discussion of planning was ICPC Two. Children in this family had been subjects of a child protection plan and the plan had ended four months previously. Here this section of the meeting lasted for 21 minutes, which was 25% of an 84 minute meeting. The other two initial conferences, where it was decided that a child protection plan was not necessary for the children, the time used for this accounted for 9% and 12% of the meeting. The conference with the second most time spent on this was Review Eleven in which 19% of this 36 minute review conference was spent discussing why the child no longer required a child protection plan and deciding that 'universal' or family support services were required.

Other factors which may have affected the time spent on the planning and decision making section of the meeting were considered, but across all fourteen conferences the chair, the number of children discussed or the severity of the concerns did not appear to exert an influence. However, in three of the four conferences which spent the greatest proportion of time on this meeting section (ICPC Two, Review One and Review Two) this discussion took place when the parent/s were not present. The least amount of time for this was usually spent in review conferences for multiple children families (9.5%). This may have been as a result of the time available for this element of conference in a meeting which was struggling to fit all the necessary discussion into a two hour time slot.

The relatively small amount of time spent on planning suggests that it does not take up a large proportion of the meeting time and, given that a key aim of the meeting is to decide whether a plan is needed and to draw up an outline plan if required, then this could be problematic. It could indicate that the time spent on this aspect of conference work is not adequate, however this has to be assessed in conjunction with information about the nature of the discussion and the plans which are produced, which will be explored in the next sections.

How does the Daily Lived Experience of the Child Influence Decision Making and Planning?

Analysis of the recorded conferences explored the discussion of the child's daily lived experience within conferences. The previous chapter has discussed the extent to which information was presented to conference about a child's daily care, life and routine. How this was utilised in the analysis and planning of the conference was also considered. Analysis of the conference dataset showed that there were three conferences in the

sample where the discussion of the child's daily life was used in the planning section of the meeting. Two of these three meetings were initial conferences and one was a review, in all three cases the outcome of the meeting was that the child or children required a child in need plan.

In Review Three, the key difficulties identified for the children were the household conditions and, to a lesser degree the boys' medication and their appearance or inadequate clothing. During the planning section of the meeting there was considerable discussion of the father's daily routine and both parents' approach to household tasks. The father made reference to his daily routines and a rota for the children was discussed. This was clearly used to inform the plan of work the family intervention project worker, who stated '*I'll put it down*' and notes that she will extend their plan of work to close down their case with the family from 6 to 12 weeks. However, there was less detail used in the minutes about the boys' 'additional needs' – presumably referring to their autism and the associated medication they had for this – which are recorded as requiring monitoring by their school and no specific action points relating to this were noted.

In one conference the practitioners tried to consider the daily routine and life of the child in the future. This was in the only pre-birth conference in the sample. The discussion took place during the confidential section of the meeting where the mother was not present, the midwife queried what support would be in place for the mother when the baby was born:

> ...the first few days, the first few weeks of the baby's life, that's where breastfeeding can be up and about, at the moment she's living on her own, is this support going to be there in the evening time, in the night time when the baby never stops crying? (Midwife, ICPC 1)

What was not made as clear is the link of this to the potential risk to the child of the mother relapsing into drug use. The meeting discussed that the mother would need daily support from her partner and in laws but this was not explicitly noted in the recommendations for the child in need plan in the minutes.

There were also some examples of the detail gained from earlier consideration of the children's daily lives being used to inform the planning later in the meeting. For example, in one conference the decisions originated from a discussion exploring how the contact arrangements worked for the two separated parents. The school nurse used this information to argue that there was a risk of future domestic violence incidents and the chair then connected this to the harm caused to the children in the past as a result of previous incidents and stated that there was potential for this happening in the future. These points were recorded in the recommendations for the child in need plan.

In other cases in the sample, there was less reference to the daily life of the child in this section of the meeting. There were some which referred to child focused outcomes in their planning documents, however they did not connect this to the child's daily lived experience. The previous chapter argued that a child focused conference is one that has an understanding of the daily lived experience of the child, and uses this knowledge to produce a plan that details the change required in a child's day to day life. It also considered the reasons why this type of information may not be shared, such as time constraints in the assessment and conference process. Thus the reference to the child's daily life could be a way to be more child focused in planning and decision making but there was limited evidence of this in the conference dataset.

Decisions made in the conferences

The production of plans within the conference dataset was analysed through consideration of both what happened within the conference itself and through reference to the plans created before and after the meeting. Table 9.1 shows the outcome of the conferences within the dataset.

Table 9.1 Outcome of conferences

| Outcome | Conference type | | | |
| | ICPC | | Review | |
	Conference	No.	Conference	No.
Child protection plan	ICPC2	1	R1, R2, R5, R6, R7, R8, R9	7
Child in need plan	ICPC1, ICPC3	2	R3	1
Universal services/ No ongoing concerns		0	R4, R10, R11	3
Total		3		11

This table shows that for the three initial conferences, in one case a child protection plan was required for the children and in two a child in need plan was decided upon. Within the review conferences, the majority of meetings decided that the children should remain subject to a child protection plan (n=8), for one family the children went to a child in need plan and for two cases 'no ongoing concerns' meant that the family could receive any further support from 'universal services'.

In total there were eight conferences in the sample where a child protection plan was required – to be created (in an initial conference) or amended (in reviews). However, it was difficult to see how the conference discussion had contributed to the formation of the child protection plan, because in many cases the plans contained in the meeting minutes were identical to those on file from previous meetings. Of the eight conferences where a child protection plan was required, only two had a recognisably new or updated plan, four used old plans and for two conferences no plan was available with the minutes. (The research only used the documents which were held on file at the conference administrators' office which were the official final documents.) The recommendations for the plan were recorded in bullet points in some cases. For example, in ICPC Two, where the children had been subject to a child protection plan earlier in the year, the previous plan was appended with recommendations from the existing meeting in a bullet pointed list after the old table. This illustrates the process in the City site noted by minute takers in the previous section. This lack of current plans suggests that there were difficulties with the production of these documents. As the research was only able to gather data held in the child protection conference office, it is possible that the social workers had created the plan after conference and taken them to core group, as *Working Together* (HM Government 2010) specifies. However, the inadequate recording and absence of outline plans does suggest poor child protection practice in several cases.

Planning in the initial conferences

There were three initial conferences in the dataset and one of these (ICPC Two) decided that the children should be subject to a child protection plan. In this case, the children had been subjects of a plan which had closed four months previously. The recurrence of domestic violence and alcohol use and a neglectful incident where the police had been called to the house had led practitioners to think that the problems were still ongoing. The earlier plan was used and supplemented with bullet pointed comments added underneath the previous plan in table format (these actions are discussed further in the following section). In the other two ICPCs the decision was taken that the family could be worked with at a section 17 level due to the parents', or specifically the mother's noted cooperation with agencies and acceptance of the issues which required addressing. These CIN plans were not seen by the researcher however the discussion of this work during conference was considered.

Planning in the review conferences

The majority of review conferences (n=7) decided to retain the child protection plan for the child or children. Of the seven reviews which retained a child protection plan for the children, five plans used the exact text of the previous plan and there was one conference where the children remained on a child protection plan but no current plan was available before or after the review meeting.

The reasons for retaining a child protection plan were varied. In one case although the mother was cooperative with the workers, the meeting decided that a plan should remain to confirm that the changes were being sustained, this may have been due to the shorter time frame in operation, as this was the first or 'three month' review. In four cases the workers noted difficulties in securing the engagement of the parent/s in achieving the actions on the child protection plan. Finally, in two cases the child or children remained subject to a child protection plan to keep the case in line with an on-going interim supervision order which deemed the children to be at risk of significant harm. In both cases the chair noted that the plan would remain until a decision had been made by the courts, and if the court was in favour of the parent/s then the child could be removed from the plan by letter.

There were four reviews where a child protection plan was no longer required because the children's situation had improved. In two cases, this marked the end of a long plan period of 18 or 24 months, and the children's circumstances were reported to have improved. The other two were both six month reviews following a pre-birth conference. In both, the risks had been monitored but the children had not experienced significant harm. The recommended action in three of these four cases was that no further involvement from children's social care, and in one, the children were given child in need plans for work to be undertaken at a section 17 level.

Child Focused Planning in Conferences
The analysis of the conference dataset considered how child focused the planning was within the conference and in the plans by examining the extent to which the actions were centred on outcomes for the child. That is, how the changes would affect the child, or whether they were only concerned with actions for the parents without detailing how this would benefit their child. There were three groups identified: conferences which did not have child focused outcomes but were more 'parent-focused'; those that did have some child focused outcomes; and finally conferences where there were 'no ongoing concerns'. These will now be discussed.

Type one: Parent-focused outcomes

Conferences in the sample were deemed to be more parent than child focused in their approach to planning when the bulk of discussion and the actions of the plan were predominantly focused on tasks and goals for the parents and did not specify the benefits or outcomes for the child. Six of the conferences in the sample were classified in his way, and this included all the initial conferences in the sample. Whilst these conferences were varied in their family type and the outcome of the discussion, key themes relating to the type of conference did emerge, which will now be considered.

Two ICPCs were convened following an incident of supervisory neglect related to parents' alcohol use and domestic violence. In both instances the police had dealt with the incident and considered charging the mother with neglect. The plans for these conferences were centred on the actions which the mother and her partner (and father of some of the children) had to take to address the domestic violence and alcohol use. The previous chapter described how in these circumstances, the practitioners were able to specify how the circumstances had impacted on the child and caused harm. However, this did not translate into child focused planning. For example, in ICPC Three, practitioners described in the meeting and in their reports how the incidents over the summer had upset the children, and were able to evidence this by talking about children's reports of life at home. However, the actions specified in the planning section of the meeting were solely concerned with the parents' (predominantly mother's) actions to address the domestic violence. Similarly, in ICPC Two this part of the meeting concentrated on the parents' need to access domestic abuse services, and for practitioners to check the harassment order terms and support safe contact. This was the nearest the plan came to considering the outcomes for the children and how they might be protected from harm, yet the implication of 'unsafe contact' for the children, that is, what the risk was of not taking this course of action, was not specified. In both these conferences the actions recommended were not detailed in terms of their intended outcomes for the children. What the cessation of domestic violence and alcohol use would mean for the children's wellbeing and daily life was not made specific.

Monitoring was another theme identified in the conferences with parent-focused planning. In such cases the involvement of children's social care and other services was deemed necessary to safeguard against potential harm associated with the recurrence of a previous problem. Two of these three cases began as a pre-birth conference, convened because the mother's previous children had been removed from her care due to child neglect. Monitoring was required in two cases, as the child protection plan continued for the children whilst the outcome of the court activity was awaited. For example, in Review

One, the only concerns identified in the meeting were in relation to the mother's mental health, and a psychologist's assessment was due to report to the court.

> So for me, that's still the outstanding piece, she's working well erm, but we can't ignore the history that was there and all the risks that were there at that stage so really I think there still needs to be a plan so we can closely monitor the situation and we've still got support, and we've still got the proceedings alongside anyway. (Social Worker, Review 1)

This was noted in the minutes as:

> …this is due to the pending psychological assessment of {Mother} and the fact that court proceedings regarding historical concerns only concluded in January 2011. (Minutes, Review 1)

Thus in this conference and the associated paperwork it was not specified how the mother's mental health affected her parenting capacity, and how this could impact on her children. Although there were problems intimated in the reports which had led to the adoption of the mother's other children, what these were and how these difficulties could affect this child, and how these could be observed by parents or practitioners were not made apparent. It could be that this information was held elsewhere in the files and was fully known to the practitioners within the meeting however as an 'outsider' and external reader I found this unclear.

In other conferences, parents' actions could be seen to relate to the children's needs but still the outcomes were not specified. For example: in Review Six the minutes recorded actions of: '*Mother to ensure {Child 2} attends nursery*' and '*Father to implement parenting strategies'.* The impact of the child of attending nursery was not specified*.* In this conference the child protection plan for the conference was clearly out of date and did not contain reference to the issues discussed in the meeting, and the changed living circumstances for one of the children. The plan was not a plan of action, but rather a way of ensuring that the circumstances or conditions of the case remained in line with the ongoing court proceedings. The social worker noted that the imminent hearing for the case was likely to result in the removal of Child Two from his father's care.

The connection between poor parental engagement and a focus on parents' issues was seen in Review Nine. This conference also had a number of challenges which resulted in a lack of child focus in the conference, including a lack of information from professionals who had not attended core group or sent reports, and a low level of participation of the children in the conference process. The chair commented on the lack of an up to date plan in the conference and no plan was available with the minutes. The only plan held on file was the outline plan from the ICPC eight months previously which was out of date. The mother left the meeting, with her oldest daughter, in anger when the decision to retain the

child protection plan was discussed. The discussion that followed this was about her ability to work with the practitioners, and not about what needed to change for the children. In summary, the chair stated:

> So we will have a further review period for that work that you've already identified to continue and hopefully {mother} will be able to show that she has a meaningful engagement and can maintain that for the best interest of the children. (Chair, Review 9)

However, the work that the chair said was 'already identified' by the practitioners was not discussed in this part of the meeting. The minutes did not contain a recommendations section, although there was a reference in the analysis section noting the need to tackle the 'education issues' and mother's working relationship with practitioners. Thus in this case, not only was the decision making and planning work focused on the parent's cooperation, but the lack of an up to date plan indicated poor child protection practice and management of the case.

Type two: Some child focused outcomes and planning
There were five conferences, all reviews, in which the planning was more child focused. In these meetings, there was evidence that the planning discussion and/or the child protection plan considered the outcomes needed for the child and what actions would be required to achieve this. Different elements of child focused planning were displayed, which will now be discussed. However, in many cases the conference was still limited in their overall child focus as the examples will show.

A basic measure of child focused decision making and planning in conferences was that individual plans for each child were created, with outcomes tailored to their needs. Review Eight had separate plans for each of the ten children in the family, including those who switched to a child in need plan. However, the effectiveness of this strategy was limited by poor practice. The plans that were on file with the minutes were not up to date - the text was identical to those produced prior to the conference and did not incorporate any items from the discussion. Secondly, there were 'cut and paste' errors which led to some plan items for the children being irrelevant. Finally, there was no time allocated in the meeting to discuss what actions would be required for the children who required a child protection or child in need plan. The chair stated *'I'm not going to detail all details of the plan as we'll be here for another half an hour'* thus the actions were not explored or discussed during the meeting. The only decisions taken were regarding which children should have a child protection plan instead of a child in need plan.

Although there was evidence of child-based outcome measures being used in plans, these were often broad statements. In general, one line comments were used such as *'child's basic needs to be met'* and *'child to be protected from domestic violence'*. Two of the review

conferences which retained a plan for a baby, detailed actions which the mother needed to take to ensure her child did not experience ongoing neglect. For example, in Review Two there was some discussion of what needed to change for the mother and her baby which was outcome focused and was detailed in the analysis section of the minutes (but not the plan, which was out of date). The minutes stated that safe and secure accommodation, links to family members and the mother's ability to access support from children's centres would be '*key to {Child 1}'s development'*. Thus, whilst elements of the decision making and planning were child-centred, the conference was not specific about what needed to change for the child and overall the conference was parent-orientated.

Review Seven also had vague child-based outcomes. It did not draw on the detail which had been presented in conference about the children's daily life, and a relatively small amount of time in conference was spent on specifying the actions of the plan, nor was there any debate or discussion about these. The social worker noted that a Graded Care Profile assessment was to be carried out with the mother to identify what support was needed and work with her to assess her understanding of the neglect. Then, after the threshold discussion, the chair summarised that the mother required help to meet the key areas of the children's basic needs, school and work, and that she must work with a paediatrician to complete the developmental check of Child Two. Though no up to date plan was seen, the summary of recommendations in the minutes used the same generalist phrases of the meeting such as that the mother should: '*accept the support being given from all agencies, that the mother will see the benefit of the children attending school regularly*' and noted that there was a '*a lot of work to be doing during the next six months'.* Thus in this conference, the way in which the children's lives would be noticeably improved by the time of the next meeting was not specified.

This thesis has argued that a key part of child focused practice is that it considers the impact of the maltreatment, in this case neglect, on the child and is informed by the daily lived experience of the child, is participative in process and draws on the information gathered to create outcomes for the children which relate to their experiences. Only one of the conferences in the sample met all these criteria. The discussion within Review Three considered the impact of the neglect with reference to the children's daily routines and lived experience. Furthermore, the children had been enabled to participate in the conference in a meaningful way. The outcome of the review was that the children were placed on child in need plans. The discussion in this section of the meeting did note that the housing conditions would be 'monitored' and if they deteriorated to a level which caused concern then a legal gateway meeting will be held for the children. However, what

this level of deterioration actually was, was not described, but overall these terms did make a link between the housing conditions and the children's welfare.

> Ok so if I do a summary of the situation, Agencies have had significant concerns for quite a significant period of time in regard to the welfare of the children and that's particularly about how the home environment has impacted on them and that is more exacerbated particularly with the boys because of the additional difficulties that they have and their need to have clear routines and a clearly understanding in place of what is required of them. What we have seen in this review period is a significant improvement in the home condition, what is of concern to agencies is that they are, er, is whether the parents can actually maintain that (Chair, Review 3)

Thus, although the planning discussion and plans were child focused to some degree, it can be seen that these are only two aspects of a child-centred conference. It is of note that whilst these conferences had some child focused decision making and planning, in the four cases where a plan was still in place, no up to date plan was available with the minutes. A truly child focused child protection plan would be up to date, and include specific details of what needs to change for the child and how this will be measured. It could also reference how the child's daily life would be impacted upon. The next section will explore how this type of information was used in the decision making and planning within conferences.

Type three: No on-going concerns

There were three conferences where a child protection or child in need plan was not deemed necessary for the child or children because there were 'no ongoing concerns'. These were all review conferences. Conferences Twelve and Thirteen considered the needs of children made subject to a child protection plan due to concerns about the mother's parenting based on her previous history and removal of children from her care. No concerns about the children's development were raised in either meeting, and the discussion centred on the parents' parenting capacity, what actions they had taken and their working relationship with practitioners. In Review Ten, whilst it was highlighted that there were no worries about the child's development or the parenting they received, the practitioners stated that on-going support was needed for the family at child in need level to '*increase their confidence'*:

> ...there is an intention of social care to continue support as children in need level and hopefully increase your confidence, both of you as parents and involve you more in the activities that the children's centre's got to offer over the coming months. (Chair, Review 10)

Thus, the actions were framed in terms of the parents' needs to support their parenting and reduce their isolation. However, the benefit of this to the child of attending these activities were not detailed. Similarly, in Review Eleven practitioners decided that a child protection plan was no longer required because the parents had cooperated with the

agencies involved and potential problems, which had led to the removal of the children before had not reoccurred. The social worker stated:

> In my professional opinion and through the time that I've been working with the family. The fact that no concerns have been raised and they've shown a willingness to engage, my opinion is that {Child 1} is not at risk of suffering harm. (Social Worker, Review 11)

No plan or recommendations were noted, other than that the situation would be assessed if the parents separated.

In contrast to the other meetings where there were no 'no ongoing concerns', Review Four had a consideration of the outcomes for the children. This may have been related to the older age of the children, and it was notable that the social worker provided an updated plan prior to the meeting which indicated the positive progress and outcomes in the table for both the mother and the children. This was not entirely up to date however, and did include some out of date outcomes for the children such their need to be protected from violence in the home, which was not a present concern. The decision that no further involvement with children's social care was required was based on the summaries of the chair and agreed by the social worker that there were no significant concerns with any of the children's developmental needs and that the mother had worked well with the agencies during the child protection plan period. The changes the mother had made, such as attending parenting courses and setting new boundaries and routines at home, and working to build relationships with her teenage daughters were praised. It was also significant that during the plan period she had received support for her disabled son who had moved into permanent residential care. No planning took place in this meeting, except to note that the mother could access universal level support if needed.

This section has shown that there was limited child focused planning within the conferences in the dataset. The chapter will now go on to explore some particular factors which can influence the capacity of this part of the child protection conference to be child focused, such as the consideration of the child's daily lived experience, planning in large families and in long running cases of child neglect.

Planning for Large Families

The previous data chapter explored some of the challenges in maintaining a focus on individual children in multiple sibling families. Minute takers noted that producing plans for large numbers of children in a family was laborious and one chair also commented on their approach to planning for multiple children conferences:

> Yeah and what I will say is, because if there's six or seven kids I'm not going to go through that way, what I will do is I will say that this plan will apply to all the children unless I individually name the child. So if there's an issue that I particularly need to have for that child. (Chair 4)

There were conferences for five large families in the dataset, two were ICPCs and three were reviews. Only one conference produced new individual plans for the children. This was Review Eight, regarding a family of ten children. This meeting decided to make two children subject to child protection plans and of the rest, two remained on a child in need plan and six switched to a child in need plan. It appeared that this was to 'focus' the mother's attention on the children who appeared most at risk, which had been discussed in the meeting. Yet whilst they did require the most attention, it was not clearly distinguished why the others required less support, more that they thought the mother could not give it. Furthermore, the decision for the two older children to be on child in need plans was complex. The social worker's report records that the previous conference had placed them on child in need plans because '*the plans were not proving effective in reducing risk'* because the mother would not support the actions of the plan. However, they were also receiving '*very intensive'* support through youth offending service. The use of child in need plans to facilitate a better working relationships between the young person and support services was found in Rees et al.'s study (2010) which questioned the effectiveness of child protection plans' responses and interventions for older children.

As discussed in chapter six, many documents were produced for child protection conferences for large families. For Review Eight, individual plans for all the children were submitted with the minutes, taking up two pages per child and creating a lengthy document. The content of each child's plan was similar, but with the action required in the 'supervision' outcome varied by child according to their age and situation, such as provision of a taxi for school for Child Eight and the need for the baby to be protected from any harm in the house. However, in some cases 'cut and paste' errors copied from another sibling's plan could be seen, such as recommendations that a two year old should contact his mother by mobile phone when he was out of the house. Therefore although individual plans had been drawn up for each child, perhaps in an attempt to focus on the individual children in the family, the errors suggested there were challenges in creating these individual plans. Furthermore, this plan should be seen in the context it was produced. The social workers noted in their reports and in conferences that 'wishes and feelings' work had not taken place with the children to establish their views of life and home. Practitioners commented that the mother and the chaotic nature of the household made it difficult to work with the children.

In all the other cases in the conference sample the children were included on one plan. These could often be short documents, running to only two or three pages. Often there would be little reference to individual children within the family and grouping phrases were used such as '*all children to be protected from the impact of domestic violence'*. Overall

the plans for children from large families seen in the conference dataset did not appear to be focused on the individual child.

Decision Making and Planning in Long-term Neglect Cases

A factor identified in the interviews and focus groups was that the many families where the children were subjects of a child protection plan for neglect were often those experiencing entrenched and long running difficulties, resulting in cumulative neglect of the children. Respondents highlighted that in such cases, they had to guard against the case 'drifting', and children remaining on a plan that was not effective. One probation officer commented that conferences could be incident-based and did not get to the 'heart of what was happening for this child'. In such cases, the overall consideration of whether the situation was improving or getting worse for the child might not be stated:

> …just think often the conference goes through a series of incidents that have happened with the parents, so it might be one crisis after another one, and that, sometimes doesn't get at the heart of what's just not happening for this child which should be. Because you just do get into a sort of, 'I did this and she did that and she did that'. So I suppose if you got away from that historical focus to something more quantitative maybe. (Probation Officer, Focus Group 2)

The use of chronologies, particularly in complex, long running cases, is considered good practice in social work and child protection work (Horwath 2010b; Laming 2003; Rose and Barnes 2008; Social Work Inspection Agency 2010). As noted in chapter five, chronologies were not used in the conferences within the sample. Chairs stated how these were required and could help practitioners consider the history and overall picture of a case, rather than concentrating just on the recent incidents:

> You can see when you look back they need a chronology, desperately need a chronology a lot of the time and you can look where cases have had changes of workers, people have moved around a lot, very common for neglect families to have had frequent changes of address and what that'll probably mean is that they've had lots of different changes of workers as well and you've got a bit of start again syndrome with each worker that comes along (Chair 6)

This chair also commented how in such cases, the 'start again' syndrome meant that an unrealistic approach to the cases was taken, which was:

> …optimistic rather than realistic about what can be achieved with a particular family in a reasonable timescale for those children and some of the ones that we've had hanging around for a long time you can see that very clearly when you step back, that that's what's happened again and again and again. (Chair 6)

Such a pattern can mean that the cumulative impact of neglect continues for children in these families.

Case management in families with repeated child protection conferences was also discussed by practitioners. A school nurse described how long-running, returning cases to conferences could be allowed to 'drift' through being absorbed into the child protection conference process. She suggested that a different approach may be required for such repeat conferences:

> I sometimes wonder whether they need to step up onto a different plan if they're coming back a second or third time for neglect particularly. (School Nurse, Focus Group 4)

The chair's role in being able to shape this was also discussed. In addition to the services suggested as part of a child protection or child in need plan, the chairs were also felt to have a role in considering new approaches to try with the family, as this chair comments:

> the managers out there are obviously more aware of it now, because they're usually, when you ring them up to have a conversation, they'll say 'oh yes we've been to placement panel, or we're doing this or we've had a family group conference', do you know they're trying to get it down a different route, we know this can't go on drifting. (Chair 6)

This was observed in the conference data sample, where the use of further legal processes, such as the Public Law Outline were referred to, should no improvements be seen in the children's circumstances. For example, in ICPC Two, a returning case which had been 'de-planned' only four months previously, the chair noted that they must not simply repeat the same actions of the plan from last time as this had not been successful with the case returning to children's social care involvement so quickly.

Conclusion

This chapter has considered the ways in which decision making and planning in the conferences examined in this study could be considered to be highly or poorly child centred in their orientation, practice, analysis and practice. This section of the conference is a critical part of the meeting and the child protection process itself. It should influence what happens next in multi-agency work with the child in both deciding what intervention is required with the family, and at what level (that is S47, or S17 child in need) and in specifying the actions which must be taken to safeguard the child from harm in the future.

Analysis of the conference dataset showed that there was limited reference to the child's daily lived experience in planning and decision making discussions. Furthermore, few conferences had a child focus in their discussion of planning and in the wording of the plans produced. Planning was predominantly parent-centred rather than child-centred. There was also a relatively small amount of time spent on planning in this section of the

meeting and items were not usually discussed at length. This suggests that the child protection plan is not given the weight it should be in conference. This is a concern if it is then not further developed in core groups or by the social worker, which some of the conference dataset and practitioner's interviews indicated.

A number of influences on planning and decision making in conference were identified. Discussion of whether the child should be subject to a child protection plan was affected by the quality of information presented at conference and the ability of practitioners to analyse this information both prior to and during the conference. There was a different approach to planning used by the two LSCB areas. The County area had a more chair-led approach which suggested a greater attention to detail and possibly an increased child focus to the plans, however it was not possible to analyse these documents. In the City area, where the conference data was collected, the responsibility was more in keeping with *Working Together* guidance and was left to the social worker. However, this approach led to variations in practice observed in the conference sample. In some cases, up to date plans were not produced and some were for the whole family whilst others were for individual children. Furthermore, many of the plans attached to the minutes of the conference were out of date. This suggests that opportunities for the conference to be child focused are missed. This may be because there is a lack of clarity about whose role it is to create the child protection plan, or it may be that due to competing time pressures and workloads this task is missed. There was a low degree of children's participation in the conferences, and few attended the conferences in the sample, thus it was difficult to make overall conclusions about how this participation contributed to child focused decision making. Finally, the decision making in regard to ongoing chronic neglect cases was highlighted as an issue. Conferences in cases of neglect must effectively consider the cumulative impact of neglect which has been ongoing for some time in returning cases which come back to conference.

Chapter 10: Conclusions and Recommendations

This chapter concludes the thesis with exploration of: (1) the empirical and theoretical significance of the major study findings; and (2) policy, practice and research recommendations and reflections. The discussion returns to reconsider the empirical aims of the study which were to critically examine how child protection conferences operate where there are concerns about child neglect and assess, to what extent, and in what ways, child protection conferences, within the study sample and during the time of fieldwork, operated in 'child focused' ways.

The concept of child-centred practice in child protection and child welfare policy and practice had gained momentum in England, and the UK more widely, as a result of sustained criticisms of child protection and child welfare policy and practice in recent decades. Recent policy and practice initiatives in the last 15 years were in particular prompted by criticisms and recommendations made by the two major reviews undertaken by Lord Laming following the death of Victoria Climbié in 2000 and the 'Baby P' scandal in 2007-8 (Laming 2003; Laming 2009) as well as Eileen Munro's (2010; 2011a; 2011b) 'Review of Child Protection'. Several reforms introduced under New Labour following the *Every Child Matters* green paper (HM Treasury 2003) and since the Munro Review have sought to promote a stronger 'child centred' orientation in child protection policy, legislation and practice with a stronger focus on children's and young people's needs, lived experiences, outcomes and views. To some extent then, these reforms have in part been informed by recognition of children's rights and their agency. This thesis sought to explore to what degree, and in what ways, a key element of the child protection process – child protection conferences – operated in such child focused ways.

Child protection conferences are the statutory multiagency decision making forum which brings together practitioners and family members to review serious concerns about child welfare and safety based on thresholds of concern set out in the 1989 Children Act; make statutory child protection decisions and plans; and review child protection decisions and plans. They are therefore one of the primary mechanisms for effective child protection decision making processes and effective child protection case management processes. This research specifically explored the operation of child protection conferences among cases where child neglect was the primary or among the primary child welfare and child protection concern/s. This was for several reasons, including the majority of child protection cases in England are related to child neglect concerns; child neglect is a

complex child welfare problem; and child neglect raises a number of challenges and critical issues for child welfare assessments and interventions.

The study aimed to consider the information shared and analysed in order to gain an understanding of the promoters and inhibitors to child focused decision making in cases of child neglect. The interpretive, qualitative approach used a combination of methods to answer the following main research questions:

1) In what ways and to what extent are child protection conferences 'child focused' in cases of child neglect?
2) What factors affect child focused relationships, information sharing, assessments and decision making in child protection conferences in cases of neglect?

The conceptual development of the notion of 'child focused' practice occurred during the PhD process within my role in formulating and developing the study to make a significant contribution to research in the field. 'Child focused practice' in the context of this research was classified as an approach that considers: how the individual child is experiencing neglect, how it is impacting upon them and the influence of associated factors such as the child's family life and environment. In addition, a child focused approach was conceptualised as including assessments and considerations of children's daily care and daily lived experiences as well as promoting children's and young people's involvement and participation in child welfare discussions and decisions. Finally, a child focused approach is attentive towards improving children's lives and their welfare; with decisions and actions monitored, reviewed and instigated towards improving child welfare outcomes for children and young people as well as for parents and families towards these ends.

To conclude, this chapter initially highlights the major research findings in relation to each of the main research questions. It then reflects on these main findings in relation to the broader context of previous research and considers the original contribution to research and literature in the field. The thesis makes a key theoretical contribution in expanding notions of child focused practice, and the use all four elements of this concept within child protection conferences is examined. The limitations of the study are then considered. Finally, the chapter sets out a number of recommendations worth exploring in seeking to improve frontline practice and several recommendations for further research.

In What Ways and to What Extent are Child Protection Conferences 'Child Focused' in Cases of Child Neglect?

The conference dataset provided an in-depth study of 14 conferences convened for reasons of neglect, through consideration of the transcripts and documents. Interviews and focus groups with practitioners allowed exploration of the understandings and meanings of practitioners in relation to the key themes. The ways in which, and extent to which, the conferences were child focused was considered in the analysis. In addition, the key findings are integrated below.

The impact on the individual child

The study sought to examine how the conference discussed and assessed the individual child's experience of neglect, in the context of their family life and environment. This was explored using all the data sources gathered, including reports, the conference transcripts and interviews with practitioners.

Overall, there were many ways in which the multi-agency reports in the conference dataset did not sufficiently reflect a child focused approach. Many did not examine in an in-depth and clear way the impact of the neglect on the child, or where they did do so, did this in vague terms of 'unmet needs'. This may have been due to practitioners' reluctance to record this information in these reports with the view that the child protection conferences could explore these issues. This consideration is returned to below. However, children's views were rarely recorded on the multi-agency form despite the form requesting this information. There were also limitations found in the social workers' reports for conference. These were created for the family rather than each individual child and, as with multi-agency reports, they contained limited detail about the children's views on their lives. Chronologies were not seen in files in the conference dataset, and whilst they may have been used electronically by social workers, their absence from the files suggested opportunities to consider the cumulative impact of neglect on children were being missed. Whilst the use of chronologies was a specific part of the government guidance at the time, this poor use of recording the child's history and service involvement is comparable to the results found in Ofsted's thematic practice study of neglect cases (Ofsted 2014).

Reports for children in large families exacerbated the challenges for completing pre-conference reports, often leading to repetitive and duplicated information; and sometimes leading to insufficient depth of information about individual children. Horwath (2013)

also noted this in her research looking at child protection conferences in Wales. Specific detail about how each child and the family of children were experiencing neglect was often missing. In my study I also found this was not usually recorded in the multi-agency report, despite a section of the report template dedicated to this. It may be that practitioners were reluctant to commit such views to their report. Furthermore, they appeared unwilling to present information from the child's point of view or using the child's own words. Perhaps this is because it is safer to restrict the presentation of information in reports to what has been quantitatively recorded or measured (for example, in terms of health and development) rather than the messy, sensitive business of feelings and emotions. The need to share conference reports with family members may also affect the style in which the practitioners present information about the impact on the child. However, if this is not put forward in conference, this relies on effective information sharing by social workers and practitioners within conferences, and the need for an effective chair who is mindful to seek to extract this detail about the child's perspective from practitioners, children and family members.

The research explored how the information discussed in conference about children's family and environmental factors, and parenting and parental capacities, reflected a child focused approach. This was explored in part by examining how the contributions detailed the impact that these factors had on the child - looking 'through the eyes of the child' as Laming (2009) emphasises. The conference data showed that practitioners' reports and their contribution to the conference often lacked clarity about how the parents' actions were impacting on the child. This was also found in Horwath and Tarr's (2016) study of conference plans and core group minutes, which found that where the concerns were not clearly conveyed, but instead were presented in vague and generalist comments, this can impact on the work of the core group. Thus, this thesis adds to an emerging body of knowledge about how child protection conference actions are recorded. It is argued that without this clarity, the conference and parents could miss the opportunity to achieve change in the child's circumstances, which is an essential component of a child-centred conference.

The practitioners interviewed stated that some workers, particularly those from adults' services such as drug and alcohol services, or probation, can find it difficult to consider how such factors are impacting on the child. The challenges that adults' services such mental health, probation and housing can encounter in being able to think about the whole family, and to have a child focus in their assessments has been noted in research studies and SCR analysis (Ansbro 2014; Darlington et al. 2004; NSPCC 2014; NSPCC 2015; Ofsted 2010; SCIE 2011).

Children's Participation

One of the indicators of child focused conferences was the degree of children's participation. Where children's views and experiences have not been obtained and are not presented to conference, key aspects of an in-depth and holistic view of child welfare will be missing, and child protection practice reflects a lack of respect and recognition of children's rights and agency. Practitioners will be missing an opportunity to understand how the child feels and to assess and evaluate how the neglect is impacting upon them and their welfare. The research found that there was limited participation of children in the conferences in the sample. Where there was a greater level of children's participation in conferences in the sample it could be seen that this was associated with sufficient preparation and the use of a children's advocacy service. Furthermore, where good working relationships were more evident – much more intensive detail was gathered about the family and the child, and thus knowledge of children's daily life was able to be conveyed and discussed in both the conference and the planning to a smaller degree.

The non-participation of school-age children in the conference sample appeared to have a number of possible explanations. In some cases the social workers experienced difficulties engaging with the family, and as a result, the children. In others, the lack of formal participation in some cases was not accounted for. Children's views could also be represented by others at conference, but the structured in-depth work to uncover children's opinions or 'wishes and feelings' did not always take place as practitioners would like, due to difficulties of workload and timescales. Practitioners' views on children's attendance at conferences were mixed, with some concerned about the negative impact this might have on children. A paternalistic 'child rescue' approach as noted by Shemmings (2000) was expressed by some conference chairs and focus group respondents towards children's attendance at conferences: there were concerns that participation would be detrimental to the child. However, other practitioners appeared to recognise the importance of children's participation and noted its role in child-centred practice, yet the existing structures to facilitate this were not always used. A more child-rights orientation was evident in a small number of conferences in the sample.

The low level of attendance and formal participation of children in conference found in the conference dataset and reported by practitioners is comparable with results from some previous research (Bell 1999b; Sanders and Mace 2006). Whilst more recent focus groups with older children on child protection plans (Cossar et al. 2011; Cossar et al. 2014) found that around a third of the children they spoke to had attended a conference or core group

at some point, but that participating was difficult. This study adds updated detail about children's participation in conferences, gathered in 2012. The conference sample and interview data indicates that despite the increased policy and guidance on this the area of children's participation has not significantly changed since the 1990s. Whilst the UNCRC and Children Act recognise children's rights to be heard, child protection conferences do not have the statutory guidance to compel this, as is seen in regard to reviews for looked after children. Furthermore, this was a study of child protection conference practice in cases of neglect, unlike the others which were for all types of child maltreatment. The low degree of participation may be connected to conferences where there is child neglect. Whilst other research studies have also looked at the way in which children's views are referenced in conference minutes (Piper 2013, Sanders and Mace2006), the analysis of multiagency reports used in conferences adds new detail to this field.

Discussion of the child's daily lived experience

This thesis contended that a central part of child focused practice was the consideration and exploration of the child's daily lived experience in conferences. The research found that there was limited discussion of the child's day to day experience in the child protection conferences. Interviews with practitioners revealed that there were mixed opinions on when or how such information should be discussed in conferences.

There has been limited research considering how the child's day is discussed in conferences. An Ofsted review of practice in local authorities in cases of neglect reported that in the limited cases where the impact of neglect on the child's daily experiences was stated this was '*stark and powerful*' (Ofsted 2014 p18). The finding that practitioners do not always provide information about a child's daily life in conferences suggest that if greater knowledge is to be gained in the conference about the child's daily lived experience, then it must be requested. This information could be elicited through existing conference structures such as in the questions asked on multi-agency report forms for conference, or addressed as a particular agenda item within the conference. Connected to this is the knowledge base that the workers must have to be able to share this information: workers can only speak about a family's daily routine if they have been able to observe the child and family, to have spent time and worked with them (in the case of reviews) in order to speak about what is happening in their life at this level of detail. Assessment work to uncover this prior to conference could also focus directly on the child's daily life, which is an approach that has been advocated by Horwath (2013). Later work by Horwath and

Richardson Foster (Horwath 2016a; Horwath and Richardson Foster 2015) piloted a model of gathering and presenting this information in child protection conferences.

The minimal discussion of children's day to day life indicates that an opportunity to focus on the child in a child protection conference process is missed. It could be the case that this type of work, looking at the child's day, took place outside conference, in the core group or in one to one support work with parents. However, within conference an understanding of what life is like for an individual child has to be pulled together from the separated components of their needs, as outlined in the Assessment Framework. There has been limited research considering how the child's day is discussed in conferences.

There was some evidence that discussion of the child's daily lived experience could create more child-centred discussion and information sharing in conferences. The research found that there was less discussion of the child's daily life and routine for babies in the sample, and when there were 'historical concerns' about their mother's previous parenting. Where it was discussed, this was usually in terms of specific incidents, and where there were issues of safety, such as domestic violence or cot safety. This implies that practitioners find it difficult to make the impact of the neglect on the child's daily life explicit. Where there was child focused discussion in conference this sometimes led to a child focused outcomes in plans, however, due to the poor planning documents received it was difficult to make this judgement. This analysis of information shared in conferences has not been undertaken before, looking at the recordings of conference transcripts, rather than just the minutes or notes.

Planning and outcomes

Analysis considered the extent to which the plans and planning were child focused, that is how the plans were expressed in terms of outcomes for the individual child and how the planning discussion, and plans, used information about the individual child's daily lived experience. This showed that few conferences had child-specific outcomes. Those that did were often vague and used general phrases. Few used details of the child's lived experience, but where this information was used in planning it was often linked to review cases where the children and parents had been working intensively with support services for a long period. There was a low degree of children's participation in the conferences thus it was difficult to make overall conclusions about how this participation contributed to child focused decision making.

The time spent constructing or considering child protection plans within the conferences in the sample was limited, in comparison to the other agenda items. The proportion of

time spent discussing whether a plan was required and if so, what the actions of the plan should consist of (12% of the total conference time) is similar to the findings made by Farmer and Owen's (1995) study which found an average of 9% of time in ICPCs was dedicated to this purpose. My research compared the time spent on planning to other agenda items, and found that a greater proportion of time was spent discussing children's developmental needs.

Planning for multiple-sibling groups was likely to focus less time and attention on each child. This could due to the challenges of longer meetings, where there was inadequate time for planning, or there could be errors and difficulty in managing the large amount of information for multiple children. In some conferences in the dataset the time spent on large sibling groups was limited to discussing the need for a plan rather than its actions.

Professional responsibility for the child protection plan conference differed between the two LSCB areas. In the City area the plan was created by the social worker, and whilst the social workers in the focus groups spoke of the way this should work, in the conference dataset the plans seen were not always produced in the child-centred, outcome-focused way the workers described. In the County the conference chair had to produce an outline plan and there appeared to be more ownership of the plans by these chairs. As Horwath's (2013) study of practice in relation to neglect found, practitioners may not share the same approach to the remit and purpose of an outline child protection plan and this lack of clarity does not help to create clear outcomes for the child.

Overall there was little debate about the actions of the plans, and limited time spent specifying what the detail of the plan should be and what outcomes this would achieve for the individual child concerned. The lack of precedence given to the planning role of conference may indicate a non-child-centred approach. Creating a plan of action for the child and family to prevent further harm is a central part of the conference, and this thesis has argued that creating a plan with outcomes for the child is a key part of child focused practice.

Some studies (Farmer and Lutman 2012) have demonstrated how poor planning in cases of chronic neglect is associated with poor outcomes for the child. This study adds greater depth to the research in providing detail about the content of child protection plans in cases of neglect. Whilst other research has considered the child protection plans produced by conferences in cases of neglect (Farmer & Lutman, 2012, Farmer and Owen 1995, Horwath 2013), the examination of the child protection plan in conjunction with a recording of the conference not been undertaken before.

There was also a finding that in planning practice differed with regard to teenagers experiencing neglect. The use of child in need plans to facilitate a better working relationships between the young person and support services was found in Rees et al.'s study (2010) which questioned the effectiveness of child protection plans responses and interventions for older children.

What Factors Affect Child focused Information Sharing and Decision Making in Child Protection Conferences in Cases of Neglect?

This section explores some of the key factors which the study identified as affecting child focused information sharing and decision making in child protection conferences. These included: the mechanisms and structural support for child focused practice; and the importance of engaging with children and families; the key role of the chair and clarity of roles and responsibility within conference process.

Structure of conference reports and agendas

The structure and agenda of the conference could influence the extent to which it was child focused. Conferences used a set agenda for the meeting which was based around the Assessment Framework. Practitioners commented that this ensured all aspects of the child's needs were discussed in conference. However, examination of the type of information shared and discussed in conference showed that not all sub domains of the framework were used. The information shared appeared to focus on the practitioners present – such as in discussing health and education for example, by health staff and teachers. There was comparatively limited discussion of some factors relating to neglected children's life such as identity, their parents' ability to provide emotional stability and warmth, or economic factors such as income and employment. Again, this links to the role of the chair in asking for questions about such topics and chairs also commented on their role to make sure all children's views were represented and treated individually within conference. A lack of detailed discussion about economic factors has also been found in other studies of conferences (Buckley 2003, Farmer and Owen, 1995). Furthermore, this (limited) attention on the individual's circumstances and agency can mask the structural deprivation and societal neglect the family is experiencing (Featherstone et al. 2014; Hooper et al. 2007; Horwath 2013).

The LSCBs studied did have structures in place to place to assist with child focused reporting for the child protection conference but these were not always fully utilised. Examples of this were the sections in the multi-agency report to record children's views

and to state how the neglect was impacting on the child, which were often left blank. Whilst individual plans should have been produced for children with specified outcomes, often these were plans for the whole family and contained general outcomes such as 'to attend school' or 'child to be healthy'. Therefore whilst there are structures in place to extract this information but they are not always child focused. Such failures could be as a result of time factors, or due to lack of enforcement, or because staff currently have too much paperwork. Other studies have found that practitioners may omit information from assessments when they felt unsure how to describe some aspects of the child, such as in relation to identity, or to avoid challenges from parents (Thomas 2010; Thomas and Holland 2010).

Conference Chairs

The prominent role of the conference chair emerged in the research. The chair could influence the child focussed nature of the conference in a number of ways. Firstly, they could promote children's participation, in their discussions with social workers prior to the event about advocacy or other forms of representation. Where children did attend, or were involved in formal methods of participation, the chair used their discretion in structuring the inclusion of this within conference. Another aspect of their work was to meet with families prior to conference, and to ensure they were able to participate meaningfully in conference.

Chair's management of discussion could promote a child focus, for example, in asking probing questions about the child's routine. The conference data showed that where discussion about the children's daily life was present in conferences this was usually as a result of the chair's direct questions. Their verbal summaries of agenda items, which were then recorded in the formal record of the meeting, could provide a steer to conference and was an opportunity to retain a child focus. These summaries were used to make recommendations for the plan for the social worker and core group. The chair can also refer to the impact on the child's life in their summaries, and emphasise how living with the neglect is experienced for the individual child or children. This is particularly useful if practitioners have not made it clear in their reports or contribution to conference.

Chairs discretion regarding timings of meetings, and when to curtail discussion or omit details such as summaries or actions for the plan could also shape the overall child focus of the meeting. Chairs were also found to have a key role in shaping the content of the child protection plan, particularly in the County area where they wrote the outline plan. Within the City area, the chairs could contribute through the summaries they made during

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conference and in their recommendations in the planning section. Chairs should also hold practitioners to account regarding the progress of the plan in review conferences.

The training and support for conference chairs emerged as an issue through interviews chairs and their managers. Chairs had received little on the job training and some reported to find aspects of the role, such as summarising, to be a challenge. In County there were limited opportunities for peer support due to the configuration of conferences in the area, but in City the chairs could gain informal support from their colleagues.

The research provides new detail about chair's conference practice. As noted above, there is limited research on this area published to date. One prior study included Horwath (2013) but this had a smaller sample size of conferences and chairs. Some published articles have considered good practice for chairs in conferences (Calder 2003) and their role in facilitating father's engagement in the conference (Goff 2012) but these articles did not report original empirical findings.

Conference setting and arrangements

Procedural factors such as the timing, location and organisation of conferences could have an influence on the child focused nature of the meeting. This was particularly apparent in the City area where the conference data was gathered. Here, the meetings took place on a strict time slot basis which was linked to the limited number of meeting rooms in the building. This meant that meetings had to take place within a two hour time slot. In some cases the time restriction led to key aspects of the meeting's function – the discussion of a child protection plan - being rushed towards the end. Chairs noted that they had to strike a balance between covering all agenda items whilst ensuring attendees were not did not lose their concentration and be fatigued by a long and complex meeting. Meetings for large families of many siblings presented a particular problem in this regard. Another factor connected to the child focus was having enough space and time available to meet with parents and children prior to conference, to ensure they were fully prepared for the meeting, and able to participate as fully as they wished.

This study also provided new insights into the child protection conference in cases of neglect. Interviews were conducted with conference chairs and administrative staff, and there is limited empirical research conducted with these personnel who have key roles in child protection. Whilst Horwath (2013) included interviews with six chairs as part of her study and Piper (2013) interviewed one, this research had a greater number of conference chairs in the sample from two areas and also spoke to their managers and the administrative staff. This study provides new and greater knowledge about the operation

and management of child protection conferences and the chair's role within this. There is very limited research on the role of the conference chair, and this study adds their unique perspective.

Discussing neglect

An unexpected finding of the study was that there was limited direct reference to 'child neglect' in child protection conference conversations. All the conferences in the study had been convened either because there were concerns that the child or children had experienced neglect, or were review conferences where neglect was the main category for the child protection plan. Linked to this finding practitioners reported that it could be difficult to discuss neglect with families and they were cautious in their use of the term.

Practitioners were asked about the lack of explicit discussion of neglect in some conferences. Some respondents in focus groups commented that practitioners can find it difficult to use the term word in the presence of parents and children. Other research has noted that the category of neglect can be challenging to parents (Glaser 2002; Sykes 2011) and this can extend to the child protection conference (Bell 1999b; Farmer and Owen 1995). Studies have also highlighted the need for space within the child protection process to discuss and negotiate the term (Farmer and Lutman 2012; Piper 2013). Farmer and Lutman argued in their research that because child neglect cases are rarely 'immediate' and do not usually result from a section 47 enquiry these factors can result in a lack of opportunity for the social workers to '*persuade them of the seriousness with which children's services view the concerns*' (Farmer and Lutman 2012 p204). In my study, the conferences where the category was discussed, such negotiations and discussions about what constitutes neglect did at times occur which indicates child protection conferences can offer an opportunity for these discussions with parents. Moreover, my study contributes new detail to consideration of how neglect is discussed in child protection practice, in that it uses data from the recordings of child protection conferences.

Attendance at conference

Chapter Five showed that attendees at a child protection conference could affect how child-centred the meeting was. This included the attendance of both practitioners and families – parents, carers and children. Attendance in conferences in the conference dataset was predominantly from workers from children's organisations – for example children's social workers, education staff and health workers such as health visitors. This

pattern was broadly similar to that found by Farmer and Owen (1995) although in my study the police did not attend the ICPCs as expected. Whilst this pattern did reflect the predominance of children's services working with the families, there was also a lack of attendance of workers from adults' services in some cases. The absence from conference of organisations such as specialist health or adults' services also emerged from the interview data. The low attendance at conference from services including specialist mental health workers such as CAMHS, GPs, the police and paediatrician also reflects previous research, for example, Polnay (2000) and Tompsett et al. (2009) also found that GPs attendance at child protection conferences is low. Conferences were also not usually attended by practitioners from adults' services, which also echoes Farmer and Owen's study which looked at ICPCs (Farmer and Owen 1995 p104) and Cleaver et al.'s (2007) research, which was specifically examining child protection practice in regard to substance misuse and domestic violence.

When the appropriate practitioners do not attend conference, this can affect the ability of the meeting to be focused on the individual child. Key information may not be gathered as a result of workers' lack of involvement in the conference or the conference process (through sending a report). Information about the child's day might not be known or discussed, and thus a plan to address the neglect the child is experiencing is harder to create.

The practice of teachers sending a more senior teacher representing staff to protect them from a difficult encounter with parents was also found by Baginsky (2007). This also suggests that greater support and supervision may be required for teachers who feel uncomfortable in working with parents who neglect their children. This links to Australian studies which have found that teachers were reluctant to report child protection concerns due to fears of upsetting their relationship with parents (Briggs 1997). Teacher's capacity to broach discussion of concerns with parents and their knowledge of child protection processes was also noted in the SCR into the death of Daniel Pelka (Coventry SCB 2013), who died as a result of neglect and physical abuse from his mother and her partner.

Family participation in conferences

As discussed above, the participation of children and parents or carers in conferences is a significant influence on how child-centred they are. The participation of children in conferences in the sample was low, as discussed above. The conference data showed, however, that when children and young people were able to participate meaningfully in the event, through attendance, or formal representation by others such as an advocate, the

meeting was more focused on their perspectives. When this did not take place, the workers represented the children's views and perspectives, but this information was not always available. The working relationship between children, parents and practitioners is essential to ascertaining this information.

The participation of parents in conferences could both promote and inhibit the child focus of conferences. Poor engagement of parents with social workers and other practitioners meant that they had not been able to fully discuss their concerns with parents and to prepare them for the conference meeting. This then could lead to challenges within the meeting, and was also associated with a meeting which was more-parent-focused than child focused. Instead, the meeting could be concerned with diffusing the parents' emotional response in conference and the information presented. Moreover, poor parental participation in conferences and conference processes was also associated with less detail being presented from the parents. In such cases, there was a lack of detail provided to conference about the child and their daily life. The practitioners' perspectives on parental participation in child protection conferences are broadly similar to that found by Bell (1999b) and Farmer and Owen (1995). The relationship between practitioners and parents is a core part of child protection practice. All practitioners, not just social workers, need a relationship with parents and the child in which they can be specific about the harm that the child has experienced, be clear about the impact that it has had on the child and communicate effectively about the changes required (Platt 2012; Turney and Tanner 2001). Munro (2008), Featherstone et al. (2014) and others argue that the essential skills in being able to form this relationship are being lost in the current bureaucratic demands on the social worker's role (Munro 2010; 2011b).

Organisational context

Relationship building is linked to the organisational context. Effective working relationships with children and families can only achieve such relationships in an organisational culture which supports work with families. This means that there is time for supervision, for regular visits to the home and for meeting with the children on multiple occasions in different settings. Workers must have time to meet with the family and build up a relationship with them. In relation to the conference, sufficient time is required to give the parents the report to read, to discuss the contents with them and also to prepare them adequately for conference and to de-brief and discuss the plan of work – be it a child protection plan or otherwise - afterwards. Such matters are particularly applicable to children's services such as children's social care, health visiting or education, however some also relate to workers from adults' services. The context within which

adults' services are operating can also influence their ability to be child focused. If their work is similarly affected by caseload problems, and limited opportunities to meet with families, and for effective supervision about cases, this will also affect their ability to work in a child-centred way.

The influence of what Horwath terms 'agency neglect' (Horwath 2016b), the organisational context on practitioners capacity to work with neglect cases, was discussed by practitioners. Time constraints and large caseloads may affect their ability to be child focused in their work prior to conferences. Practitioners commented on the amount of time required for assessment and writing reports and the lack of time they have to explore possibilities with their colleagues and managers in supervision. The conference dataset showed that reports produced for conference often lacked detail about how the neglect was impacting on the child, and this may be linked in part to the amount of preparation which meeting attendees are able to do prior to the meeting. Chairs reported that when workers did not have sufficient preparation time and had not had supervision this affected the quality of information brought to conference. The study was conducted at a time of increasing pressures on child protection and social workers (All Party Parliamentary Group on Social Work 2013).

Number of children discussed in conference

In this research, a number of factors were identified which could affect the quality of the information provided about an individual child and the focus on a child in the child protection conferences when there were many siblings in the family. These factors were: that an increase in the number of children discussed affected both the time spent on a conference and the proportion of time spent on individual agenda items; that individual children could be 'lost' within the meeting because conferences were likely to focus only on children with presenting needs and that it was harder to convey a picture of family life and family dynamics; and finally, there was an increased number practitioners involved in a meeting.

There is evidence to indicate an association between a larger than average number of children in a family and neglect. Studies have found neglect a dominant feature in large sibling groups in chronic child protection cases (Devaney 2009) and Serious Case Reviews (Brandon et al. 2010). However there is little research on how this affects the conduct of child protection conferences and the quality of information shared about children's individual lived experience. Research by Horwath (Horwath 2013, Horwath and Tarr 2016) indicated that practitioners found managing conferences for large sibling groups to

be a challenge and noted how children's needs could be 'lost' within conferences for multiple children. Thus my research contributes to this growing knowledge base about the child protection conferences.

Roles and responsibilities

A common theme across the data was the issue of clarity of roles and responsibilities in relation to the child protection conference. For example, when practitioners did not provide information about how the neglect was impacting on the child, it is possible that they do not do so because they do not see it as part of their remit. Instead, they leave it to someone else to do within the multi-agency meeting. This indicates roles and responsibilities in these regards need to be clarified, specified and agreed more extensively in relation to social workers and other practitioners involved in child protection conferences. Another example was found in the creation of the child protection plan, where different approaches to the responsibility of writing and amending the plan were seen in the two study areas. In the City area there was an understanding that the social workers must produce an outline plan for conference yet some chairs in this area stated that plans were inadequate. To what extent were social workers held to account for their poor practice in creation of plans, and by whom? And to what extent are the lead roles of social workers in these regards sufficiently supported by other practitioners and partner services in the broad child and family welfare service sector? In the County area, the chairs produced the plans themselves and had greater control over their content but this raises questions about the degree of ownership the core group felt towards it. In addition, this highlights the role of the conference chairs and the LSCBs in quality assuring child protection plans and processes.

Practitioners, in particular chairs, minute takers, and social workers stated that some attendees at conference were uncomfortable in being decisive about the likelihood of significant harm. Furthermore, the report data seen in the conference dataset indicated that practitioners from a range of agencies did not wish to state how the neglect had impacted on the child. This raises the question of practitioner's understanding of multi-agency responsibility for child protection matters, and if such work in conferences is truly a collective task, or left to social workers as Buckley (2003) found. Reluctance to take the lead in child protection work was also found in Harlow and Shardlow's (2006) research on core group roles. The lack of interpretation and analysis in conferences reflects Bell's critique of conferences (Bell 2011) and was also found in Horwath's study (Horwath 2013). That when analysis of the risk of significant harm is left only to practitioners, who

were all from a social work background, may indicate that other attendees lack the competence and understanding of this area of the Assessment Framework. It could also suggest they lack confidence to make such judgements. It may indicate that they would rather leave this work to the social worker – a finding of Harlow and Shardlow's (2006) study of responsibilities in core groups. The authors of this study note that such a lack of shared ownership for child protection work is detrimental to the families and unsupportive for the social worker. They also caution that the social worker is likely to be 'scapegoated' and isolated in their work with families. Whilst many of the social workers recognised their key roles in undertaking these holistic assessments of child welfare, some felt they were not sufficiently assisted by other practitioners to do so, a finding which also came out of Farmer and Owen's (1995) research.

Child Focused Practice?

Overall, the evidence gathered indicates that the sample of conferences in cases of child neglect studied in 2012 struggle to be child focused. In particular, they do not always discuss the impact of neglect on the child in terms of their daily life. Opportunities for children to participate meaningfully in conferences were not used in all cases in the sample. Furthermore, the planning and decision making in conferences did not refer to the children's individual, specific, measurable and individual basis which related to detail about their daily lived experience. Many factors which can influence including the chair, who attends, relationship, children and parent's participation in conference, engagement with families prior to conference the role of the chair and the particular challenges of assessing and discussing child neglect.

The 'child centred turn' in child protection has been informed by a children's rights approach. However, the limited child focused practice found in this study suggests that children's rights are being overlooked. This is evident primarily in the limited way in which children's voices are heard within the conference process. However, the UNCRC states that children's rights to participate must be balanced with their rights to protection from harm, and to uphold their welfare (United Nations 1989). This thesis has argued that child focused practice is integral to good child protection practice which aims to safeguard and promote children's welfare.

Recommendations for Practice

The research has studied an area of multi-agency work in child protection, and a particular aspect of the child protection process. The findings have highlighted a number of elements of practice which service managers and LSCBs may wish to consider.

Increased training

There is evidence from this research that staff require and would welcome further training about what is expected of them in conferences and in the reports written for conferences. Whilst multi-agency training was provided in the LSCBs for all staff who may be invited to attend a conference, the difficulties reported by practitioners in the interview and focus groups indicate that this provision may not be reaching all the staff it should. Such training could include communication between agency groups, such as teachers and social workers, about their expected roles within child protection processes.

Some staff reported that recently qualified social workers were better at being child-centred and ensuring that children participated in the assessment and in the conference, compared to longer-serving workers. This suggests that refresher training may be required for some social workers. Practitioners stated that adults' workers could find it difficult to consider how the neglect was impacting upon the child, and this was observed in the conferences. This finding suggests that adults' workers need further encouragement and training to consider the child's needs. All practitioners may require further training or encouragement in how they contribute to conference, particularly in regard to identifying how the unmet needs and difficulties with parenting and family factors are affecting children's welfare. This supposes that a better contribution from all practitioners on this aspect would improve the quality and child focus of the child protection conference. Chairs reported that summarising information in conferences could be a challenge and the research indicates that greater support and guidance is required for this role, particularly for new chairs.

Promoting children's participation

The research found there were low levels of children's participation in conferences despite a general commitment to the concept in those interviewed. This suggests that structural and practical solutions are still required to address this.

Existing mechanisms to facilitate children's participation in conferences were in existence in the LSCB areas. The use of an available advocacy service was not always promoted, or expected by the chairs, nor used in conferences when it was available in the area studied. Whilst standard forms were available to record 'wishes and feelings' these were not

always used, and were criticised by some chairs as limited and repetitive. Other methods of their contributing may be preferable, such as recording a video, drawings, emails or text message (Jelicic et al. 2013). Children's participation should be factored into the conference process and expected, as a right. Some practitioners suggested conferences should include children's views and participation as dedicated agenda item. This would also focus attention on this, and was recommended by Schofield and Thoburn (1996).

Some measures to promote and standardise practice in relation to children's participation in conferences were introduced in the City LSCB area since the fieldwork was undertaken. A guidance sheet and flowchart detail how social workers, advocates and conference chairs must manage the process. This states the 'expectation' that children will participate in some way. Furthermore, it details that children's attendance at conference must be supported by an advocate and take place prior to the meeting when the parents attend.

These could include providing sufficient time for practitioners, in particular social workers, to work on a direct basis with children to discover their views and to adequately represent them at conference. Such work needs to be prioritised as central to child focused practice, rather than seen as an 'add on'.

Consideration of the setting may also promote the participation of children in conferences – for example in holding conferences during or outside school hours for example. If children are not able to participate directly in conferences creative methods could be to use photographs or other visual methods to ensure they are held in mind.

Recommendations for chairs

Conference chairs were found to be a key resource in maintaining the focus on the child in conferences. LSCBs should support their work and recognise how they can provide a positive child focused steer to the meeting and the plan. Chairs did not always have opportunities for peer support and training in their role, and LSCBs could provide support in skills in summarising and other tactics to keep the event child focused. Chairs can also be used to promote and uphold children's participation in conferences, and must be fully briefed in local provision for this.

Conference arrangements

The study highlighted a number of practical considerations with regard to the operation of child protection conferences. Attention to the timing of and venues used for meetings may increase participation of under-represented groups, such as GPs, or teachers who may struggle to attend. There is emerging research that the use of visual methods in conferences, such as the strengthening families approach (Appleton et al. 2013) or the

'lived experience model' (Horwath 2016a; Horwath and Richardson Foster 2015) can promote greater participation of families within conferences and holistic, comprehensive assessment and planning for the child. This research indicates that such new approaches to the organisation an-d delivery of child protection conferences should be evaluated.

The study found that parental participation could also affect the degree to which conferences were child focused, and noted the importance of preparation for families to do this. However, the reduced and revised 2013 edition of Working Together (HM Government 2013) removed guidance about the need to share reports with families, giving parents a copy of the child protection plan within one working day and promoting the use of family group conferences (Family Rights Group 2013). This change means that such good practice in relation to family participation is in danger of being overlooked by LSCBs.

The finding that practitioners do not always provide information about a child's daily life in conferences suggest that if greater knowledge is to be gained in the conference about the child's daily lived experience, then it must be requested. This information could be elicited through existing conference structures such as in the questions asked on multi-agency report forms for conference, or addressed as a particular agenda item within the conference. Connected to this is the knowledge base that the workers must have to be able to share this information: workers can only speak about a family's daily routine if they have been able to observe the child and family, or to speak with them in order to be speak about what is happening in their life at this level of detail. Assessment work to uncover information about the child's daily lived experience prior to conference could also focus directly on the child's daily life (Horwath 2007a; Horwath 2013; Horwath and Richardson Foster 2015).

Recommendations for managers

The research found that workers required support in relation to working with children and families. Supervisors are best placed to provide support for practitioners in the work they do prior to and following conferences. They can provide support and guidance and promote good practice in working effectively with children. For example, more support and guidance could be provided around encouraging repeat visits and ensuring staff have chance to reflect on the impact of the neglect on the child. Supervision can also be used to support workers in their communication with parents, carer and children about neglect, and a chance to reflect on the difficulties which they may encounter discussing children and parents' interpretations and understanding of 'neglect'. Furthermore, supervision can support practitioners in their work in challenging parents and in sharing their concerns with them. Additional help may be needed to consider approaches when working with

parents who are hostile and difficult to engage. The research indicated that staff can find working with neglect challenging and require effective supervision to reflect on their practice and manage the emotional impact of working with neglected children and their families. Finally, supervision and management has a role to play in providing workers with clarity about their role in relation to conference and ensuring staff are fully prepared for their conference work, such as in supporting them in their report preparation.

Recommendations for social workers

As noted above, the research found that workers, in particular social workers, would benefit from greater support in their work with families who are experiencing neglect. Some social workers appeared to require greater support, confidence and clarity regarding their role in working directly with children. Certainly, there appears to be a need for more consideration of ways in which social workers can ensure they work with families and children to gain more detailed information about their life and the way in which neglect is affecting the children. This may be through the supervision they receive or ongoing training.

Recommendations for conferences of multiple siblings

The research found that there were particular challenges to remaining child focused in conferences for multiple siblings. Thus a recommendation of the study is that practitioners need to give particular attention to conferences for large families and make clear when additional resources and time are required. Practical solutions for workers may be to consider the structure and set up of such meetings, such as allowing more time for discussion, or building in breaks. The role of the chair may be challenged even more, in regard to ensuring everyone contributes and managing this whilst keeping the meeting to time. Creative solutions to ensuring that the meeting does not lose the focus on the individual could be through using visual aids to avoid the children 'merging into one' such as different coloured paper for different children, or photographs of the child placed on the table. A more child-centred approach, where there is greater participation of children in conferences, either through a child's attendance, or their contribution through an advocate or individual written report, this can ensure that their individual needs are considered. Whilst individual paperwork is required for individual children, some focus group participants suggested clearly delineating in reports and plans which actions are for all the children in the family and which are particular to an individual child to curb an overload of information (Brandon et al. 2010) or duplication. Yet with greater participation of children in this way may in fact add to an already long meeting, as was seen in the conference data.

This research looked only at cases where there were concerns about neglect, and research (Brandon et al. 2010, Devaney 2009) indicates that a significant proportion of children in larger families are experiencing neglect, making this a factor to be particularly mindful of in such conferences. However, it is likely that many of these recommendations will be relevant to children of large sibling groups experiencing other forms of abuse or maltreatment. Families experiencing neglect have multiple and complex problems. This is exacerbated in families with many siblings of a range of ages. An effective child protection system which is child-centred needs to recognise this and give practitioners the capacity, that is, time and resources, to manage this.

Limitations of the Research

There were some limitations to this study, with regard to the methodological approach used and the type of data gathered. Firstly, the conference data sample was restricted to data about the conference meeting, gathered through an audio recording, and the documents held on file in the conference office. The participants were not interviewed about their experience of the conference event, and thus unlike Farmer and Owen (1995) the study did not examine the preparation that had taken place with practitioners and family members prior to the conference. The research provided a snapshot of practice which concentrated on the single conference meeting, rather than considering case studies of the experience of the child protection conference. In some cases, a greater amount of background detail was available from the files because the children had been on a plan for a long time, but this was not always available, in cases of ICPC or three month reviews. Similarly, the study was not longitudinal and did not track what happened after the conference meeting, such as in considering action in the core group, or future outcomes of the case. Furthermore, the views of those who participated in the conference were not sought about the event directly. Family members, such as parents or children, were not included in the sample, due to ethical considerations which are detailed in the methodology chapter.

Another limitation to the conference dataset was that only audio and report data was gathered about the conference. A different type of detail and understanding may have been gained by the researcher observing the meetings or video recording them. This would have allowed body language and gestures to be monitored. However, this would have then created other tensions and challenges in data collection, as noted in the methodology chapter. The report data was limited to the conference documentation

stored at the conference office, and thus other documents such as child in need plans, or electronic files held on the integrated children's system were not accessed.

The sample size of conference dataset was small and was gathered using a purposive sample. This limits the generalisations which can be made from this data. Firstly, the small, qualitative sample is not able, for example, to consider the relation between conference type and case outcome. Secondly, the small sample was not necessarily representative of the City area. In particular, it did not reflect the ethnic diversity of the local authority's population. Therefore, generalisations to the wider population of the area, region or country must be approached with caution. As the methodology chapter detailed, adaptations to the sampling procedure had to be made and the final sample included a small number of ICPCs and a greater proportion of review conferences. It may be the case that further patterns and insights could be derived from a study of only ICPCs for example. Finally, the challenges and modification to the data collection, described in the methodology chapter, meant that greater detail was gathered about practice from chairs and minute takers in the County area, but conference data was not gained. Thus it was not possible to explore aspects of conference management in this area.

Participation in the focus groups was voluntary and the sample gathered was not representative of all practitioners involved in child protection conferences – either in comparison to the conference data sample or based on knowledge of the practitioners who are invited to conferences generally. Whilst practitioners from all agencies were invited, only those who wished to attended. There was greater representation of some groups than others, such as social workers who were arguably under-represented in the focus group sample. It is of note that, with the exception of the police and probation officers, the focus groups included the same type of practitioners who had participated in the conferences in the sample. Thus, the views of these services who were less frequently involved in conferences, such as drug and alcohol workers, GPs, CAMHS workers, paediatricians and hospital-based health staff were not gained in the research. This may have been due to their lack of buy-in or the research methods and approach used, such as the timing and location of meetings.

Suggestions for Further Research

This study has provided an in-depth consideration of practice in child protection conferences in cases of neglect. The results and the scale of the work have raised a number of factors which could be explored in future studies. For example, further research is needed to examine the way in which conferences for large sibling groups could lose their

focus on an individual child. A comparative study could explore to what extent these findings hold true for other types of child maltreatment, such as physical, sexual or emotional abuse. Such research could explore whether there are different factors which affect the child focus of conferences in such cases.

Whilst this research provided a detailed picture of the conference, as noted above, a limitation of the study is that it was only a 'snapshot' of practice around this event within the child protection process. Moreover, a key finding has been how the work of the child protection conference is affected by the system and process it is situated in. For example, time and workload issues affect the quality of relationships between workers and families which can influence the child focus of the conference. A qualitative longitudinal case study approach could track cases through the system, from initial referral and strategy meeting through to core group to gain a greater understanding context and processes which shape the conference. In particular, whilst there was an understanding that children's participation in conferences should be encouraged, there appeared to be barriers to doing this in practice and a case study approach which tracked cases could further explore this.

Interviews with children, parents and carers could provide further detail about the experience of conferences in cases of child neglect. This is an area that has received some attention in relation to families' experience of conferences and the wider child protection process (Ghaffar et al. 2011, Cossar et al. 2011). However, case study research which combines family and practitioner experiences with data gathered from child could provide greater insight into child protection conference processes in cases of neglect.

The study found that there were some practitioners who did not often attend conference, and furthermore that some were criticised for the limited contribution that they made regarding the child. The focus groups conducted with staff were able to explore this to some extent, but this was a self-selecting sample and only some attended. It could be that different methods, such as an online survey or telephone interview, could investigate further the views of practitioners who find conferences challenging and do not frequently attend them.

Although the study did not specifically explore the work of core groups, the lack of detailed plans considered in review conferences suggested that this is an area of practice which requires further investigation. Discussion of responsibility for child protection plans between the core group, chair and social worker were noted. Furthermore, it may be that similar challenges regarding communication about child neglect and specifying the impact of parenting on a child, are also relevant to the core group meeting between families and practitioners.

Conclusion

This chapter has shown that conferences in cases of child neglect experience significant challenges and barriers to being child focused events. The current government has committed to promoting innovation and good practice in child protection work (Department for Education 2016b; Department for Education 2016c). The conclusions and recommendations of this study are both timely and pressing: this study provides evidence that change is required to ensure that the structure and processes of child protection conferences, particularly in cases of neglect, are child focused. The four elements of child focused practice proposed in this thesis provide a framework to instigate change in this key area of child protection practice, and it is essential that greater efforts are made to understand the lived experience of children who experience neglect and thereby improve their lives.

Appendices

Appendix 1: Glossary and Guide to Notation

Guide to notations used in the thesis

The quotes used in the thesis come from all data sources, that is, the conferences, reports, interview and focus group recordings.

Conferences were numbered sequentially and by whether they were an initial child protection conference or review. The children within the family are indicated by their birth order, starting with the youngest as Child 1. Only the children discussed as part of the conference were numbered, older siblings who were not a 'subject' of the meeting, and did not have associated paperwork were not allocated a reference number. Conference data was transcribed verbatim using square brackets and the start or end of a sentence with "-" indicates a cut off and overlapping talk of two speakers. Identifying names of places have been replaced with curly brackets such as {place name}.

Interview respondents were numbered sequentially and this number, for example 'Chair 1' is used to refer to them when they are quoted. The LSCB area they were based in is only used for quotations where this is relevant to the text. Where quotes originate from a focus group, this is indicated by the speaker and the focus group the individual was part of, for example 'Health Visitor 2, Focus Group 3' was the second health visitor to speak in focus group three.

Glossary of abbreviations used

AF	Assessment Framework
EWO	Education welfare officer
FIP	Family intervention project
HV	Health visitor
ICPC	Initial child protection conference
ICPC1	Initial Child Protection Conference One
Int	Interviewer
LSCB	Local safeguarding children board
MAT	Multi-agency team
R1	Review Conference One
REC	Research ethics committee
SW	Social worker
SSW	Senior social worker
UNCRC	United Nations Convention on the Rights of the Child

Appendix 2: Summary of the Conference Dataset Cases

Initial Child Protection Conferences

Pre-birth initial child protection conference. Mother had her three previous children removed for adoption due to her drug misuse and associated neglect, which led to schedule one offence also. The mother was pregnant with a new partner who did not attend but the meeting but his grandmother did. Outcome of the conference was Child in Need Plan.

Initial triggered by an incident of mother's drinking, previous child protection plan had ended four months prior to this incident. Four children ranging from 4 months to 14 years old. Identified for inclusion in sample as a neglect case, but was categorised as physical and emotional abuse due to domestic violence concerns. Father/step-father attended part of the meeting, mother attended all of it.

Initial conference triggered by an incident of neglectful parenting triggered this- due to mother's drinking and concerns about care of her baby. Six children in the family aged 4 months to 15 years. Decision to put on child in need plan but warning of using public law outline route if it happened again. Children's views contributed by an advocate. Father/step-father attended part of the meeting, mother attended all of it.

Review Conferences

First review after an initial pre-birth conference. Child was four weeks old. Conference was convened because father was deemed a risk and so was mother's behaviour. Mother was single and in supported accommodation. Mother present in the meeting and said wanted her child to remain on a child protection plan, which was the decision of the conference.

Review of three children aged six months to four years. Child two had been removed from mother's care in 2011, and was currently living with father. The older children had been on a plan since November 2010 and the baby when she was born. Only mother attended conference. Concerns about domestic violence, lifestyle of both mother and father – criminal activity. Children remained on plan for neglect, physical and emotional as awaiting court outcome re: residence of child two.

Review for six children, although mother had eight children in total, but an older teenager and a disabled son did not live in the home. Children ranged in age from 12 months to 14 years. Mother attended conference, father only partially involved with family and did not participate in the conference process. No children attended and no formal participation methods used for the children. Outcome was no further involvement of children's social care required.

Mother had drug and alcohol problems in the past and had moved away from the area but was homeless so still under LA jurisdiction. Child aged seven months had been a child

protection plan since birth. Parents did not attend. Decision was for child to remain on a plan.

First three month review of one child who was subject to pre-birth plan. Did have an older brother who was not reviewed in this meeting as on different schedule of reviews. Previous children of the mother had been removed due to physical and emotional harm of domestic violence situation. These proceedings only finished in 2011. Although there were no concerns about current parenting, the child remained on a plan due to lack of psychological assessment for mum which felt required to give indication of on-going risk of significant harm. Parents did not attend the conference.

Review for three children aged 16, 10 and 12. Had been subject of a child protection plan for almost two years. Decision of meeting was to switch to chid in need plan Main concerns were house conditions, parent's ability to maintain house standards and meet children's health needs given their own mental and physical health difficulties. Advocacy service had been used for all three children and the two older children attended part of the conference. Mother and step-father of the children attended.

Review for one seven month old, which was a pre-birth case due to concern about mother's parenting and the previous removal of her children due to neglect. New baby born with new partner. Outcome was a switch to Child in Need plan. Both parents attended the conference.

Children aged five, three and eight. Mother unable to sort out some basic care of the children- medical and education needs of children. History of domestic violence and alcohol use with children's father, now living separately. Mother attended the conference. Children remained on plan.

Second review for eight children. two others subject to child in need plans also discussed. Mother only attended for 30 minutes, no father involvement. Children discussed were aged between 3 months and 17 years. Two remained on child protection plan, six switched to child in need plans and two remained on child in need plans.

Four children aged 6,7,12 and 15. Main concerns were domestic violence, behaviour of older children, not attending school, some housing problems. Mother and eldest daughter attended. Mother became angry and they left at decision to remain on plan.

Review for one seven month old, was originally a 'pre-birth' case due to mother's previous parenting history and the removal of her four previous children with another partner. Both parents attended conference. Decision that no further involvement of children's social care was required.

Appendix 3: The Assessment Framework (Department of Health et al. 2000)

Appendix 4: Local Safeguarding Children Board Procedures – section regarding children's participation in child protection conferences

5.22 The participation of children may or may not include their physical attendance at conferences. The views of the child about the different ways they could participate should be considered. The decision about their participation must promote their best interests. Participation, in any form, of a child should not emotionally, or in any other way, harm them.

The purpose of the child's participation

5.23 The main purpose of the child's participation is to find out their wishes and views and not to collect facts required for any investigation. The participation of the child should be facilitated by the child's social worker.

5.24 Under no circumstances should the child be questioned about the truthfulness or details of the allegation/incident of significant harm. This should explicitly be explained to the child.

5.25 A child may participate in different ways depending on their choice. This may include:
  • *Participation in writing*
  • *Participation through audio/video/DVD*
  • *Participation in person*
  A child can participate through attending part of the conference (or core group). How much of the meeting they attend will depend on individual circumstances. Usually the child or young person would be invited in to the meeting so that their views can be heard and after this they would leave. Sometimes they would be present throughout the meeting, such as a review conference, although at all times their attendance will depend on whether it is appropriate and whether it is likely to harm them.

Support for the child at a conference

5.26 A child attending the meeting can choose to be supported by an advocate. An advocate will speak up for a child or help them speak up for themselves in the meeting. A practitioner from children's social care may carry out the advocate role, although any conflict of professional role or responsibility should be carefully considered and addressed. Where a child wishes for the support of a person who is independent of Children's Social Care, the availability of an independent advocate will be sought. This may be an advocate employed to provide advocacy for the child.

5.27 An alternative person such as a relative, teacher, appropriate person or friend can sometimes support a child attending the meeting. They would only be present in the meeting at the same times as the child or young person. The Social Care worker should carefully consider, and if necessary discuss with the Chair, the attendance of a supporter to ensure that it does not conflict with the interests of any child or family

Appendix 5: Conference Agendas - ICPCs and Review Conferences

INITIAL CHILD PROTECTION CONFERENCE AGENDA

Introductions

Reasons for concerns leading to conference

Details of section 47 enquiries

Analysis of the developmental needs of the unborn baby, infant child or young person

Analysis of the capacity of the parents to safeguard and promote the welfare of the child

Analysis of the parents to meet the needs of their child within their family and environmental contact

Analysis of ongoing risk of significant harm to the child and the need for a child protection plan

Decisions of conference

Outline child protection plan

REVIEW CHILD PROTECTION CONFERENCE AGENDA

Introductions

Reasons for concerns leading to conference

Effectiveness of current child protection plan

Analysis of the developmental needs of the child or young person

Analysis of the capacity of the parents to safeguard and promote the welfare of the child

Analysis of the parents to meet the needs of their child within their family and environmental contact

Analysis of ongoing risk of significant harm to the child and the need for a child protection plan

Decisions of conference

Recommendations of the conference

Appendix 6: Multi-Agency Conference Report Form - Template

Multi agency report for Child Protection Conference

Name of Child		Date of Birth / Expected DOB	
Disability		Ethnic Origin	
		White	
		Other	
Language		Religion	
Home Address:			
Postcode:			
Telephone number			

Date of Conference   Type of   Initial
                                      Conference

Parent / Carer Name: Relationship
                                                  to child
Address: As above

Postcode:
Telephone number:

Parent / Carer Name: Relationship
                                                  to child
Address: As above

Postcode:
Telephone number:

Other significant people

Name: Relationship to child

Name: Relationship to child

All practitioners who are invited have a responsibility to attend the conference and must provide written details of:

Involvement with the child and family:

For example:
Length of time services provided to child or family; Contact by child or family (including home and clinic visits); How engaged are family? ; Non attendance for appointments; No access visits; Attendance in current school year; Core group attendance

The developmental needs of the unborn baby, child or young person:

For example:
Health; Education; Emotional and Behavioural Development; Identity; Family and Social Relationships; Social Presentation; Self Care Skills

The capacity of the parents to safeguard and promote the welfare of the child:

For example:
Basic Care; Ensuring Safety; Emotional Warmth; Stimulation; Guidance and Boundaries; Stability

The capacity of the parents to meet the needs of their child within their family and environmental context:

For example:
Family History and Functioning (including Culture and Beliefs); Wider Family; Housing; Employment,; Income; Family's Social Integration; Community Resources

Analysis:

Are the developmental needs (physical, emotional or psychological) of the child likely to be met?

What impact does the above information have on the child's wellbeing or future safety?

In your professional opinion has the threshold of significant harm been met?

What needs to change?

Recommended action by your agency to meet the needs of the child:	Who will take the lead:	By when:

Date shared with parents:

If not shared why?:

Parent or carer's comment on the report and proposed recommendations:

**Date shared with child or young person
(where appropriate)**

If not shared why?:

**The child or young person's comment on the report and proposed
recommendations:**

**Name of Professional
completing report:**

Agency

Workplace Address

Postcode

Telephone number

Email:

Signature: **Date:**

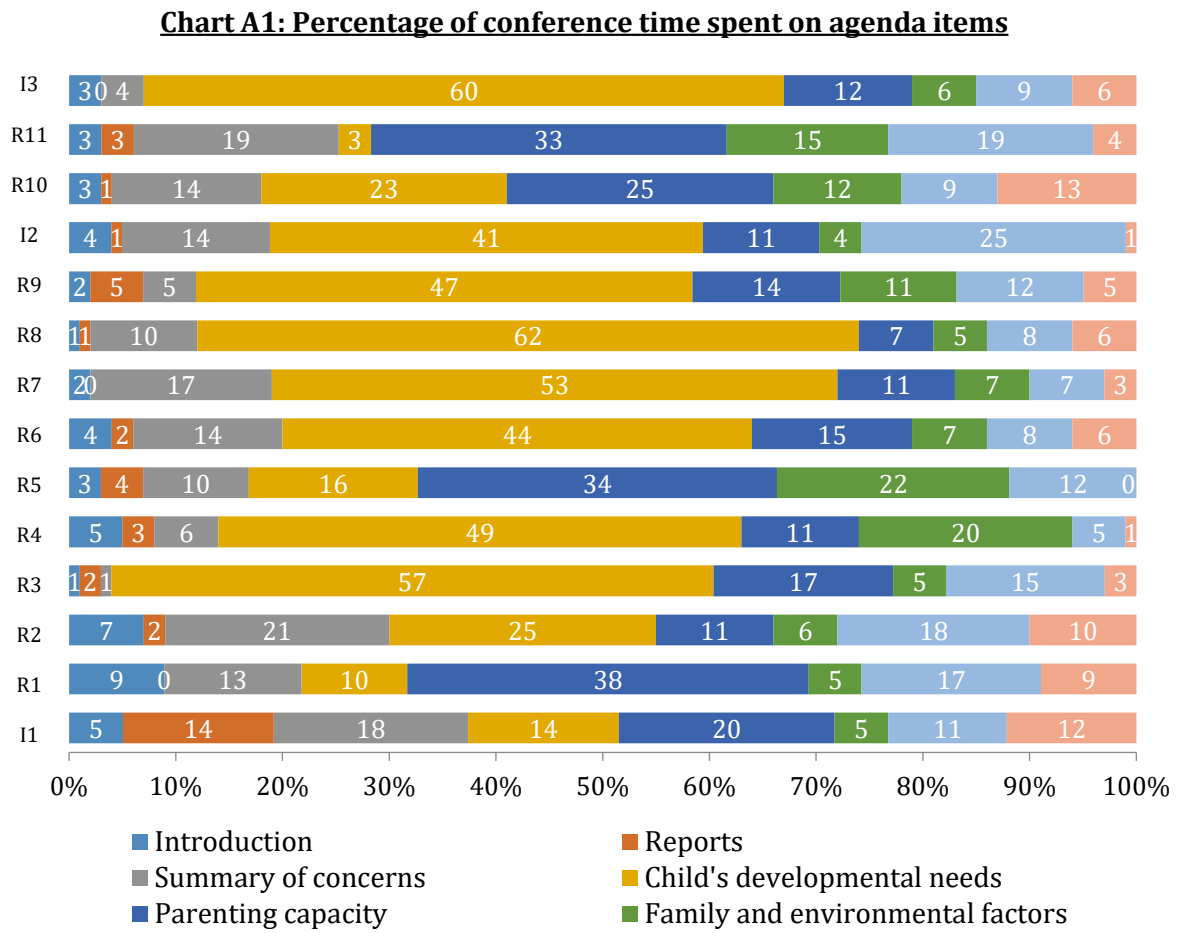# Appendix 7: Additional Tables and Charts Showing Conference Data

Table A1: Duration of conferences in the sample, in ascending order

Type	Number of children	Length (mins)
Review 1	1	31
Review 2	1	36
Review 11	1	36
Review 10	1	57
Review 6	3	62
ICPC1	1	68
Review 5	1	77
Review 4	4+	81
ICPC 2	4+	84
Review 7	3	97
Review 8	4+	108
Review 9	4	109
ICPC 3	4+	113
Review 3	3	124

Table A2: Mean proportion of conference time on agenda items – by conference type

Agenda Item	Mean proportion of conference time (%)	
	ICPC	Review
Introductions	4.0	3.6
Reports	5.0	2.1
Previous concerns	12.0	11.8
Child's developmental needs	38.3	35.3
Parenting capacity	14.3	19.6
Family and environmental factors	5.0	10.5
Decision making and planning	15.0	11.8
Closing comments	6.3	5.4

Chart A1: Percentage of conference time spend on agenda items

Chart A1: Percentage of conference time spent on agenda items

	Introduction	Reports	Summary of concerns	Child's developmental needs	Parenting capacity	Family and environmental factors
I3	30	4		60	12	6
R11	3	3	19	3	33	15
R10	3	1	14	23	25	12
I2	4	1	14	41	11	4
R9	2	5	5	47	14	11
R8	1 1		10	62	7	5
R7	2 0		17	53	11	7
R6	4	2	14	44	15	7
R5	3	4	10	16	34	22
R4	5	3	6	49	11	20
R3	1 2 1			57	17	5
R2	7	2	21	25	11	6
R1	9	0	13	10	38	5
I1	5	14	18	14	20	5

(additional right-hand segments: I3 9, 6; R11 19, 4; R10 9, 13; I2 25, 1; R9 12, 5; R8 8, 6; R7 7, 3; R6 8, 6; R5 12, 0; R4 5, 1; R3 15, 3; R2 18, 10; R1 17, 9; I1 11, 12)

Legend:
- Introduction
- Reports
- Summary of concerns
- Child's developmental needs
- Parenting capacity
- Family and environmental factors

Appendix 8: Documents Gathered for the Conference Dataset

Conference	Conference reports	File reports (previous conferences)
ICPC 1	Social worker Midwife	
ICPC 2	Social worker report School nurse report School report Child 3	
ICPC 3	Social Worker School report School nurse report x 3 Health visitor report x 3	
Review 1	Social worker Health visitor	Core assessment, ICPC minutes
Review 2	Social worker Health visitor	Letters x2 Review minutes February 2011 ICPC minutes Septemer2011 Social worker report September 2011
Review 3	Social worker report Family intervention project School nurse School x 3	Review minutes December 2011 Social worker report December 2011 Review minutes July 2011 Social worker report July 2011 Review minutes February 2011 Social worker report February 2011 Wishes and feelings forms x 5 Review minutes October 2010 Core assessment October20101 Child protection plan September 2010 ICPC minutes and plan June 2010
Review 4	Social worker Health visitor x 4 School nurse x 2 School x 2	Core assessment May 2012 Review minutes March 2012 Social worker report March 2012 Social worker report review October 2011 Review minutes October 2011 Social worker ICPC report July 2011 Paediatrician report x 2 Police email
Review 5	Social worker Health visitor	

Conference	Conference reports	File reports
Review 6	Social worker report Children's Centre1 Probation Health Visitor x 3	Review minutes January 2012 Social worker report January 2012 ICPC (baby) minutes November r 2011 ICPC social worker report Nov 2011 Doctor letter August 2011 Doctor report July 2011 Review minutes August 2011 Review social worker report August 2011 Review minutes February 2011 Social worker report February 2011 ICPC November 2010 Child protection plan November 2010
Review 7	Social worker report School Nurse x 2 Health Visitor School x 3	Review minutes January 2012 Review social worker report January 2012 ICPC minutes November 2011 ICPC social worker report November 2011
Review 8	Social worker report School nurse x 7 School x 4 Health visitor x 3 Youth offending service x 2	Review minutes February 2012 Social worker report 2011 ICPC November 2011 Transfer in report November 2011
Review 9	Social worker report Housing report Probation School nurse x 4 School report x 2 Youth worker	Review minutes February 2012 ICPC social worker report November 2011
Review 10	Social Worker Family Visitor Health visitor	Review minutes March 2012 Social worker report March 2012 Review minutes January 2012 Core assessment January 2011 Minutes June 2010 (different child)
Review 11	Social worker report Health visitor report Voluntary organisation report	Review minutes March 2012 Minutes ICPC January 2012 Social worker report January 2012

Appendix 9: Multi-Agency Report, Categories Used in Excel Analysis

Conference number	Review 3
Type of conference	Review
Type of report	School
Child	C1
Information recorded on child's views about the neglect	No
Child's views about life generally	Talks about days out involving steam trains. Spending time away in caravan *'which he clearly enjoys'* appears to feel safe going home at the end of the day with neighbour
Use of direct quotes from the child	No

Appendix 10: Example of Conference Data Coding and turns

Transcribed text	Nvivo codes used
Chair: Ok so {Child 3} the things that people have been mainly worried people is about the home situation and home conditions and I think you know that don't you, and I think the worry has been that you know even with lots of support it's taken a long time to actually make any real changes that stops people being worried. So can you tell us how it's been for you and how it is now?	Chair AF/P1 -Basic care
C3: Erm, well everything's a lot a better now, erm, like as mum said we had my friends over which I didn't really have beforehand	Child AF/C5 -Family & social relationships
Chair: Is there a reason why you didn't have them over before?	Chair
C3: Well I've sort of got a new group of friends and like with the other group of friends we didn't really do anything, but now we sort of do things, yeah, and I was like I didn't want people to come round because of the house sometimes.	Child Day to day lifeC5 - Family & social relationships Developmental needs (agenda item)
Chair: because you felt embarrassed was that?	Chair
C3: yeah but now everything's OK.	Child
Chair so what would you like to tell us, you've picked up something in the report that you've been a bit upset.. whose report was that?	Chair Reports
C3 Yeah it was [mumbles]	Child
Dad Yeah	Father

Appendix 11: Research Ethics Committee Approval Letter

National Research Ethics Service

NRES Committee

Research Ethics Office

03 October 2011

Mrs Helen Richardson Foster
PhD Student
University of Sheffield
Department of Sociological Studies, Elmfield, Northumberland Road
University of Sheffield
Sheffield
S10 2TU

Dear Mrs Richardson Foster

Study title:	**Making Sense of the Child's Lived Experience in Cases of Neglect**
REC reference:	**11/EM/0230**

Thank you for your letter of 29 September 2011, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS sites

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Covering Letter		14 June 2011
Evidence of insurance or indemnity		30 October 2010
Investigator CV		13 June 2011
Other: CV for Professor Jan Horwarth		
Other: ESRC Case Studentships 2010		
Other: Honorary Contract		08 November 2010
Other: Practitioners Consent Form- Focus Groups	1	16 September 2011
Other: Room Plan	2	16 September 2011
Participant Consent Form: Advocates	1	16 September 2011
Participant Consent Form: Assent form Children aged 6-10	2	16 September 2011
Participant Consent Form: Practitioners Consent- conferences	1	16 September 2011
Participant Consent Form: Parents	2	16 September 2011
Participant Consent Form: Children and Young People's (aged 11 and over)	3	27 September 2011
Participant Information Sheet: Staff Information Sheet	1	13 June 2011
Participant Information Sheet: Children aged 6-10	2	16 September 2011
Participant Information Sheet: Children aged 11+	2	16 September 2011
Participant Information Sheet: Supporters' Information Sheet	2	16 September 2011
Participant Information Sheet: Advocates	1	15 September 2011
Participant Information Sheet: Staff Information Sheet - ICPCS	2	27 September 2011
Participant Information Sheet: Staff Information Sheet - Focus Group	1	16 September 2011
Participant Information Sheet: Parent Information Sheet	2	16 September 2011
Protocol	2	16 September 2011
REC application		13 June 2011
Referees or other scientific critique report		24 February 2011
Response to Request for Further Information		16 September 2011

Response to Request for Further Information		29 September 2011
Summary/Synopsis	1	13 June 2011

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

11/EM/0230	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project

Yours sincerely

Mr Peter Korczak
Chair

Email: carol.marten@nottspct.nhs.uk

Enclosures: "After ethical review – guidance for researchers"

Copy to: Ms Deborah McClean, University of Sheffield
                    New Spring House, 231 Glossop Road, S10 2GW

                                                NHS Foundation Trust

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The
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Decision Making in Child Protection Conferences:
How do members keep the focus on the child?

CHILDREN & YOUNG PEOPLE'S INFORMATION SHEET AGE 11+ v3 15.3.12

You have been asked to take part in this research which is looking at how decisions are made in child protection conferences.
Before you decide if you will join in, it is important for you to know more about it. Please read this leaflet carefully. You might want to talk to other people about it, such as your family, friends or social worker. Take your time to decide.

Here are some questions you might want answered:

Who is doing the research?
I'm Helen Richardson Foster and I'm from the University of Sheffield.

Why are you doing this research?
Child protection meetings should look at how life can be made better for a child or young person. We will look at how well the workers at these meetings discuss your needs and wishes.

What will happen if I agree to take part?

The **child protection conference** meeting held about you will be audio recorded (this means only sound not video recording).

The researcher will not stay for the child protection conference meeting.

The researcher will read the reports which were written for this **conference** meeting.

You do not have to be at the meeting to be in the research study.

Why have I been asked?
The study is looking at child protection conferences in {City} and 25 meetings will be recorded. We are looking at meetings where there are concerns that children's needs are not being met.

Do I have to take part?
No. You do not have to take part in the study. We will ask you for your consent, and then ask if you would sign a consent form. We will give you a copy of this to keep. If you don't want to, or you change your mind later, just tell your social worker or Helen, the researcher. The child protection conference will still take place as usual.

Did anyone check that the research is OK to do?
Before any research is allowed to happen, it has to be checked by a group of people called a Research Ethics Committee. They make sure that the research is fair. Your project has been checked by the {City} Research Ethics Committee.

Will taking part help me?
Being involved in the study will not change what happens with you and your family. The results could help people working with children and families in the future.

Could taking part cause me any harm or put me at risk?
We do not think so.

Will I find out about the research results?
Yes, if you want to receive a short report in 2013 please fill in the 'copy of report form'.

What will happen to the research results?
We will write reports and share the results with others who work with children and families. When the study ends the anonymous information may be given to an information store for other researchers to use.

Will anyone reading the results be able to recognise me?
All the information about you will be kept confidential.
Your name will not be used and it will not be possible to recognise you in the information written or stored about you.

What if I have any more questions about this?
Please talk to your social worker, advocate or me - Helen - the researcher. I can be contacted on {mobile} or H.Richardson-Foster@sheffield.ac.uk or you can speak to me before the conference.

Thank you for reading this.

Appendix 13: Young People (over 11 years) consent form

The University Of Sheffield.

LSCB LOGOS

Decision Making in Child Protection Conferences:
How do members keep the focus on the child?

CHILDREN & YOUNG PEOPLE'S CONSENT FORM
(AGED 11 AND OVER)

Please tick the boxes to indicate 'YES' to the following statements:

I have read and understood the information sheet ☐

I have had the chance to ask questions about the research ☐

I understand that I can stop taking part in the research at any time ☐

I agree that this child protection conference held about me can be recorded ☐

I agree that the reports relating to this conference can be read by researchers ☐

All information held about me will be dealt with in a confidential manner ☐

I want to take part in this study ☐

Signed by: _____ (signature)   Date: /   /

_____ (print name)

You will be given a copy of this consent form and information sheet to keep.

CHILDREN'S CONSENT FORM 11+ V4 20/03/12

Appendix 14: Information Sheet -Children (aged 5-11)

The University Of Sheffield.

**Decision Making in Child Protection Conferences:
How do members keep the focus on the child?**

CHILDREN & YOUNG PEOPLE'S INFORMATION SHEET V2 16.9.11
Children 6-10 years

You have been asked to take part in this research study which is called "Decision Making in Child Protection Conferences: How do members keep the child in focus?" This leaflet tells you some more about it. Please read it carefully. We will also ask your mum or dad's permission to take part.

Here are some questions you might want answered:

Who is doing the research?
I'm Helen Richardson Foster and I'm from the University of Sheffield.

Why are you doing this research?

Child protection meetings should look at how life can be made better children.

We will look at how well the workers at these meetings talk about your needs and wishes.

What will happen if I agree to take part?

The first meeting about you will be recorded (only sound **not** video recording).

The researcher will not be at the meeting.

The researcher will read the reports written for this meeting.

You do not have to be at the meeting to be in the research study.

Why have I been asked?
There is going to be a child protection meeting held about you and your family. We are looking at 18 of these meetings in {City}.

Do I have to take part?
No. You do not have to take part in the study. If you do want to take part, you will be asked to sign the assent form, and your parents will sign a form too. You will be given a copy of this to keep.

If you don't want to, or you change your mind later, just tell your parents, social worker, advocate, or Helen, the researcher.

Will taking part help me?
Taking part in the study will not change what happens for you and your family.

Could taking part cause me any harm ?
We do not think so.

Did anyone check that the research is OK to do?
Before any research is allowed to happen, it has to be checked by a group of people called a Research Ethics Committee. They make sure that the research is fair. Your project has been checked by the {City} Research Ethics Committee.

Will anyone reading the results be able to recognise me?
All the information about you will be stored privately. Your name will not be used and it will not be possible to recognise you in the information written or stored about you.

What if I have any more questions ?
Please talk to your social worker, advocate or me - Helen - the researcher. You can speak to me before the conference.

Thank you for reading this.

Helen Richardson Foster, PhD Student, School of Sociological Studies, Elmfield, Northumberland Road, University of Sheffield, S10 2TU {mobile} H.Richardson-Foster@sheffield.ac.uk

Appendix 15: Children (aged 5-11) Assent Form

The University Of Sheffield.

LSCB LOGOS

**Decision Making in Child Protection Conferences:
How do members keep the focus on the child?**

ASSENT FORM FOR CHILDREN AGED 6-10

Please tick the boxes to indicate 'YES' to the following statements:

Someone has explained the research to me	☐
I understand what the project is about	☐
I have seen the information sheet	☐
I have asked all the questions I wanted to about the study	☐
I understand that I can stop taking part in the research at any time	☐
I want to take part in the study	☐

Signed by: _____ (signature)		Date: / /
_____ (print name)		
You will be given a copy of this form and information sheet to keep.		

Assent form 6 10 yrs V2 16.09.11

Appendix 16: Practitioner Interviews – Information Sheet

[LSCB LOGOS]

Decision Making in Child Protection Conferences:

How do members keep the focus on the child?

STAFF INFORMATION SHEET- INTERVIEWS

You have been asked to take part in this research study about keeping children in focus in child protection conferences. Before you decide if you will join in, it is important for you to know more about it. Please read this leaflet carefully. You might want to talk to other people about it such as your team manager.

Take your time – it is up to you to decide whether or not you want to take part.

Who is doing this research?

Helen Richardson Foster, a PhD student from the University of Sheffield.

The study has been devised in conjunction with the {City and County Safeguarding Children Boards as a result of issues which have emerged in serious case reviews and other service reviews. All partner agencies within the Safeguarding Boards support the research. Staff from {City} LSCB have been involved in developing and supervising the research in collaboration with the University of Sheffield.

The study is primarily funded by the Economic and Social Research Council and the {City and County} Safeguarding Children Boards also support the study.

Purpose of the Research

This research aims to investigate factors that promote or inhibit the ability of child protection conferences to keep a focus on the needs of the child in cases of possible neglect.

Stages of the research

The research fieldwork will take place from Autumn 2011 until early 2013 and will be undertaken in three stages: audio-recordings of initial child protection meetings; review of the reports presented at these conferences; and focus groups and interviews to be conducted with staff involved in child protection conferences in both authorities.

The purpose of the focus group is to explore decision making in child protection conferences, and what factors affect how practitioners keep a focus on the child. The focus group discussion will also consider the interim findings of the research and their implications for practice development.

Why have I been selected?

For this stage of the research we would like to speak to practitioners from the {City and County} areas who are involved in the child protection conferences, and are either child protection conference chairs or minute takers.

What will I have to do if I agree to take part?
If you agree to take part you will be asked to sign a consent form and will be given a copy of this to keep
You will take part in one interview lasting approximately 40-60 minutes
This interview will be transcribed by the researcher and anonymised for analysis.

Do I have to take part?
It is up to you to decide whether or not to take part. Your decision will not be recorded or reported to anyone.

What are the possible disadvantages and risks of taking part?
We do not think that taking part in this research will cause you any harm or put you at any risk.

What are the possible benefits of taking part?
The research may contribute to improving future practice in this area which could benefit your work. At the end of study you will be invited to participate in training and dissemination events which could be of professional benefit to you.

Will what I say be kept confidential?
The information gathered in the research will be treated confidentially. The information will be stored safely within the University. When the study ends the information may be given to an information store where other researchers may use it in future but no-one will be able to identify you from it.

Who has approved the research?
This research is supported by the {City and County} Safeguarding Children Boards and has been approved by the (City Council Children and Young People's Department) NHS research ethics committee. All agencies involved are aware of the research and support it.

Outcomes of the research
Summary reports will be made available for families and practitioners involved in the research. The results will be published in a PhD thesis, academic journals, conference presentations and in briefing papers. Seminars and training will be arranged for {City and County} staff to inform them of the findings of the study and consider the implications for practice.

If you would like a summary copy of the final report please put your name and address on the 'copy of report' form.

Who do I contact for further information?

If you have any questions about the study, you can contact the researcher:
Helen Richardson Foster, PhD Student
University of Sheffield, Department of Sociological Studies, Elmfield, Northumberland Road, Sheffield S10 2TU
{phone} or H.Richardson-Foster@sheffield.ac.uk

Thank you for reading this.

Appendix 17: Staff Information Sheet – Conferences

LSCB LOGOS

Decision Making in Child Protection Conferences:

How do members keep the focus on the child?

STAFF INFORMATION SHEET (CONFERENCES)

You have been asked to take part in this research study about keeping children in focus in child protection conferences. Before you decide if you will join in, it is important for you to know more about it. Please read this leaflet carefully. You might want to talk to other people about it such as your team manager.
 Take your time – it is up to you to decide whether or not you want to take part.

Who is doing this research?
Helen Richardson Foster, a PhD student from the University of Sheffield.

The study has been devised in conjunction with the {City and County} Safeguarding Children Boards as a result of issues which have emerged in serious case reviews and other service reviews. All partner agencies within the Safeguarding Boards support the research. Staff from (City Council Children and Young People's Department) LSCB have been involved in developing and supervising the research in collaboration with the University of Sheffield.
The study is primarily funded by the Economic and Social Research Council (ESRC) and the {City and County} Safeguarding Children Boards also support the study.

Purpose of the Research
This research aims to investigate factors that promote or inhibit the ability of child protection conferences to keep a focus on the needs of the child in cases of possible neglect.

Stages of the research
The research fieldwork will take place from Autumn 2011 until early 2013 and will be undertaken in three stages: audio-recordings of child protection conferences; review of the reports presented at these conferences; and focus groups to be conducted with managers and conference chairs from both authorities.

Why have I been selected?
The study aims to examine 25 child protection conferences arranged in the (City Council Children and Young People's Department) area where there are concerns that a child's needs are being neglected. You have been invited to attend a conference which we would like to include in the research sample.

What will I have to do if I agree to take part?
If you agree to take part you will be asked to sign a consent form and will be given a copy of this to keep.

The conference you are attending has been selected to be in the sample, we would like to audio record this (only sound **not** video recording). The researcher will not be present at the meeting.

This data will be transcribed by the researcher and anonymised for analysis.
The researcher will also read the written reports which were produced for this conference and the minutes.

Do I have to take part?
It is up to you to decide whether or not to take part. Your decision will not be recorded or reported to anyone. The conference you are participating in will not be included in the research programme but it will not be made known which members of staff have declined.

What are the possible disadvantages and risks of taking part?
We do not think that taking part in this research will cause you any harm or put you at any risk.

What are the possible benefits of taking part?
The research may contribute to improving future practice in this area which could benefit your work. At the end of study you will be invited to participate in training and dissemination events which could be of professional benefit to you.

Will what I say be kept confidential?
The information gathered in the research will be treated confidentially. Your name will not be used and it will not be possible to identify you in anything published. The information will be stored safely within the University. When the study ends the information may be given to an information store where other researchers may use it in future but no-one will be able to identify you from it.

Who has approved the research?
This research is supported by the {City and County} Safeguarding Children Boards and has been approved by the (City Council Children and Young People's Department) NHS research ethics committee. All agencies involved are aware of the research and support it.

Outcomes of the research
Summary reports will be made available for families and practitioners involved in the research. The results will be published in a PhD thesis, academic journals, conference presentations and a Research in Practice (RIP) briefing paper. Seminars and training will be arranged for {City and County} staff to inform them of the findings of the study and consider the implications for practice.
If you would like a summary copy of the final report please put your name and address on the 'copy of report' form.

Who do I contact for further information?
If you have any questions about the study, you can contact the researcher:

Helen Richardson Foster, PhD Student
University of Sheffield, Department of Sociological Studies, Elmfield, Northumberland Road, Sheffield S10 2TU
{mobile} or H.Richardson-Foster@sheffield.ac.uk

Thank you for reading this

LSCB LOGOS

Decision Making in Child Protection Conferences:

How do members keep the focus on the child?

PRACTITIONERS' CONSENT FORM (CONFERENCES)

I wish to participate in the above named project.
I have read the participant information sheet for the above research project and I understand and agree with the following:

TICK IN
BOX TO
CONSENT

1. I am free to withdraw at any time ☐

2. The child protection conference that I am participating in will be audio recorded. ☐

3. Written material which I submit to this conference, such as reports, can be used in the research. ☐

4. All information I provide will be dealt with in a confidential manner ☐

Signed by: _____ (sign)

_____ (print name)

Date: / /

PRACTITIONERS' CONSENT FORM (CONFERENCES) VERSION 2 20/03/12

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LSCB LOGOS

Decision Making in Child Protection Conferences:

How do members keep the focus on the child?

PRACTITIONER INTERVIEW CONSENT FORM

TICK IN
BOX TO
CONSENT

1. I am free to withdraw at any time ☐

2. The interview that I am participating in will be audio recorded. ☐

3 All information I provide will be dealt with in a confidential manner ☐

Signed by: _____ (sign)

_____ (print name)

Date: / /

Appendix 20: Practitioner Information Sheet – Focus Groups

LSCB LOGOS

Decision Making in Child Protection Conferences:

How do members keep the focus on the child?

STAFF INFORMATION SHEET- FOCUS GROUPS

> You have been asked to take part in this research study about keeping children in focus in child protection conferences. Before you decide if you will join in, it is important for you to know more about it. Please read this leaflet carefully. You might want to talk to other people about it such as your team manager.
>
> Take your time – it is up to you to decide whether or not you want to take part.

Who is doing this research?

Helen Richardson Foster, a PhD student from the University of Sheffield.

The study has been devised in conjunction with the {City and County} Safeguarding Children Boards as a result of issues which have emerged in serious case reviews and other service reviews. All partner agencies within the Safeguarding Boards support the research. Staff from (City Council Children and Young People's Department) LSCB have been involved in developing and supervising the research in collaboration with the University of Sheffield.

The study is primarily funded by the Economic and Social Research Council (ESRC) and the (City Council Children and Young People's Department) and {County} Safeguarding Children Boards also support the study.

Purpose of the Research
This research aims to investigate factors that promote or inhibit the ability of child protection conferences to keep a focus on the needs of the child in cases of possible neglect.

Stages of the research
The research fieldwork will take place from Autumn 2011 until early 2013 and will be undertaken in three stages: audio-recordings of initial child protection meetings; review of the reports presented at these conferences; and focus groups and interviews to be conducted with staff involved in child protection conferences in both authorities.

The purpose of the focus group is to explore decision making in child protection conferences, and what factors affect how practitioners keep a focus on the child. The focus group discussion will also consider the interim findings of the research and their implications for practice development

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Why have I been selected?
For this stage of the research we would like to speak to practitioners from the {City and County} areas who are involved in child protection conference or are managers involved in supervising child protection assessments.

What will I have to do if I agree to take part?

If you agree to take part you will be asked to sign a consent form and will be given a copy of this to keep.
You will take part in one focus group lasting approximately 60-90 minutes
This group discussion will be transcribed by the researcher and anonymised for analysis.

Do I have to take part?
It is up to you to decide whether or not to take part. Your decision will not be recorded or reported to anyone.

What are the possible disadvantages and risks of taking part?
We do not think that taking part in this research will cause you any harm or put you at any risk.

What are the possible benefits of taking part?
The research may contribute to improving future practice in this area which could benefit your work. At the end of study you will be invited to participate in training and dissemination events which could be of professional benefit to you.

Will what I say be kept confidential?
The information gathered in the research will be treated confidentially. The information will be stored safely within the University. When the study ends the information may be given to an information store where other researchers may use it in future but no-one will be able to identify you from it.

Who has approved the research?
This research is supported by the {City and County} Safeguarding Children Boards and has been approved by the (City Council Children and Young People's Department) 1 NHS research ethics committee. All agencies involved are aware of the research and support it.

Outcomes of the research
Summary reports will be made available for families and practitioners involved in the research. The results will be published in a PhD thesis, academic journals, conference presentations and a Research in Practice (RIP) briefing paper. Seminars and training will be arranged for {City and County} staff to inform them of the findings of the study and consider the implications for practice.

If you would like a summary copy of the final report please put your name and address on the 'copy of report' form.

Who do I contact for further information?
If you have any questions about the study, you can contact the researcher:
Helen Richardson Foster, PhD Student
University of Sheffield, Department of Sociological Studies, Elmfield, Northumberland Road, Sheffield S10 2TU
{telephone} or H.Richardson-Foster@sheffield.ac.uk

Thank you for reading this.

STAFF INFORMATION SHEET, FOCUS GROUPS V2 6/6/12

The
University
Of
Sheffield.

LSCB LOGOS

Decision Making in Child Protection Conferences:

How do members keep the focus on the child?

SUPPORTERS' INFORMATION SHEET

Who is doing this research?
Helen Richardson Foster, who is from the University of Sheffield.

Why are we doing this research?
Child protection meetings should look at how life can be made better for the child or young person. This study will look at how well professionals do this by learning about the child.

How are we doing the research?
The study is looking at what happens in **child protection conference** meetings. This will be done by doing an audio recording and reading the reports. The researcher will not be present at the meeting.

What will I have to do if I agree to take part?

You will not have to do anything yourself.

The child protection conference meeting which you may be attending will be recorded.

The researcher will also read the written reports which were produced for this conference meeting.

Will what I say be kept confidential?
The information gathered by the researchers will be treated confidentially. Your name will not be used and it will not be possible to identify you or any member of your family in anything published. The information will be stored safely within the University. When the study ends the information may be given to an information store where other researchers may use it in future but no-one will be able to identify you or anyone else present at the meeting from it.

Who has agreed that the research can be carried out?

All research in the NHS is looked at by an independent group of people called a Research Ethics Committee, to protect your interests. This study has been and given a favourable opinion by the _____ Research Ethics Committee

What will happen to the results of this research study?

The information gathered will be used to write reports and will be shared in presentations at meetings and conferences. It will also be used to help the staff in Children's Social Care and the Local Safeguarding Children Boards in their work with children and families.

If you would like a summary copy of the final report please put your name and address on the 'copy of report' form.

Who do I contact for further information?

If you have any questions about the study, you can speak to a social worker or contact the researcher:

Helen Richardson Foster, PhD Student
University of Sheffield, Department of Sociological Studies, Elmfield, Northumberland Road, Sheffield S10 2TU

{mobile} H.Richardson-Foster@sheffield.ac.uk

Thank you for reading this.

LSCB LOGOS

**Decision Making in Child Protection Conferences:
How do members keep the focus on the child?**

ROOM PLAN
Please complete and return to researcher

NAME: ORGANISATION:	NAME: ORGANISATION:	NAME: ORGANISATION:	NAME: ORGANISATION:

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Helen Richardson Foster, PhD Student, Department of Sociological Studies, University of Sheffield,
Elmfield, Northumberland Road, Sheffield, S10 2TU
sop10hsr@shef.ac.uk {mobile}

ROOM PLAN V2 16.09.11

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Appendix 23: Interviews with Conference Chairs and their Managers – Topic Guide

Consent form, information sheet
Job title, how long in post, length of time in profession, where else have worked.

This study is looking at decision making in child protection conferences for neglect and how they keep a focus on the child. Is this a problem that you are familiar? Do you think some conferences can struggle to keep a focus on the child, and what do you think are the key factors that can make this difficult?
eg what makes a good child protection conference – one that does keep a focus on the child?
What makes a bad child protection conference – one that does not keep a focus on the child?

Are the reports submitted within the specified timeframe?   What is the impact on the conference when they are not?
Are the reports of sufficient quality to gain an understanding of the impact of the neglect on the child?
How long have the templates been in use? Do you think they enable meeting to keep child in focus?
Do the right practitioners attend? *People who are able to talk about the impact of the neglect on the child?   ?*
How does the family's attendance at the child protection conference impact upon the type of information that is discussed?
Tell me about how children's wishes and feelings are presented and discussed in conference meetings

Do you think the agenda of the meeting makes it easy to keep the focus on the child?
Do you think the conference should discuss the daily, day to day lived experience of the child?
 How do you rate the quality of information presented in meetings. When can the focus on the child get lost?
In your experience, how do conferences convened for reasons of neglect differ from other types of types of maltreatment?
Are there times when there is disagreement over categorisation of neglect?
How has the chair's role changed / developed over recent years
Do the summaries focus on the child?

Can you explain the role of the chair and the meeting with regards to drawing up the outline plan?
How do you rate the quality of the plans produced in your area?
How are the minutes and paperwork produced after the meeting in your area?
Do you think the style of chairs and minute takers varies?
Have you been on any particular training re: chairing conferences?
How do you train up new chairs or minute takers?
(For managers) what training needs do you think your staff have –and how can you meet them?

Is there anything else you would like to say on this topic - about neglect and keeping the child at the centre of assessment and decision making?

Appendix 24: Practitioner Focus Groups – Topic Guide

Consent form, Information sheet, Sign in sheet,
Introductions: job title, how long in post, length of time in profession, where else have worked.

Do you think some practitioners find it easier to keep a focus on the child in the conference? *Why?*
Do the right people attend? *People who are able to talk about the impact of the neglect on the child?*
What would you say is the main challenge to ensuring children's views are represented at conference? *How often do children attend? Use of wishes and feelings sheets*
How does the parents' attendance at the conference impact on keeping a focus on the child/child's needs? *Prompts: information discussed? Child's daily lived experience, difficulties, impact of absence?*

Do you think the reports produced for child protection conferences keep the focus on the child? Do they focus on their daily lived experience of the child?
Do you have sufficient time as a practitioner to prepare your report?
Do you use a proforma?
Do you feel confident that you're supplying the conference with the right information?
How do you go about compiling information to share/ not share at conference report?
Do you have enough time to read others' reports beforehand?

Do you think the agenda of the meeting makes it easy to keep the focus on the child?
One option would be to discuss the daily, day to day lived experience of the child, do you think this would be a useful approach?
Would you agree with the hypothesis that it is more difficult to keep the focus on the child in neglect conferences, compared to other types of maltreatment/abuse? Why?
Do you use particular assessment tools in when working with neglect Graded Care Profile or any others?
Is there sufficient time for analysis and consideration in meetings?
Do you think the chair's style can influence the extent to which the meeting centres on the child and their needs?
Summaries – each section? Child focused?

How child focused are the plans?
How much input do you get into the plan? *Why? More? Able to contribute?*
How useful are the plans in practice – how do you use them? e.g. in core groups?
Do the plans always contain suitable timescales/ outcomes?
Is there enough time for planning in conferences?
How useful are the minutes in practice- how do you refer to them in your work after/in between meetings?
Would you like more support / training about attending and contributing to a conference

as a practitioner?
What format could this take? *(e.g. report writing, contributing?)*

Is there anything else you would like to say on this topic - about neglect and keeping the child at the centre of assessment and decision making?

Appendix 25: Minute Taker Interviews - Topic Guide

Introduction: Consent form and information sheet

Background information: job title, time in post, where else have worked

What do you understand 'keeping a focus on the child' to mean?

This study is looking at decision making in child protection conferences for neglect, with this factor in mind – i.e. keeping a focus on the child.
What are the key features of a good child protection conference, one that keeps the focus on the child? *Can you give me examples?*
What makes a bad child protection conference – one that does not keep a focus on the child? *Can you give me examples?*

Are reports always submitted in the suggested timescales so that staff have a chance to read them before the meeting?
Does the quality of the reports vary? *How? Do you think they focus on the child?*

Do the right people attend? *People who are able to talk about the impact of the neglect on the child?*
Do you think some practitioners find it easier to keep the focus on the child in the conference? *(if so -who?)*
How does the family's attendance at the child protection conference impact upon the type of information that is discussed?
How do you think children's attendance or contribution to the conference impact upon the conference? How do you minute the family's contribution?

Do you think the current agenda used for child protection conferences makes it easy to keep the focus on the child? *Why / why not? What would you change?*
Do you get the sense of what the day to day life is like for the child?
How do meetings where there is more than one child in the family differ?
In your experience, do conferences convened due to concerns about neglect differ from other categories of maltreatment?
How do you record what is said in the decision making part of the meeting – verbatim from all practitioners or just the summary?
How does the chair summarise information presented:
Do you record the plan verbatim or is this done afterwards?
Can you briefly tell me how the minutes and paperwork are produced after the meeting?
Do you think there is variation in the team /between staff and chairs on minuting and reporting styles? Can you give me an example of this?

What training have you had for your role in minuting child protection procedures?
Have you had any other relevant training? Would you like more? *If so – what format?*

Is there anything else you would like to say on this topic - about neglect and keeping the child at the centre of assessment and decision making?

References

Action for Children. (2010). *Deprivation and Risk: The Case for Early Intervention*. London.

Akister, P. (2009). "Protecting children through supporting parents." *Journal of Public Mental Health*, 8(4), 11-17.

Alderson, P., and Morrow, V. (2004). *Ethics, Social Research and Consulting With Children and Young People*, Ilford: Barnardos.

All Party Parliamentary Group on Social Work. (2013). *Inquiry into the State of Social Work Report*. Birmingham.

Allen, N. (2005). *Making Sense of the Children Act 1989 (Fourth Edition)*. Chichester.

Allnock, D. (2016). "Child neglect: the research landscape", in R. Gardner, (ed.), *Tackling Child Neglect: Research, Policy and Evidence-based Practice*. London: Jessica Kingsley, pp. 101 - 129.

Altheide, D. L. (1996). *Qualitiative Media Analysis*, London: Sage.

Ansbro, M. (2014). "Probation officers and child protection work: What does 'think family' look like in practice?" *Probation Journal*, 61(4), 381-396.

Antle, B., Barbee, A., Sullivan, D., Yankeelov, P., Johnson, L., and Cunningham, M. (2007). "The relationship between domestic violence and child neglect." *Brief Treatment and Crisis Intervention*, 7(4), 364.

Appleton, J. V., Terlektsi, E., and Coombes, L. (2013). "The use of sociograms to explore collaboration in Child Protection Conferences." *Children and Youth Services Review*, 35(12), 2140–2214.

Archard, D. (2009). "Every child's rights matter", in K. Broadhurst, C. Grover, and E. Jamieson, (eds.), *Critical Perspectives on Safeguarding* Chichester: Wiley Blackwell, pp. 39-54.

Archard, D., and Skivenes, M. (2009a). "Balancing a child's best interests and a child's views." *The International Journal of Children's Rights*, 17, 1-21.

Archard, D., and Skivenes, M. (2009b). "Hearing the child." *Child & Family Social Work*, 14(4), 391-399.

Atkinson, P., and Coffey, A. (2004). "Analysing documentary realities", in D. Silverman, (ed.), *Qualitative Research: Theory, Method and Practice. Second edition*. London: Sage, pp. 56-75.

Baginsky. (2000). *Child Protection and Education: Summary of Research and Findings*. , London.

Baginsky, M. (2007). *Schools, Social Services and Safeguarding*. London.

Barbour, R. (2008). *Doing Focus Groups*, London: Sage.

Barn, R., Ladino, C., and Rogers, B. (2006). *Parenting in Multi-Racial Britan*, York: Joseph Rowntree Foundation.

Barnes, J., Ball, M., Meadows, P., Howden, B., Jackson, A., Henderson, J., and Niven, L. (2011). "The Family-Nurse Partnership programme in England: Wave 1 implementation in toddlerhood and a comparison between Waves 1 and 2a of implementation in pregnancy and infancy."

Barth, R. (2009). "Preventing child abuse and neglect with parent training: evidence and opportunities." *The Future of Children*, 19(2), 95-118.

Baumrind, D. (1967). "Child care practices anteceding three patterns of preschool behavior." *Genetic Psychology Monographs*, 75(43-88).

Baumrind, D. (1991). "The influence of parenting style on adolescent competence and substance use." *Journal of Early Adolescence*, 11(1), 56-95.

Bedi, G., and Goddard, C. (2007). "Intimate partner violence: what are the impacts on children?" *Australian Psychologist*, 42(1), 66-77.

Bell, L. (2001). "Patterns of interaction in multidisciplinary child protection teams in New Jersey " *Child Abuse & Neglect*, 25(1), 16.

Bell, M. (1996a). "An account of the experiences of 51 families involved in an initial child protection conference." *Child & Family Social Work*, 1(1), 43-55.

Bell, M. (1996b). "Why some conferences are difficult: A study of the professionals' experience of some initial child protection conferences." *Children & Society*, 10(1), 51-63.

Bell, M. (1999a). *Child Protection: Families and the Conference Process*, Aldershot: Ashgate.

Bell, M. (1999b). "Working in partnership in child protection: the conflicts." *British Journal of Social Work*, 29(3), 437-455.

Bell, M. (2002). "Promoting children's rights through the use of relationship." *Child & Family Social Work*, 7(1), 1-12.

Bell, M. (2007). "Safeguarding children and case conferences", in K. Wilson and A. James, (eds.), *The Child Protection Handbook, 3rd Edition*. London: Balliere Tindall, pp. 283-300.

Bell, M. (2011). *Promoting Children's Rights in Social Work and Social Care: A Guide to Participatory Practice*, London: Jessica Kingsley.

Bell, M., and Wilson, K. (2006). "Children's Views of Family Group Conferences." *British Journal of Social Work*, 36(4), 671-681.

Berelowitz, S., Clifton, J., Firmin, C., Gulyurtlu, S., and Gareth Edwards, G. (2013). *Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups* London.

Berelowitz, S., Ritchie, G., Edwards, R., Gulyurtlu, S., and Clifton, J. (2015). *"If it's not better, it's not the end": Inquiry into Child Sexual Exploitation in Gangs and Groups: One year on*. London.

Berry, M., Charlson, R., and Dawson, K. (2003). "Promising practices in understanding and treating child neglect." *Child & Family Social Work*, 8(1), 13-24.

Bifulco, A., and Moran, P. (1998). *Wednesday's Child. Research into Women's Experience of Neglect and Abuse in Childhood, and Adult Depression*, London: Routledge.

Bijleveld, G., Dedding, C., and Bunders-Aelen, J. (2015). "Children's and young people's participation within child welfare and child protection services: a state-of-the-art review." *Child & Family Social Work*, 20(2), 129-138.

Birchall, E., and Hallett, C. (1995). *Working Together in Child Protection*, London: HMSO.

Birmingham Safeguarding Children Board. (2013). *Serious Case Review in Respect of the Death of Keanu Williams, Born 11th December 2008, Died 9th January 2011*.

Blaikie, N. (2007). *Approaches to Social Enquiry: Advancing Knowledge*, Cambridge: Polity Press.

Blyth, E., and Cooper, H. (1999). "Schools and child protection", in The Violence Against Children Study Group, (ed.), *Children, Child Abuse and Child Protection: Placing children centrally*. Chichester: Wiley, pp. 115 - 128.

Booth, T. (2000). "Parents with learning difficulties, child protection and the courts." *Representing Children*, 13(3), 175-188.

Booth, T., and Booth, W. (2005). "Parents with learning difficulties in the child protection system: experiences and perspectives." *Journal of Intellectual Disabilities*, 9(2), 109-129.

Boylan, J., and Wyllie, J. (1999). "Advocacy and child protection", in N. Parton and C. Wattam, (eds.), *Child Sexual Abuse: Responding to the Experiences of Children* Chichester: Wiley, pp. 56 -70.

Bradbury-Jones, C., Innes, N., Evans, D., Ballantyne, F., and Taylor, J. (2013). "Dental neglect as a marker of broader neglect: a qualitative investigation of public health nurses' assessments of oral health in preschool children." *BMC public health*, 13(1), 1.

Bradford Safeguarding Children Board. (2013). *A Serious Case Review, Hamzah Khan: The Executive Summary*.

Brandon, M., Bailey, S., and Belderson, P. (2010). *Building on the Learning from Serious Case Reviews: A Two-Year Analysis of Child Protection Database Notifications 2007-2009*. Department for Education, London.

Brandon, M., Bailey, S., Belderson, P., Gardner, R., Sidebotham, P., Dodsworth, J., Warren, C., and Black, J. (2009). *Understanding Serious Case Reviews and their Impact: A Biennial Analysis of Serious Case Reviews 2005-7*. London.

Brandon, M., Bailey, S., Belderson, P., and Larsson, B. (2014a). "The role of neglect in child fatality and serious injury." *Child Abuse Review*, 23(4), 235-245.

Brandon, M., Bailey, S, Belderson, P, Larsson, B. (2013). *Neglect and Serious Case Reviews*. University of East Anglia / NSPCC, Norwich.

Brandon, M., and Belderson, P. (2016). "Responding to child neglect: learning from serious case reviews", in R. Gardner, (ed.), *Tackling Child Neglect: Research, Policy and Evidence-Based Practice*. London: Jessica Kingsley, pp. 213-241.

Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J., and Black, J. (2008). *Analysing Child Deaths and Serious Injury Through Abuse and Neglect: What Can We Learn? A Biennial Analysis of Serious Case Reviews 2003-2005*.

Brandon, M., Glaser, D., Maguire, S., McCrory, E., Lushey, C., and Ward, H. (2014b). *Missed Opportunities: Indicators of Neglect - What is Ignored, Why and What Can be Done?* , London.

Briggs, F. H., R. (1997). *Child Protection: A Guide for Teachers and Child Care Professionals*, AU: Allen and Unwin.

Brighouse, H. (2002). "What Rights (If Any) Do Children Have?", in D. Archard and C. M. Macleod, (eds.), *The moral and political status of children*. Oxford: Oxford University Press, pp. 31-53.

British Association of Social Workers. (2012). *The State of Social Work 2012*. Birmingham.

Broadhurst, K., Hall, C., Wastell, D., White, S., and Pithouse, A. (2010). "Risk, instrumentalism and the humane project in social work: identifying the informal logics of risk management in children's statutory services." *British Journal of Social Work*, 40(4), 1046-1064.

Broadhurst, K., Wastell, D., White, S., Hall, C., Peckover, S., Thompson, K., Pithouse, A., and Davey, D. (2009). "Performing 'initial assessment': identifying the latent conditions for error at the front-door of local authority children's services." *British Journal of Social Work*.

Bronfenbrenner, U. (1979). *The Ecology of Human Development*, Cambridge: Cambridge University Press.

Bronfenbrenner, U. (1994). "Ecological models of human development", in M. Gauvain and M. Cole, (eds.), *International Encyclopedia of Education*. Oxford: Elsevier, pp. 1643-1647.

Brooks, C., and Brocklehurst, P. (2010). *Safeguarding Pressures Project Phase 2: Exploring Reasons and Effect*.

Buckley, H. (2003). *Child Protection Work: Beyond the Rhetoric*, London: Jessica Kingsley.

Buckley, H. (2005). "Neglect. No monopoly on expertise", in J. Taylor and B. Daniel, (eds.), *Child Neglect: Practical Issues for Health and Social Care, London: Jessica Kingsley*. London: Jessica Kingsley, pp. 113-130.

Buckley, H., Carr, N., and Whelan, S. (2011). "'Like walking on eggshells': service user views and expectations of the child protection system." *Child & Family Social Work*, 16(1), 101-110.

Burgess, C., Daniel, B., Scott, J., Dobbin, H., Mulley, K., and Whitfield, E. (2014). *Preventing Neglect in the UK: What Makes Services Accesible to Children and Families*. Watford.

Burke, T. (2010). *Anyone Listening? Evidence of Children and Young People's Participation in England*. London.

Butcher, J., and Jeffrey, P. (2007). "A view from the coal face: UK research student perceptions of successful and unsuccessful collaborative projects." *Research Policy*, 36(8), 1239-1250.

Butler-Sloss, E. (1988). *Report of the Inquiry into Child Abuse in Cleveland 1987*. London.

Calder, M. C. (2003). "Child protection conferences: a framework for chairperson preparation." *Child Care in Practice*, 9(1), 32-47.

Calder, M. C., and Barratt, M. (1997). "Inter-agency perspectives on core group practice." *Children & Society*, 11(4), 209-221.

Calder, M. C., and Horwath, J. (1999). "Policies and procedures: developing a framework for working together", in M. C. Calder and J. Horwath, (eds.), *Working for Children on the Child Protection Register*. Aldershot: Ashgate, pp. 45 - 80.

Carter, V., and Myers, M. R. (2007). "Exploring the risks of substantiated physical neglect related to poverty and parental characteristics: a national sample." *Children and Youth Services Review*, 29(1), 110-121.

Cash, S., and Wilke, D. (2003). "An ecological model of maternal substance abuse and child neglect: issues, analyses, and recommendations." *American Journal of Orthopsychiatry*, 73(4), 392-404.

Center on the Developing Child at Harvard University. (2007). *The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do*. Harvard University.

Chaffin, M., Hecht, D., Bard, D., Silovsky, J. F., and Beasley, W. H. (2012). "A statewide trial of the SafeCare home-based services model with parents in Child Protective Services." *Pediatrics*, 129(3), 509-515.

Cheminais, R. (2009). *Effective Multi-Agency Partnerships: Putting Every Child Matters into Practice*, London: Sage.

Childrens Rights Alliance for England. (2013). *The State of Children's Rights in England*. London.

Choate, P. W., and Engstrom, S. (2014). "The "good enough" parent: implications for child protection." *Child Care in Practice*, 20(4), 368-382.

Christensen, M. J., Brayden, R. M., Dietrich, M. S., McLaughlin, F. J., Sherrod, K. B., and Altemeier, W. A. (1994). "The prospective assessment of self-concept in neglectful and physically abusive low income mothers." *Child Abuse & Neglect*, 18(3), 225-232.

Churchill, H. (2013). "Retrenchment and restructuring: family support and children's services reform under the coalition." *Journal of Children's Services*, 8(3), 209-222.

Churchill, H., and Clarke, K. (2010). "Investing in parenting education: A critical review of policy and provision in England." *Social Policy and Society*, 9(01), 39-53.

Churchill, H., and Sen, R. (2016). "Introduction: Intensive family support services: Politics, policy and practice across contexts." *Social Policy and Society*, 15(2), 251-261.

City Council Children and Young People's Department. (2012). *Children and Young People with Child Protection Plans.*

Cleaver, H. (2007). *Child Protection, Domestic Violence and Parental Substance Misuse: Family Experiences and Effective Practice*, London: Jessica Kingsley Publishers.

Cleaver, H., Nicholson, D., Tarr, S., and Cleaver, D. (2007). *Child Protection, Domestic Violence and Parental Substance Misuse: Family Experiences and Effective Practice*, London: Jessica Kingsley Publishers.

Cleaver, H., Unell, I., and Aldgate, J. (2011). *Children's Needs - Parenting Capacity. Child abuse: Parental Mental Ilness, Learning Disability, Substance Misuse and Domestic Violence.* , London: The Stationery Office.

Cleaver, H., Walker, S., Scott, J., Cleaver, D., Rose, W., Ward, H., and Pithouse, A. (2008). *The Integrated Children's System: Enhancing Social Work and Inter-Agency Practice*, London: Jessica Kingsley.

Clifton, J. (2012). "The child's voice in the child protection system", in M. Blyth and E. Solomon, (eds.), *Effective Safeguarding for Children and Young People: What Next After Munro?* Bristol: Policy Press, pp. 51-68.

Connell-Carrick, K. (2003). "A critical review of the empirical literature: Identifying correlates of child neglect." *Child and Adolescent Social Work Journal*, 20(5), 389-425.

Connell-Carrick, K., and Scannapieco, M. (2006). "Ecological Correlates of Neglect in Infants and Toddlers." *Journal of interpersonal violence*, 21(3), 299.

Coohey, C. (1998). "Home Alone and Other Inadequately Supervised Children." *Child Welfare*, 77(3), 291-310.

Corby, B., Millar, M., and Young, L. (1996). "Parental participation in child protection work: rethinking the rhetoric." *British Journal of Social Work*, 26(4), 475.

Cossar, J., Brandon, M., and Jordan, P. (2011). *'Don't Make Assumptions': Children and Young People's Views of the Child Protection System and Messages for Change*. London.

Cossar, J., Brandon, M., and Jordan, P. (2014). "'You've got to trust her and she's got to trust you': children's views on participation in the child protection system." *Child & Family Social Work.*

Cossar, J., and Long, C. (2008). *Children and Young People's Involvement in the Child Protection Process in Cambridgeshire*

Coventry Safeguarding Children Board. (2013). *Serious Case Review Re: Daniel Pelka, Born 15th July 2007, Died 3rd March 2012: Overview Report*. Coventry.

Crittenden, P. M. (1992). "Children's strategies for coping with adverse home environments: An interpretation using attachment theory." *Child Abuse & Neglect*, 16(3), 329-343.

Crittenden, P. M. (1999). "Child neglect: causes and contributors", in H. Dubowitz, (ed.), *Neglected children: research, practice, and policy*. London: Sage Publications, Inc, pp. 47.

Dale, P. (2004). "'Like a fish in a bowl': Parents' perceptions of child protection services." *Child Abuse Review*, 13(2), 137-157.

Dalrymple, J. (2002). "Family group conferences and youth advocacy: The participation of children and young people in family decision making." *European Journal of Social Work*, 5(3), 287-299.

Dalrymple, J., and Horan, H. (2008). "Advocacy in child protection case conferences", *Developing advocacy for children and young people: current issues in research, policy and practice*. London: Jessica Kingsley, pp. 64-80.

Daniel, B. (2005). "Introduction to Issues for Health and Social Care in Neglect", in B. Daniel and J. Taylor, (eds.), *Child Neglect: Practice Issues for Health and Social Care*. London: Jessica Kingsley, pp. 11-25.

Daniel, B. (2015). "Why have we made neglect so complicated? Taking a fresh look at noticing and helping the neglected child." *Child Abuse Review*, 24(2), 82-94.

Daniel, B., and Taylor, B. (2005). "Do They Care? The Role of Fathers", in B. Taylor and B. Daniel, (eds.), *Child Neglect: Practice Issues in Health and Social Care*. London: Jessica Kingsley, pp. 263-278.

Daniel, B., Taylor, J., and Scott, J. (2011). *Recognizing and Helping the Neglected Child: Evidence-Based Practice for Assessment and Intervention*, London: Jessica Kingsley.

Darlington, Y., Feeney, J. A., and Rixon, K. (2004). "Complexity, conflict and uncertainty: Issues in collaboration between child protection and mental health services." *Children and Youth Services Review*, 26(12), 1175-1192.

De Panfilis, D. (2005). "Therapeutic Interventions with Children who have Experienced Neglect and their Families in the US", in C. McAuley, P. J. Pecora, and W. Rose, (eds.), *Enhancing the Well Being of Children and Families through Effective Interventions: International Evidence*. London: Jessica Kingsley, pp. p 131-142).

Demeritt, D., and Lees, L. (2005). "Research relevance, 'knowledge transfer' and the geographies of CASE studentship collaboration." *Area*, 37(2), 127-137.

Denzin, N. (2001). *Interpretive Interactionism*, London: Sage.

Denzin, N. K. (1970). *The Research Act*, Chicago: Aldine.

Department for Children, S. a. F. (2009). *Referrals, Assessments and Children and Young People who are the Subject of a Child Protection Plan, England, Year Ending 31 March 2009*, London.

Department for Education. (2010). "Characteristics of Children in Need in England, 2009-2010.". City: Department for Education: London.

Department for Education. (2011). *Characteristics of Children in Need in England, 2010-11, Final*. Department for Education, London.

Department for Education. (2012). "Characteristics of Children in Need in England, 2011-12. National and local authority tables: table A5.". City: Department for Education: London.

Department for Education. (2015). *Characteristics of Children in Need: 2014 to 2015*. London.

Department for Education. (2016a). *Characteristics of Children in Need: 2015 to 2016*. London.

Department for Education. (2016b). *Children's Social Care Reform: A vision for change*. London.

Department for Education. (2016c). *Putting Children First: Delivering our vision for excellent children's social care*. London.

Department for Education and Skills. (2006). *Referrals, Assessments and Children and Young People on Child Protection Registers, England Year Ending 31 March 2006 (Final)*.

Department of Health. (1991). *Working Together Under the Children Act 1989: A Guide to Arrangements for Inter-Agency Co-Operation for the Protection of Children from Abuse*. HMSO, London.

Department of Health. (1995). *Child Protection: Messages from Research* London.

Department of Health. (2002). *Referrals, Assessments and Children and Young People on Child Protection Registers. Year Ending 31 March 2002*. London.

Department of Health, Home Office, and Department for Education and Employment. (1999). *Working Together to Safeguard Children* London.

Department of Health, Home Office, and Department for Education and Employment. (2000). *Framework for the Assessment of Children in Need and their Families*. London.

Department of Health and Social Security and the Welsh Office. (1988). *Working Together: A Guide to Arrangements for Inter-Agency Co-Operation for the Protection of Children from Abuse.*, London.

Devaney, J. (2009). "Chronic child abuse: The characteristics and careers of children caught in the child protection system." *British Journal of Social Work*, 39(1), 24-45.

Dey, I. (1993). *Qualitative Data Analysis: A User Friendly Guide for Social Scientists*, London: Routledge.

Dickens, J. (2007). "Child neglect and the law: catapults, thresholds and Delay." *Child Abuse Review*, 16(2), 77-92.

Dingwall, R., Eekelaar, J., and Murray, T. (1983). *The Protection of Children: State Intervention and Family Life*, Oxford: Blackwell.

Dixon, J., Schneider, V., Lloyd, C., Reeves, A., White, C., Tomaszewski W, Green, R., and Ireland, E. (2010). *Monitoring and Evaluation of Family Interventions (Information on Families Supported to March 2010). *. London.

Dominelli, L., and Holloway, M. (2008). "Ethics and governance in social work research in the UK." *British Journal of Social Work*, 38(5), 1009-1024.

Dowling, M., Gupta, A., and Aldgate, J. (2006). "The Impact of Community and Environmental Factors", in J. Aldgate, D. Jones, W. Rose, and C. Jeffery, (eds.), *The Developing World of the Child*. pp. 141-160).

Dube, S. R., Anda, R. F., Felitti, V. J., Croft, J. B., Edwards, V. J., and Giles, W. H. (2001). "Growing up with parental alcohol abuse: exposure to childhood abuse, neglect, and household dysfunction." *Child Abuse & Neglect*, 25(12), 1627-1640.

Dubowitz, H., Black, M., Kerr, M., Starr, R., and Harrington, D. (2000). "Fathers and child neglect." *Archives of pediatrics & adolescent medicine*, 154(2), 135-141.

Dubowitz, H., Black, M., Starr, R., and Zuvarin, S. (1993). "A conceptual definition of child neglect." *Criminal Justice and Behavior*, 20(1), 8-26.

Dubowitz, H., Newton, R. R., Litrownik, A. J., Lewis, T., Briggs, E. C., Thompson, R., English, D., Lee, L. C., and Feerick, M. M. (2005). "Examination of a conceptual model of child neglect." *Child maltreatment*, 10(2), 173.

Dufour, S., and Chamberland, C. (2004). "The effectiveness of selected interventions for previous maltreatment: enhancing the well being of children who live at home." *Child & Family Social Work*, 9(1), 39-56.

Dumbrill, G. (2006). "Parental experience of child protection intervention: A qualitative study." *Child Abuse & Neglect*, 30(1), 27-37.

Economic and Social Research Council. (2010). *Framework for Research Ethics*, Swindon: ESRC.

Edwards, R., Gillies, V., and Horsley, N. (2015). "Brain Science and Early Years Policy: Hopeful Ethos or 'Cruel Optimism'?" *Critical Social Policy*, 35(2), 167-187.

Egeland, B., Sroufe, A., and Erickson, M. (1983). "The Developmental Consequence of Different Patterns of Maltreatment." *Child Abuse & Neglect*.

English, D., Thompson, R., Graham, J., and Briggs, E. (2005). "Toward a Definition of Neglect in Young Children." *Child maltreatment*, 10(2), 190.

Family Rights Group. (2013). *Our Response to Working Together 2013*.

Fantuzzo, J., Manz, P., Atkins, M., and Meyers, R. (2005). "Peer-Mediated Treatment of Socially Withdrawn Maltreated Preschool Children: Cultivating Natural Community Resources." *Journal of Clinical Child and Adolescent Psychology*, 34(2), 6.

Fantuzzo, J., Sutton-Smith, B., Atkins, M., Meyers, R., Stevenson, H., Coolahan, K., Weiss, A., and Manz, P. (1996). "Community-Based Resilient Peer Treatment of Withdrawn Maltreated Preschool Children." *Journal of Consulting and Clinical Psychology*, 64(6), 1377.

Farmer, E., and Lutman, E. (2010). *Case Management and Outcomes for Neglected Children Returned Home to Their Parents: A Five Year Follow Up Study*. London.

Farmer, E., and Lutman, E. (2012). *Effective Working with Neglected Children and their Families*, London: Jessica Kingsley.

Farmer, E., and Owen, M. (1995). *Child Protection Practice: Private Risks and Public Remedies. A study of decision-making, intervention and outcome in child protection work*, London: HMSO.

Fauth, R., Jelicic, H., Hart, D., Burton, S., and Shemmings, D. (2010). *Effecitve Practice to Protect Children Living in 'Highly Resistant' Families*. London.

Featherstone, B., White, S., and Morris, K. (2014). *Re-imagining Child Protection: Towards Humane Social Work with Families*, Bristol: Policy Press.

Ferguson, H. (2011). *Child Protection Practice*, London: Palgrave Macmillan.

Ferguson, H. (2016). "How Children Become Invisible in Child Protection Work: Findings from Research into Day-to-Day Social Work Practice." *British Journal of Social Work*.

Fielding, N., and Fielding, J. (1986). *Integrating Data*, Beverly Hills, CA: Sage.

Finzi, R., Cohen, O., Sapir, Y., and Weizman, A. (2000). "Attachment Styles in Maltreated Children: A Comparative Study." *Child Psychiatry and Human Development*, 31(2), 113-128.

Flick, U. (2007). *Managing Quality in Qualitative Research*, London: Sage.

Forrester, D., Kershaw, S., Moss, H., and Hughes, L. (2008). "Communication skills in child protection: how do social workers talk to parents?" *Child & Family Social Work*, 13(1), 41-51.

Fox Harding, L. (1996). "Recent developments in 'children's rights': liberation for whom?" *Child & Family Social Work*, 1(3), 141-150.

Garrett, P. M. (2003). "Swimming with dolphins: The Assessment Framework, New Labour and new tools for social work with children and families." *British Journal of Social Work*, 33(4), 441-463.

Ghaffar, W., M, M., and Race, T. (2009). *Exploring the Experiences of Parents and Carers Whose Children Have Been subject to Child Protection Plans*, Huddersfield: Nationwide Children's Research Centre.

Ghaffar, W., Manby, M., and Race, T. (2011). "Exploring the experiences of parents and carers whose children have been subject to child protection plans." *British Journal of Social Work*.

Gibbons, J., and Bell, C. (1994). "Variation in operation of English child protection registers." *British Journal of Social Work*, 24(6), 701-714.

Gibbons, J., Conroy, S., and Bell, C. (1995). *Operating the Child Protection System*, London: HMSO.

Gilbert, N. (1997). *Combatting Child Abuse: International Perspectives and Trends*, Oxford: Oxford University Press.

Gilbert, N., Parton, N., and Skivenes, M. (2011). *Child Protection Systems: International Trends and Orientations*, Oxford: Oxford University Press.

Glaser, D. (2002). "Emotional Abuse and Neglect (Psychological Maltreatment): A Conceptual Framework." *Child Abuse & Neglect*, 26(6-7), 697-714.

Glaze, J. (2002). "Ph.D. Study and the Use of a Reflective Diary: A Dialogue with Self." *Reflective Practice*, 3(2).

Goff, S. (2012). "The participation of fathers in child protection conferences: A practitioner's perspective." *Child Abuse Review*, 21(4), 275-284.

Gubrium, J. F., and Holstein, J. A. (1997). *The New Language of Qualitative Method*, Oxford: Oxford University Press

Gubrium, J. F., and Holstein, J. A. (2008). *Handbook of Constructionist Research*, New York: Guilford.

Gupta, A. (2015). "Poverty and child neglect - the elephant in the room?" *Families, Relationships and Societies*, Advanced online copy. DOI: http://dx.doi.org/10.1332/20467431sx14207948135699.

Hall, C., and Slembrouck, S. (2001). "Parent participation in social work meetings - the case of child protection conferences." *European Journal of Social Work*, 4(2), 143-160.

Hall, C., Slembrouck, S., and Sarangi, S. (2006). *Language Practices in Social Work : Categorisation and Accountability in Child Welfare*: Routledge.

Hall, C. P., N, Peckover, S., and White, S. (2010). "Child-centric information and communication technology (ICT) and the fragmentation of child welfare practice in England." *Journal of Social Policy*, 39(3), 393-413.

Hallett, C. (1995). *Interagency Coordination in Child Protection*, London: HMSO.

Harlow, E., and Shardlow, S. (2006). "Safeguarding Children: Challenges to the Effective Operation of Core Groups." *Child & Family Social Work*, 11(1), 65-72.

Harris, J. (1999). "Multi-professional decision making." *Educational Psychology in Practice: Theory, Research and Practice in Educational Psychology*, 14(4), 246 - 252.

Harris, J. (2012). "We have been guilty of neglecting dental neglect." *British Dental Journal*, 213(3), 137-139.

Hart, R. (1992). *Children's Participation: From Tokenism to Citizenship*. Florence, Italy.

Healy, K. (1998). "Participation and child protection: the importance of context." *British Journal of Social Work*, 28(6), 897.

Healy, K., and Darlington, Y. (2009). "Service user participation in diverse child protection contexts: principles for practice." *Child & Family Social Work*, 14(4), 420-430.

Healy, K., Darlington, Y., and Yellowlees, J. (2011). "Family participation in child protection practice: an observational study of family group meetings." *Child & Family Social Work*, no-no.

Heim, C., Shugart, M., Craighead, W. E., and Nemeroff, C. B. (2010). "Neurobiological and psychiatric consequences of child abuse and neglect." *Developmental Psychobiology*, 52(7), 671-690.

Helm, D. (2011). "Judgements or assumptions? the role of analysis in assessing children and young people's needs." *British Journal of Social Work*, 41(5).

Herrenkohl, E. C., Herrenkohl, R. C., Egolf, B. P., and Russo, M. J. (1998). "The Relationship Between Early Maltreatment and Teenage Parenthood." *Journal of Adolescence*, 21(3), 291-303.

Hildyard, K. L., and Wolfe, D. A. (2002). "Child Neglect: Developmental Issues and Outcomes " *Child Abuse & Neglect*, 26(6-7), x`679-695.

Hitzler, S., and Messmer, H. (2010). "Group decision-making in child welfare and the pursuit of participation." *Qualitative Social Work*, 9(2), 205-226.

HM Government. (2006). *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*. London.

HM Government. (2010). *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*. Nottingham.

HM Government. (2015). *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*. London.

HM Treasury. (2003). *Every Child Matters*. London.

Hoghughi, M., and Speight, A. (1998). "Good enough parenting for all children—a strategy for a healthier society." *Archives of Disease in Childhood*, 78(4), 293-296.

Holland, S. (2000). "The assessment relationship: interactions between social workers and parents in child potection assessments." *British Journal of Social Work*, 30(2), 149-163.

Holland, S. (2001). "Representing children in child protection assessments." *Childhood*, 8(3), 322-339.

Holland, S., and Scourfield, J. (2004). "Liberty and respect in child protection." *British Journal of Social Work*, 34(1), 21-36.

Holstein, J. A., and Gubrium, J. F. (2011). "The contructionist analytics of interpretive practice", *The Sage Handbook of Qualitative Research*. Thousand Oaks: Sage, pp. 341-358.

Holt, S., Buckley, H., and Whelan, S. (2008). "The Impact of Exposure to Domestic Violence on Children and Young People: A Review of the Literature." *Child Abuse & Neglect*, 32(8), 797-810.

Home Office. (2013). *Information for Local Areas on the change to the Definition of Domestic Violence and Abuse*. London.

Hooper, C. A., Gorin, S., Cabral, C., and Dyson, C. (2007). *Living with Hardship 24/7: The Diverse Experiences of Families in Poverty in England*. York.

Horwath, J. (2002). "Maintaining a focus on the child? First impressions of the Framework for the Assessment of Children in Need and their Families in cases of child neglect." *Child Abuse Review*, 11(4), 195-213.

Horwath, J. (2005a). "Identifying and assessing cases of child neglect: learning from the Irish experience." *Child & Family Social Work*, 10(2), 99-110.

Horwath, J. (2005b). "Is this child neglect? The influence of differences in perceptions of child neglect on social work practice", in J. Taylor and B. Daniel, (eds.), *Child Neglect: Practice Issues for Health and Social Care*. London: Jessica Kingsley, pp. 73-96.

Horwath, J. (2007a). *Child Neglect: Identification and Assessment*, London: Palgrave Macmillan.

Horwath, J. (2007b). "The Missing Assessment Domain: Personal, Professional and Organizational Factors Influencing Professional Judgements when Identifying and Referring Child Neglect." *British Journal of Social Work*, 37(8), 1285.

Horwath, J. (2009). "Managing difference: Working effectively in a multi agency context", in H. Cleaver, P. Cawson, S. Gorin, and S. Walker, (eds.), *Safeguarding Children - A Shared Responsibility*. Chichester: Wiley.

Horwath, J. (2010a). "Assessing children in need: background and context", in J. Horwath, (ed.), *The Child's World*. London: Jessica Kingsley, pp. 18-33.

Horwath, J. (2010b). "The assessment process: practitioner preparation and gathering information for a core assessment", in J. Horwath, (ed.), *The Child's World*. London: Jessica Kingsley, pp. 56-70.

Horwath, J. (2011). "See the practitioner, see the child: The *Framework for the Assessment of Children in Need and their Families* ten years on." *British Journal of Social Work*, 41, 1070-1087.

Horwath, J. (2013). *Child Neglect: Planning and Intervention*, London: Palgrave Macmillan.

Horwath, J. (2016a). "Making a difference to the neglected child's lived experience", in R. Gardner, (ed.), *Tackling Child Neglect: Research, policy and evidence-based practice*. London: Jessica Kingsley, pp. 70 - 93.

Horwath, J. (2016b). "The toxic duo: The neglected practitioner and a parent who fails to meet the needs of their child." *British Journal of Social Work*, 46, 1602–1616.

Horwath, J., and Richardson Foster, H. (2015). *Making Sense of the Daily Lived Experience of the Neglected Child: A Pilot Study*. , Sheffield.

Horwath, J., and Tarr, S. (2015). "Child visibility in cases of chronic neglect: implications for social work practice." *British Journal of Social Work*, 45(5), 1379-1394.

House of Commons Education Committee. (2012). *Children First: The Child Protection System in England*. London.

Houston, S. (2002). "Re-thinking a systemic approach to child welfare: A critical response to the framework for the assessment of children in need and their families." *European Journal of Social Work*, 5(3), 301-312.

Howe, D. (2003). "Assessments Using an Attachment Perspective", in M. Calder and S. Hackett, (eds.), *Assessment in Child Care* Lyme Regis: Russell House Publishing, pp. 373-387.

Howe, D. (2010). "Attachment: Assessing Children's Needs and Parenting Capacity", in J. Horwath, (ed.), *The Child's World: The Comprehensive Guide to Assessing Children in Need*. London: Jessica Kingsley, pp. 184-198.

Howe, D., Brandon, M., Hinings, D., and Schofield, G. (1999). *Attachment Theory, Child Maltreatment, and Family Support: A Practice and Assessment model*, London: Macmillan.

Hsieh, H., and Shannon, S. (2005). "Three approaches to qualitative content analysis." *Qualitative Health Research*, 15(9), 1277-1288.

Humphreys, C. (1999). "Avoidance and confrontation: social work practice in relation to domestic violence and child abuse." *Child and Family Social Work*, 4, 77-87.

Humphreys, C., Atkar, S., and Baldwin, N. (1999). "Discrimination in child protection work: recurring themes in work with Asian families." *Child and Family Social Work*, 4(4), 283-291.

Hutchy, I., and Woofit, R. (2008). *Conversation Analysis*. Cambridge.

Jack, G. (2000). "Ecological influences on parenting and child development." *British Journal of Social Work*, 30(6), 703-720.

James, A., Jenks, C., and Prout, A. (1998). *Theorizing Childhood*, Cambridge: Polity.

Jelicic, H., Gibb, J., La Valle, I., and Payne, l. (2013). *Involved by Right: The Voice of the Child in Child Protection Conferences*. National Children's Bureau, London.

Jenkins, P. (1995). "Advocacy and the 1989 UN Convention on the Rights of the Child", in J. Dalrymple and J. Hough, (eds.), *Having a Voice an Exploration of Children's Rights And Advocacy*. Birmingham: Venture Press, pp. 31-52.

Jenks, C. (1982). *The Sociology of Childhood*: Batsford Academic and Educational Ltd.

Jenks, C. (1996). *Childhood*: Theatre Arts Books.

Johnson, R., and Cotmore, R. (2015). *National Evaluation of the Graded Care Profile*. London.

Johnson, R., Smith, E., and Fisher, H. (2015). *Testing the Reliability and Validity of the Graded Care Profile Version 2 (GCP2)*. London.

Jutte, S., Bentley, H., Tallis, D., Mayes, J., Jetha, N., O'Hagan, O., Brookes, H., and McConnell, N. (2015). *How Safe Are Our Children?*, London.

Keene, E. (2016). "Research Note: Preventing dental neglect", in R. Gardner, (ed.), *Tackling Child Neglect: Research, Policy and Evidence-Based Practice*. London: Jessica Kingsley, pp. 94-97.

Keene, E. J., Skelton, R., Day, P. F., Munyombwe, T., and Balmer, R. C. (2015). "The dental health of children subject to a child protection plan." *International journal of paediatric dentistry*, 25(6), 428-435.

Kelly, N., and Milner, J. (1996). "Child protection decision-making." *Child Abuse Review*, 5(2), 91-102.

Kelly, N., and Milner, J. (1999). "Decision-making in case conferences - meeting whose needs?", in T. V. A. C. S. Group, (ed.), *Children, Child Abuse and Child Protection: Placing children centrally*. Chichester: Wiley, pp. 99 - 113.

Kennedy, H., Macdonald, M., and Whalley, P. (2016). "Video Interaction Guidance", in R. Gardner, (ed.), *Tackling Child Neglect: Research, Policy and Evidence-Based Practice*. London: Jessica Kingsley, pp. 310-346.

Kerr, M. A., Black, M. M., and Krishnakumar, A. (2000). "Failure-to-Thrive, Maltreatment and the Behavior and Development of 6-Year-old Children from Low-Income, Urban Families: A Cumulative Risk Model." *Child Abuse & Neglect*, 24(5), 587-598.

Keys, M. (2007). *The Role of Nurses and Midwives in Child Protection: A Literature Review Undertaken for the Scottish Child Care and Protection Network*. Edinburgh.

Kirby, P., Lanyon, C., Cronin, K., and Sinclair, R. (2003). *Building a Culture of Participation*. London.

Knutson, J. F., Taber, S. M., Murray, A. J., Valles, N.-L., and Koeppl, G. (2010). "The Role of Care Neglect and Supervisory Neglect in Childhood Obesity in a Disadvantaged Sample." *Journal of Pediatric Psychology*, 35(5), 523-532.

Kotch, J. B., Lewis, T., Hussey, J. M., English, D., Thompson, R., Litrownik, A. J., Runyan, D. K., Bangdiwala, S. I., Margolis, B., and Dubowitz, H. (2008). "Importance of early neglect for childhood aggression." *Pediatrics*, 121(4), 725-731.

Lacharite, C., Ethier, L., and Couture, G. (1996). "The influence of Pranters on Parental Stress of Neglectful Mothers." *Child Abuse Review*, 5(1).

Laming. (2003). *The Victoria Climbié Inquiry Report*. London.

Laming. (2009). *The Protection of Children in England: A Progress Report*. London.

Landsberger, H. A. (1957). *Hawthorne Revisited: A Plea for an Open City*: Cornell University.

Lee, N. (1999). "The Challenge of Childhood: Distributions of Childhood's Ambiguity in Adult Institutions." *Childhood*, 6(4), 455.

Lee, R. (1993). *Doing Research on Sensitive Topics*, London: Sage.

Lee, R. (2000). *Unobtrusive Methods in Social Research*, Buckingham: Open University Press.

Lee, S. J., Bellamy, J. L., and Guterman, N. B. (2009). "Fathers, Physical Child Abuse, and Neglect." *Child maltreatment*, 14(3), 227-231.

Lefevre, M. (2008). "Assessment and decision making in child protection: relationship-based considerations", in M. C. Calder, (ed.), *The Carrot or the Stick? Towards Effective Practice With Involuntary Clients in Safeguarding Children Work*. Lyme Regis: Russell House Publishing, pp. 78-92.

Lewis, A. (1994). *Chairing Child Protection Conferences*, Aldershot: Avebury.

Liamputtong, P. (2007). *Researching the Vulnerable: A guide to sensitive research methods*, London: Sage.

Lincoln, Y. S., and Guba, E. S. (1985). *Naturalistic Inquiry*, Newbury Park, CA: Sage.

Littlechild, B. (2000). "Children's rights to be heard in child protection processes - law, policy and practice in England and Wales." *Child Abuse Review*, 9(6), 403-415.

Lupton, C. (1998). "User empowerment or family self-reliance? The Family Group Conference model." *British Journal of Social Work*, 28(1), 107-128.

Lutzker, J. R., Bigelow, K. M., Doctor, R. M., and Kessler, M. L. (1998). "Safety, Health Care, and Bonding Within an Ecobehavioral Approach to Treating and Preventing Child Abuse and Neglect." *Journal of Family Violence*, 13(2), 163-185.

Maccoby, E. E. (1992). "The role of parents in the socialization of children: An historical overview." *Developmental Psychology*, 28, 1006-1017.

Mackner, L., Starr, R., and Black Jr, M. (1997). "The Cumulative Effect of Neglect and Failure to Thrive on Cognitive Functioning." *Child Abuse & Neglect*, 21(7), 691-700.

Mackner, L. M., Black, M. M., and Starr, J. R. H. (2003). "Cognitive Development of Children in Poverty with Failure to Thrive: A Prospective Study Through age 6." *Journal of Child Psychology and Psychiatry*, 44(5), 743-751.

MacMillan, H., Wathen, C., Barlow, J., Fergusson, D., Leventhal, J., and Taussig, H. (2009). "Interventions to Prevent Child Maltreatment and Associated Impairment." *The Lancet*, 373(9659), 250-266.

Margolin, L. (1990). "Fatal child neglect." *Child Welfare*, 69(4), 309-319.

McGuigan, W., and Pratt, C. (2001). "The Predictive Impact of Domestic Violence on Three Types of Child Maltreatment." *Child Abuse & Neglect*, 25(7), 869-883.

Miles, M., and Huberman, M. (1994). *Qualitiative Data Analysis: An Expanded Sourcebook*, London: Sage.

Minty, B., and Pattinson, G. (1994). "The nature of child neglect." *British Journal of Social Work*, 24(6), 733.

Moran-Ellis, J., Alexander, V. D., Cronin, A., Dickinson, M., Fielding, J., Sleney, J., and Thomas, H. (2006). "Triangulation and integration: processes, claims and implications." *Qualitative Research*, 6(1), 45-59.

Morris, K., and Connolly, M. (2012). "Family decision making in child welfare: Challenges in developing a knowledge base for practice." *Child Abuse Review*, 21(1), 41-52.

Munro, E. (1999). "Common errors of reasoning in child protection work." *Child Abuse & Neglect*, 23(8), 745-758.

Munro, E. (2005). "What tools do we need to improve identification of child abuse?" *Child Abuse Review*, 14(6), 374-388.

Munro, E. (2008). *Effective Child Protection* London: Sage.

Munro, E. (2010). *The Munro Review of Child Protection: Part 1 - A Systems Analysis*. London.

Munro, E. (2011a). *The Munro Review of Child Protection. Interim report: The Child's Journey*. London.

Munro, E. (2011b). *The Munro Review of Child Protection: Final Report. A child-centred system*. London.

Munro, E., and Hubbard, A. (2011). "A Systems Approach to Evaluating Organisational Change in Children's Social Care." *British Journal of Social Work*, 41(4), 726-743.

Murray, C., and Hallett, C. (2000). "Young people's participation in decisions affecting their welfare." *Childhood*, 7(1), 11-25.

NSPCC. (2014). *Housing services: learning from case reviews. Summary of risk factors and learning for improved practice around the housing sector*. London.

NSPCC. (2015). *Parents with a Mental Health Problem: Learning from case reviews. Summary of risk factors and learning for improved practice around parental mental health and child welfare*. London

O'Connor, T., and Scott, S. (2007). *Parenting and Outcomes for Children*. York.

O'Hagan, K. (2006a). *Identifying Emotional and Psychological Abuse: A Guide for Childcare Professionals*, Maidenhead: Open University Press.

O'Hagan, K. (2006b). "Just call it abuse"*Community Care*. City.

Office of the Children's Commissioner. (2010). *Family Perspectives on Safeguarding and on Relationships with Children's Services*. London.

Ofsted. (2008). *Learning Lessons, Taking Action: Ofsted's Evaluations of Serious Case Reviews 1 April 2007 to 31 March 2008*. Ofsted, London.

Ofsted. (2010). *Learning Lessons From Serious Case Reviews 2009–2010: Ofsted's Evaluation of Serious Case Reviews from 1 April 2009 to 31 March 2010*. Ofsted, Manchester.

Ofsted. (2011). *The Voice of the Child: Learning lessons from serious case reviews*. Manchester.

Ofsted. (2014). *In the Child's Time: Professional Responses to Neglect*. London.

Olds, D. L. (2006). "The nurse–family partnership: An evidence-based preventive intervention." *Infant Mental Health Journal*, 27(1), 5-25.

Oliver, C. M., and Dalrymple, J. (2008). *Developing advocacy for children and young people: current issues in research, policy and practice*: Jessica Kingsley.

Ortlipp, M. (2008). "Keeping and using reflective journals in the qualitative research process." *The qualitative report*, 13(4), 695-705.

Parton, N. (2006). *Safeguarding Childhood: Early Intervention and Surveillance in a Late Modern Society*: Palgrave Macmillan.

Parton, N. (2009). "How child centred are our child protection systems and how child centred do we want our child protection regulatory principles to be?" *Communities, Children and Families Australia*, 4(1), 6.

Parton, N. (2011). "Child protection and safeguarding in England: Changing and competing conceptions of risk and their implications for social work." *British Journal of Social Work*, 41(5), 854-875.

Parton, N. (2014). *The Politics of Child Protection: Contemporary Developments and Future Directions*: Palgrave Macmillan.

Perry, B. (2002). "Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture." *Brain and mind*, 3(1), 79-100.

Piper, C. (2013). *Making-Sense' of Child Neglect: An Exploration of Child Welfare Professionals' Practice*, University of Huddersfield,, Huddersfield,.

Platt, D. (2006). "Threshold decisions: how social workers prioritize referrals of child concern." *Child Abuse Review*, 15(1), 4-18.

Platt, D. (2012). "Understanding parental engagement with child welfare services: an integrated model." *Child & Family Social Work*, 17(2), 138-148.

Polnay, J. C. (2000). "General practitioners and child protection case conference participation: reasons for non-attendance and proposals for a way forward." *Child Abuse Review*, 9(2), 108-123.

Prince, J., Gear, A., Jones, C., and Read, M. (2005). "The child protection conference: A study of process and an evaluation of the potential for on-line group support." *Child Abuse Review*, 14(2), 113-131.

Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., and Lutzker, J. R. (2009). "Population-based prevention of child maltreatment: The US Triple P system population trial." *Prevention science*, 10(1), 1-12.

Quinton, D. (2004). *Supporting Parents: Messages from Research.*, London.

Qvortrup, J. (1994). "Childhood matters: an introduction", in J. Qvortrup, M. Bardy, G. Sgritta, and H. Wintersberger, (eds.), *Childhood Matters: Social Theory, Practice and Politics*. Aldershot: Avebury Press, pp. 1-24.

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., and Collishaw, S. (2011). *Child Abuse and Neglect in the UK Today*. London.

Ramaekers, S., and Suissa, J. (2011). *The Claims of Parenting: Reasons, Responsibility and Society*, London: Springer.

Rapley, T. (2008). *Doing Conversation, Discourse and Document Analysis*, London: Sage.

Reder, P., and Duncan, S. (2003). "Understanding communication in child protection networks." *Child Abuse Review*, 12, 19.

Reder, P., Duncan, S., and Gray, M. (1993). *Beyond Blame: Child Abuse Tragedies Revisited*, London: Routledge.

Rees, G., Gorin, S., Jobe, A., Stein, M., Medforth, R., and Goswami, H. (2010). *Safeguarding Young People Who Have Been Maltreated*.

Rees, G., Hicks, L., Stein, M., and Gorin, S. (2011). *Adolescent Neglect: Research, Policy and Practice*, London: Jessica Kingsley.

Rose, W. (2001). "The Assessment Framework", in J. Horwath, (ed.), *The Child's World*. London: Jessica Kingsley, pp. 34-55.

Rose, W., and Barnes, J. (2008). *Improving Safeguarding Practice: Study of Serious Case Reviews 2001- 2003*. London.

Rostad, W., Lutzker, J. R., Guastaferro, K., and Churchill, G. (2016). "The use of SafeCare to enhance parenting skills to reduce neglect", in R. Gardner, (ed.), *Tackling Child Neglect: Research, Policy and Evidence-Based Practice*. London: Jessica Kingsley, pp. 278-309.

Rowse, V. (2009). "Children's nurses' experiences of child protection: what helps?" *Child Abuse Review*, 18(3), 168-180.

Rutter, M. (1998). "Developmental Catch-Up, and Deficit, Following Adoption after Severe Global Early Privation." *Journal of Child Psychology and Psychiatry*, 39(04), 465-476.

Saldana, J. (2013). *The Coding Manual for Qualitative Researchers*. London.

Saltiel, D. (2013). "Understanding complexity in families' lives: the usefulness of 'family practices' as an aid to decision-making." *Child & Family Social Work*, 18(1), 15-24.

Sanders, R., and Mace, S. (2006). "Agency policy and the participation of children and young people in the child protection process." *Child Abuse Review*, 15(2), 89-109.

Scannapieco, M., and Connell-Carrick, K. (2005). "Focus on the first years: correlates of substantiation of child maltreatment for families with children 0 to 4." *Children and Youth Services Review*, 27(12), 1307-1323.

Schofield, G., and Thoburn, J. (1996). *Child Protection: The Voice of the Child in Decision Making* London.

SCIE. (2011). *Think Child, Think Parent, Think Family: A guide to parental mental health and child welfare.*, London.

Scourfield, J. (2002). *Gender and Child Protection*, London: Palgrave.

Scutt, N. (1995). "Child Advocacy - Getting the Child's Voice Heard", in C. Cloke and M. Davies, (eds.), *articipation and Empowerment in Child Protection*. London: Pitman Publishing, pp. 232-257.

Shaw, I., and Holland, S. (2014). *Doing Qualitative Research in Social Work*, London: Sage.

Shemmings, D. (1996). *Involving Children in Child Protection Conferences: Research Findings from two Child Protection Authorities*. Norwich

Shemmings, D. (2000). "Professionals' attitudes to children's participation in decision-making: dichotomous accounts and doctrinal contests." *Child and Family Social Work*, 5(3), 235-244.

Shier, H. (2001). "Pathways to participation: openings, opportunities and obligations." *Children & Society*, 15(2), 107-117.

Sidebotham, P., and Weeks, M. (2010). "Multidisciplinary contributions to assessment of children in need", in J. Horwath, (ed.), *The Child's World: A Comprehensive Guide to Assessing Children in Meed. Second edition.* London: Jessica Kingsley, pp. 88-109.

Silverman, D. (2006). *Interpreting Qualitative Data* London: Sage.

Simpson, C. M., Simpson, R. J., Power, K. G., Salter, A., and Williams, G.-J. (1994). "G.P.s' and health visitors' participation in child protection case conferences." *Child Abuse Review*, 3(3), 211-230.

Smith, D. (2001). "Collaborative Research: Policy and the Management of Knowledge Creation in UK Universities." *Higher Education Quarterly*, 55(2), 131-157.

Smith, R. (2009). *Doing Social Work Research*, Maidenhead: Open University Press.

Social Work Inspection Agency. (2010). *Practice Guide: Chronologies.* Edinburgh, Scotland.

Social Work Task Force. (2009). *Building a Safe, Confident Future*. London.

Southampton Local Safeguarding Children Board, and Kevin Harrington Associates Ltd. (2015). *Child K - A Serious Case Review* Southampton.

Stafford, A., Vincent, S., and Parton, N. (2010). *Child Protection Reform Across the UK*, Edinburgh: Dunedin

Stanley, N. (2010). *Children Experiencing Domestic Violence: A research review*. research in practice, Totnes.

Stanley, N., Miller, P., Richardson Foster, H., and Thomson, G. (2011). "Children's Experiences of Domestic Violence: Developing an Integrated Response From Police and Child Protection Services." *Journal of Interpersonal Violence*, 26, 2372 – 2391.

Statham, J., and Smith, M. (2010). *Issues in Earlier Intervention*. Thomas Coram Research Institute, Institute of Education, University of London, London.

Stein, M., Rees, G., Hicks, L., and Gorin, S. (2009). *Neglected Adolescents - Literature Review*. London.

Stevenson, O. (2007). *Neglected Children and their Families*, Oxford: Blackwell.

Stith, S., L, T. L., and C, D. (2009). "Risk Factors in Child Maltreatment: A Meta-Analytic review of the Literature." *Aggression and Violent Behavior*, 14(1), 13-29.

Stone, B. (1998). "Child neglect: practitioners' perspectives." *Child Abuse Review*, 7(2), 87-96.

Stone, B. (2003). "A framework for assessing neglect", in M. Calder and S. Hackett, (eds.), *Assessment in Childcare Using and Developing Frameworks for Practice*. Dorset: Russell House Publishing.

Sykes, J. (2011). "Negotiating stigma: Understanding mothers' responses to accusations of child neglect." *Children and Youth Services Review*, 33(3), 448-456.

Sylvestre, A., and Mérette, C. (2010). "Language delay in severely neglected children: A cumulative or specific effect of risk factors?" *Child Abuse & Neglect*, 34(6), 414-428.

Tanner, K., and Turney, D. (2005). "Therapeutic Interventions With Children Who Have Experienced Neglect and their Families in the UK", in C. McAuley, P. Pecora, and W. Rose, (eds.), *Enhancing the Well Being of Children and Families Through Effective Interventions: International Evidence*. London: Jessica Kingsley, pp. 118-130.

Taylor, J., Lauder, W., Moy, M., and Corlett, J. (2009). "Practitioner assessments of 'good enough'parenting: factorial survey." *Journal of Clinical Nursing*, 18(8), 1180-1189.

ten Have, P. (2004). *Understanding Qualitative Research and Ethnomethodology*, London: Sage.

The Observer. (2013). "For our children's sake, the social worker's role must be reinvented "*The Observer*. City: London.

The United Nations. (1989). "The United Nations Convention on the Rights of the Child". City: U.N.,: Geneva.

Thoburn, J., Lewis, A., and Shemmings, D. (1995a). "Family Participation in Child Protection." *Child Abuse Review*, 4(3), 161-171.

Thoburn, J., Lewis, A., and Shemmings, D. (1995b). *Paternalism or Partnership? Family Involvement in the Child Protection Process*. London.

Thoburn, J., Wilding, J., and Watson, J. (2000). *Family Support in Cases of Emotional Maltreatment and Neglect*. London.

Thomas, J. (2010). *Re-Constructing Children's Identities: Social work Knowledge and Practice in the Assessment of Children's Identities.*, Cardiff University, Cardiff.

Thomas, J., and Holland, S. (2010). "Representing children's identities in core assessments." *British Journal of Social Work*, 40(8), 2617-2633.

Thomas, N. (2011). "Care planning and review for looked after children: fifteen years of slow progress?" *British Journal of Social Work*, 41(2), 387 - 398.

Thyen, U., Thiessen, R., and Heinsohn-Krug, M. (1995). "Secondary Prevention - Serving Families at Risk." *Child Abuse & Neglect*, 19(11), 1337-1347.

Tompsett, H., Ashworth, M., Atkins, C., Bell, L., Gallagher, A., Morgan, M., and P, W. (2009). *The Child, The Family and the GP: Tensions and Conflicts of Interest in Safeguarding Children*. London.

Treseder, P. (1997). *Empowering Children and Young People: Promoting Invovlement in Decision-Making.*, London.

Turney, D. (2000). "The Feminizing of Neglect." *Child and Family Social Work*, 5(1), 47-56.

Turney, D., and Tanner, K. (2001). "Working with neglected children and their families." *Journal of Social Work Practice*, 15(2), 193-204.

Twardosz, S., and Lutzker, J. R. (2010). "Child maltreatment and the developing brain: A review of neuroscience perspectives." *Aggression and Violent Behavior*, 15(1), 59-68.

Uprichard, E. (2008). "Children as 'being and becomings': children, childhood and temporality." *Children & Society*, 22(4), 303-313.

Viner, R. M., Roche, E., Maguire, S. A., and Nicholls, D. E. (2010). "Childhood protection and obesity: framework for practice." *British Medical Journal*, 341(c3074).

Wade, J., Biehal, N., Farrelly, N., and Sinclair, I. (2010). *Maltreated Children In The Looked After System: A Comparison Of Outcomes For Those Who Go Home And Those Who Do Not*.

Wastell, D., and White, S. (2012). "Blinded by neuroscience: Social policy, the family and the infant brain." *Families, Relationships and Societies*, 1(3), 397-414.

Watson, G., and Taylor, T. (2005). "The Theoretical and Practical Issues in Attachment and Neglect: The case of very low birth weight babies", in J. Taylor and B. Daniel, (eds.), *Child Neglect: Practice Issues in Health and Social Care*. London: Jessica Kingsley, pp. 186-205.

Webster-Stratton, C., and Reid, M. (2010). "Adapting the Incredible Years, an Evidence-Based Parenting Programme, for Families Involved in the Child Welfare System." *Journal of Children's Services*, 5(1), 25-42.

Westcott. (1996). "Practising ethical and sensitive child protection research." *Practice*, 8(4), 25-32.

White, S. (2009). "Arguing the case in safeguarding", in K. Broadhurst, C. Grover, and E. Jamieson, (eds.), *Critical Perspectives on Safeguarding*. Chichester: Wiley Blackwell, pp. 93-110.

White, S., Wastell, D., Broadhurst, K., and Hall, C. (2010). "When policy o'erleaps itself: The 'tragic tale'of the Integrated Children's System." *Critical Social Policy*, 30(3), 405-429.

Winnicott, D. (1953). "Transitional objects and transitional phenomena; a study of the first not-me possession." *International Journal of Psychoanalysis*, 34(2), 89-97.

Woolfson, R. C., Heffernan, E., Paul, M., and Brown, M. (2010). "Young people's views of the child protection system in Scotland." *British Journal of Social Work*, 40(7), 2069-2085.

Zuravin, S. J. (1991). "Research definitions of child physical abuse and neglect: Current problems", in D. A. Wolfe, (ed.), *The Effects of Child Abuse and Neglect: Issues and research*. New York: Guilford Press, pp. 100-128.